~Application~

Lutheran Social Services of Alaska

Transitional Living Program

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Lutheran Social Services

Transitional Living Program

# OVERVIEW AND MISSION

LSSA Mission:

Providing hope by responding to human need through services that sustain and transform lives.

TLP Mission

In light of LSSA’s mission, the Transitional Living Program strives to offer a transformational environment for men currently enrolled in a Prisoner Reentry Program, Intensive Outpatient, or Aftercare substance abuse program. Residents must be able to gain and/ or maintain full time employment, be willing to learn financial management skills and work towards transitioning into stable housing.

Transitional Living Program (TLP) Overview

TLP is a HUD (Housing and Urban Development) facility, providing transitional shelter to homeless men since 1997. The program supports residents as they work to maintain a healthy and stable lifestyle while aiding them as they prepare for sustainable employment and housing. The facility houses 6 men at a time in addition to the Resident Manager who lives on site to help ensure the residents’ success. To aid residents in securing sustainable housing, LSSA creates a savings-trust account in each residents name and asks them to save 30% of their income. These funds are used toward the deposit and rent for housing after leaving TLP. Because of the savings aspect, we do require all residents to maintain full-time employment; however, if residents enter the program unemployed they are given a 30 day period to attain a job. The program typically lasts 4-6 months, yet each resident is evaluated on a monthly basis to determine whether it is appropriate for them to continue the program.

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# MINIMUM REQUIREMENTS

The following five criteria must be reached in order for an applicant to be considered for the program.

* 1. An applicant must be homeless or will be homeless upon entering the program. According to the U.S. Department of Health and Human Services “A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation.” [Section 330(h)(4)(A) of the Public Health Service Act (42 U.S.C., 254b)]. In addition, individuals being released from prison or a medical institution or treatment facility without stable housing to transition into and those who are will be evicted within one week and have no options for housing are considered homeless.
  2. Applicants with criminal records are permitted to enter the program but the following types of offenses make an individual ineligible for the program: murder in the first or second degree, any Class A Felonies (arson, manslaughter, extreme robbery, extreme burglary) on a case-to-case basis, sexual crimes and certain unclassified felonies.
  3. Clients must be enrolled and participating in an approved Reentry, or Substance Abuse program.
  4. Clients must be physically and/or mentally capable of maintaining full-time employment.
  5. Applicants must be at least age 18.

By signing I certify that I meet the above criteria:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name Signature Date

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# RULES AND REGULATIONS

The following rules have been established to ensure the safety and well-being of all Transitional Living Program residents and staff. Upon acceptance, every participant of the program agrees to follow these guidelines.

1. Residents are required to perform daily job searches until employment is obtained. Resident must meet with the Program Director weekly and submit a completed Job Search Log until employment is obtained.

2. Residents are required to complete 40 hours of service at the LSSA Food Pantry.

1. Residents must keep peace with all staff, roommates, volunteers, other residents and neighbors.
2. Residents are expected to be truthful and honest with staff at all times. Lack of cooperation with staff can be grounds of dismissal from the program.
3. Residents are expected to abide by the established curfew. Curfew is 11:00PM Sunday through Thursday and 12:00 midnight on Friday and Saturday. All residents are required to be in the facility at the specified times. Those who do not return for the evening without permission are presumed to have found housing and will be asked to leave. Once the initial two-week probationary period is complete, each resident is allowed to have pre-approved nights away each month; residents must give a 48 hour notice to the Resident Manager in order to have their time-away approved.
4. Absolutely no visitors are allowed at the facility at any time. The Resident Manager is the only acceptance to this rule.
5. No loud music is allowed at any time.
6. Quiet hours are between 10:00PM and 8:00AM. No laundry can be done during quiet hours.
7. Residents will be responsible for all household duties as well as maintaining the common area and grounds in a clean and orderly manner. Repeated neglect of the assigned tasks may result in dismissal from the program.
8. Residents must keep their personal space and belongings in a clean and neat manner during their stay the facility. The Transitional Living Program is not responsible for your belongings. After you leave the Transitional Living Program, any possessions left on the property may be disposed of in seven days.
9. Residents are expected to be practical and conserve their use of water, gas and electricity. For example: turn off lights, television and shower when not in use.
10. No alterations or additions may be made to the building. This includes hanging objects on walls, installing wires/cables/phones, etc.
11. No personal furniture may be moved into the unit.
12. Beds are to remain in the bedroom at all times and may not be moved into the common living area.
13. Car repairs are not permitted on the premises. Any vehicle on the property must be registered insured and each resident must have current state of Alaska Driver’s license. A Vehicle Registration form must be on file for any vehicle kept at the TLP property. Each resident is allowed one vehicle.
14. Residents are not allowed pets of any kind.
15. Residents must notify the staff immediately of any injury, loss or damage to person or property, as well as any repairs needed within or around the building. If an emergency occurs and a staff member is unavailable, please call 911. If an emergency requires, please leave the premises.
16. All federal, state, and local laws will be strictly enforced. If a resident is involved in any illegal activity, on or off of the premises, that resident will be terminated from the program.
17. Residents are required to abstain from use of alcohol and drugs, both on and off site. Residents may be required to participate in unscheduled drug and alcohol monitoring.
18. Absolutely no weapons (knives, pocket knives, guns, clubs, etc) will be tolerated on the premises. Any person in possession of a weapon is subject to immediate termination from the program. If you do own a weapon, see the Resident Manager or Program Director immediately.
19. When leaving or returning to the premises residents must sign in and out to notify the Resident Manager of their location.
20. When terminated from the program for violations related to alcohol use, drug use or violence, residents agree to leave the premises immediately. When terminated from the program due to non-compliance of program rules, residents agree to leave the premises within 48 hours.
21. No smoking is allowed in the building or in front of the building: non-compliance with this rule can result in a $50.00 fine. Continued non-compliance can result in termination from the program. Residents may smoke in the back of the property in the designated smoking area.
22. No persons under the age of 18 are allowed on anywhere on the TLP property.
23. Residents are required to provide their own food, clothing, and hygiene products.

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# APPLICATION FOR ADMITTANCE

Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Interview Date:\_\_\_\_/\_\_\_\_/\_\_\_\_ Rubric Score:\_\_\_\_\_\_\_\_\_\_

Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: ( )\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a USA citizen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security:\_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

ID type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veteran: ☐Yes ☐No If yes, what branch? \_\_\_\_\_\_\_\_\_\_\_\_Service dates:\_\_\_\_\_\_\_\_

Do you have any medical or physical disabilities: ☐Yes ☐No

If yes, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity:

☐Caucasian ☐African American ☐Alaskan Native

☐American Indian ☐Hispanic ☐Asian ☐Pacific Islander ☐Other (please specify)

Marital status: ☐Married ☐Single ☐Divorced ☐Separated

Do you have any children(ages,gender): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are you currently sleeping?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been there?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been in Anchorage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alaska?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where do you consider home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What other agencies have provided you assistance? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INCOME:**

What is your total monthly income?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note if you receive any of the following:

Public Assistance ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Stamps ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Veterans Benefits ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSI ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unemployment ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare/Medicaid ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-time work ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part-time work ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Native Dividend ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Corporation?\_\_\_\_\_\_\_\_\_\_\_

Did you receive a PFD this year? ☐Yes ☐No

Were there any garnishments of PFD? ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you pay alimony or child support? ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have loans or debt? ☐Yes ☐No $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSETS:**

Checking account: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings account: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own a vehicle? ☐Yes ☐No Current value? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JOB HISTORY**

Are you currently employed? ☐Yes ☐No

If yes, for how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no, how long have you been unemployed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Job:

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of employment: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have a diploma or GED? ☐Yes ☐No

Do you have a degree? ☐Yes ☐No If yes, in what area?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL AND PSYCHIATRIC HISTORY**

Please note any current medical conditions:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note any recent hospitalizations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies? ☐Yes ☐No (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: (please note)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received psychiatric care? ☐Yes ☐No When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you diagnosed with a psychiatric condition? ☐Yes ☐No

If yes, please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBSTANCE ABUSE HISTORY**

Do you have a history of alcohol and/or substance abuse? ☐Yes ☐No

Are you currently or have you ever attended alcohol/drug treatment programs? ☐Yes ☐No

Where?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates? \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever attended AA or NA? ☐Yes ☐No Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently sober? ☐Yes ☐No If yes, for how long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a crime? ☐Yes ☐No

State? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ☐Misdemeanor? ☐Felony? ☐Other?

Do you have any outstanding warrants? ☐Yes ☐No

List offenses and circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jail time? ☐Yes ☐No How long?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on probation or parole? ☐Yes ☐No

If yes, time remaining and conditions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Probation or Parole Officer’s Name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Future Goals**

Why are you interested in the transitional living program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where would you like to see yourself in 6 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has stopped you from reaching your goals in the past?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What most concerns you about your current situation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Concerning housing, do you have other options you are looking into?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IF ACCEPTED INTO THE PROGRAM:**

Are you willing to pay $125.00 each month for rent? ☐Yes ☐No

Are you willing to deposit 30% of your income into a trust account? ☐Yes ☐No

Are you willing to take responsibility for house duties? ☐Yes ☐No

Are you willing to adhere to the policies of the program? ☐Yes ☐No

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lutheran Social Services

Transitional Living Program

# REFERENCES

Please provide 2 professional references (case-worker, employer, etc.) and one personal reference.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lutheran Social Services

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# VERIFICATION OF INFORMATION PROVIDED

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, herby certify the information provided to Lutheran Social Services of Alaska (LSSA) is accurate and truthful. I understand the information provided is subject to verification. Any inaccurate information may prevent or delay my consideration for the Transitional Living Program. I understand the penalty for willfully or intentionally providing inaccurate information or concealing information will be disqualification from the Transitional Living Program. I give LSSA permission to do a records and reference check.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of applicant Signature of Applicant Date

Lutheran Social Services

Transitional Living Program

# AGREEMENT TO CONDUCT BACKGROUND CHECK

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand and agree that, as a condition of being considered for admittance into the Transitional Living Program, Lutheran Social Services of Alaska’s will conduct a criminal background check. My signature below constitutes my authorization for Lutheran Social Services of Alaska or its agents to check my background. I waive and release Lutheran Social Services of Alaska and its agents from any and all claims I may otherwise have with respect to any such criminal background check.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of applicant Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness Signature of witness Date

Full name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

Please list all previous states you have lived in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# GOALS WORKSHEET

Name of resident:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

These goals are (circle one) : Short-Term or Long-Term

GOAL #1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS GOAL IS IMPORTANT BECAUSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STEPS NEEDED TO ACCOMPLISH THIS GOAL ARE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THINGS THAT MIGHT KEEP ME FROM ACCOMPLISHING THIS GOAL ARE:\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GOAL #2:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THIS GOAL IS IMPORTANT BECAUSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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STEPS NEEDED TO ACCOMPLISH THIS GOAL ARE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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THINGS THAT MIGHT KEEP ME FROM ACCOMPLISHING THIS GOAL ARE:\_\_\_\_\_\_\_\_\_\_

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