



NEW LIFE DEVELOPMENT

Application

Revised April-2024

Name: _____ Date: _____



New Life Development

Phone: (907) 531-0774 Fax: (907) 646-7880



New Life Development provides men and women the help needed to transition back into the community. We provide housing in a structured setting and will assist you in accomplishing your transitioning goals through case management. We will support you in establishing the confidence and life skills needed to be successful in this process. You will be expected to make a commitment to change and a renewed life.

CRITERIA FOR ACCEPTANCE- If you cannot check yes to all boxes below, then you are not qualified for acceptance into New Life Development.

Please initial each box below before proceeding.

- I am vaccinated against Covid-19 or am willing to get vaccinated within 1 week of arriving at NLD
- I will remain compliance with all program requirements to the best of my ability.
- I understand that I am making a commitment to a minimum of six-month residency.
- I certify that upon arrival I will be able to cover my first month's program fee or can verify that my fees are being covered by another agency.
- I understand that coming into the program, I will be required to share a room with another individual in similar circumstances. (Single rooms are not available to new program participants, unless there are extenuating circumstances).
- I am willing and able to secure employment and maintain a steady job while residing at New Life Development. I will not be on 24hr House Arrest. (This requirement may only be waived where an individual is disabled and unable to work.
- I understand that I am required to attend the mandatory Sunday house meeting at (women 7:30pm- Men's 8:00pm). These times are subject to change in the future.
- I understand If approved and do not show up at New Life Development I will not be able to apply again for the NLD program for a year.

I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE LISTED TERMS

Signature _____ Date: _____

All applications that do not meet these criteria will be denied.

Incomplete applications will be returned. Complete the following application and send to:

**New Life Development, Inc. 3916 E 9th Ave, Anchorage, AK 99508
Or Admin@newlifeak.org**

GENERAL INFORMATION

First Name: _____ **M.I.** _____ **Last Name:** _____

OBSIS #: _____ Don't know/Don't have

DOB: ____/____/____ **Age:** ____ **Place of birth:** _____ **Gender:** Male Female Non-binary

Ethnicity:

- African American / Black Alaska Native / American Indian Hispanic / Latino
 Asian / Pacific Islander Caucasian / White Other

Current Address or Institution: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: (____) _____ Cell Home **Alternate Phone:** (____) _____ Cell Home

All applicants with OPEN criminal cases who are released on bail and/or house arrest will need to ensure that their release conditions allow them to be looking for work and the ability to accept employment. Employment is a requirement at New Life Development with only a verifiable physical or mental disability as an exception.

FOR ADULTS (Age 18+)

Military Background: Have you served in the U.S. military? Yes No Don't know

EDUCATION

High School Diploma: Yes No **GED:** Yes No **College:** Yes No

Vocational Training: Yes No

Type of Certificate received:

Please list what type of education or training, degrees, or certifications earned.

DISABILITIES

Known Disabilities:

- Alzheimer's / Dementia Alcoholism Drug Abuse Developmental
 Mental TBI Physical PTSD
 OCD ADHD HIV / AIDS Other: _____

INCARCERATION (if applicable)

Date of incarceration: ____/____/____ **Location:** _____

Institutional Probation Officer's Name:

Name: _____ **Phone:** _____

Most recent charges or conviction (within 3 years): Please list with most recent first.

Charge	Felony / Misdemeanor	Date
_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____
_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____
_____	<input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor	_____

Do you have any open criminal cases: Yes No? If yes, will you be attempting to release on PED, or other pre-trial electronic monitoring programs. _____

Are you currently incarcerated? Yes No if "yes" which Institute _____

Have you ever been convicted of Arson: Yes No **Sex offense:** Yes No?

Are you on probation: Yes No end date ____/____/____

Are you on Parole: Yes No End date: ____/____/____

Are you on, or are you applying for DOC Electronic Monitoring (EM) Program? Yes No

If yes, please indicate amount of time that you will be on EM: _____

***Please note:** If applying to EM, NLD may communicate with EM prior to making a final decision on approving your application. Do not request placement at NLD solely for EM purposes. If applying to both EM and NLD, it is necessary that you notify both agencies. Also, NLD is not a furlough program nor do we 3rd party for people with open cases.

Current or past Field Probation Officer:

Name: _____ **Phone:** _____

When will you need NLD housing (approximately) _____

CHEMICAL DEPENDENCY HISTORY

Which of the following substances do you have a history of use. (Mark all that apply):

- Alcohol Cocaine Crack Opiates/Fentanyl Barbiturates
- Marijuana LSD Ecstasy Nicotine K-2 (Spice)
- Mushrooms Tranquilizers Pain pills
- Methamphetamines

DRUG / ALCOHOL TREATMENT

Have you ever had formal drug and/or alcohol treatment: Yes No?

If yes, did you complete treatment: Yes No

In Patient **Outpatient:** **Date of Treatment (month/year)** _____

Treatment Provider:

- AKEELA Serenity House RSAT CITC Recovery Services
- Jett Morgan Genesis LSAT Artic Recovery
- CITC Recovery Services Clitheroe Other: _____

Duration of treatment: _____

Days clean and sober: 30 days or less 1-6 months 6-12 months 1 year or greater

FINANCIAL SUSTAINABILITY

Currently Employed: Yes No

If yes,

Employer Name: _____ Position: _____

Employer Phone: _____ Wages per hour: _____

If not employed,

Usual occupation: _____ Years of occupation: _____

Date of last job: _____ Type of work: _____

Upon arrival, you will be expected to pay one month of program fees (\$700). If you have a sponsoring agency, please identify them below (example: Therapeutic Courts, Federal Courts, Partners Re-Entry Center, etc.)? If you are not sure about this, please ask your PO, case manager, or whoever is referring you to our agency.

Other Income Sources:

Savings: Yes No Approximate Amount: _____ **ATAP:** Yes No Amount: _____

Adult Public Assistance: Yes No Amount: _____ **TANF:** Yes No Amount: _____

Food Stamps: Yes No Amount: _____ **Unemployment:** Yes No Amount: _____

SSI/SSDI: Yes No Amount: _____ **Native Corporation:** Yes No Name/Amount: _____

Have you previously received Social Security Benefits: Yes No **Year benefits ended:** _____

FAMILY

Children: Yes No

Pregnant: Yes No

Ages: _____

New Life Development's main program does not house parents with children. However, if the applicant is a mother with custody or seeking custody of a small child, we encourage her to apply for our Safe Families Project.

Custody status (Choose one): Sole Shared No court order.

Past Child Support: Yes No Amount owed: _____

Presently Paying Child Support: Yes No Amount owed: _____

Miscellaneous

If you have a restraining order against someone or one against you or have a no contact order, please list the names of people/businesses included in the orders. _____

List all agencies that you are currently an active client of or are receiving services from: _____

PRIOR LIVING CIRCUMSTANCES

Have you ever been a resident at New Life Development: Yes No

If yes, when: _____

In order to be considered for acceptance back into the program, all debt owed to New Life Development must be paid for prior to entry.

Do you have any relatives currently in the New Life Development program: Yes No?

Have you ever lived at one of the following locations (choose all that apply)?

- Homeless Bush / Camp Shelter / Mission Car Hotel Friend / Family

Indicate your last permanent address (where you last lived for 90 days or more):

Last permanent address: _____

Last permanent City: _____ State/Province: _____ Zip Code: _____

CURRENT HOUSING STATUS

What is your current housing situation?

- Homeless At risk of losing housing Unstable housing Stable Incarceration

Reasons or contributing factors to housing crisis (choose ONE that applies the closest to your situation):

- Releasing from incarceration Victim of domestic violence
Discharge from another housing program Displaced due to natural disaster
Medical

MEDICATIONS

Currently Prescribed or Expected to be Prescribed:

Please Note: For safety reason we do not allow the use of Suboxone strips/pills in the New Life Development program. Participants who are using Suboxone prior to coming into New Life Development will need to seek alternative forms of Medically Assistant Treatment.

I (please print) _____

Authorize New Life Development to release information provided on my New Life Development Application, and/or my participation in the New Life Development Program, with the following agencies.

- Safe Harbor/ Rural Cap
- New Hope House
- Ernie Turner (Treatment)
- Akeela (Treatment)
- Four Directions (Treatment)
- Dena Coy (Treatment)
- Salvation Army (Treatment)
- Nugent Ranch (Treatment)
- Serenity House (Treatment)
- North Star Behavioral Health System (Treatment)
- Providence Breakthrough (Treatment)
- True North Recovery (Treatment)
- US Federal Court System
- Department Of Corrections, Alaska
- Alaska State Court System
- Office of Children’s Services (OCS)
- Anchorage Neighborhood Health
- Alaska Behavioral Health
- Mountain View Urgent Care
- Partners for Progress/Partners Reentry Center
- Cook Inlet Tribal Council
- Oak Residential
- Alaska Native Medical Center
- Alaska Regional Hospital
- Providence Hospital
- Catholic Social Services
- Claire House (Shelter)
- AWAIC (Shelter)
- Hope Center (Shelter)
- Rescue Mission (Shelter)
- Covenant House (Shelter)
- Brother Francis (Shelter)

I understand that my authorization be effective from the date of my signature and that the information will be handled confidentially in compliance with all applicable federal laws.

I understand that I may see the information that is to be sent, and that I may revoke the authorization at any time by written, dated communication.

I also understand that to remain at any New Like Development program, I am expected to permit the sharing of information between NLD and partnering agencies as it pertains to my health, income, and other pertinent information that may affect my ability to be housed.

I have read and understand the nature of this release.

Sign: _____ Date: _____

Print Name: _____