



Blood-n-Fire Ministries Alaska
 7362 W. Parks Highway #276
 Wasilla, Alaska 99623
 (907) 357-0391 / Fax (907) 357-0392



Transitional Living Program Application

For your application to be considered all questions must be answered completely and honestly to the best of your ability.

Eligibility requirements include: homelessness, family composition, level of income, and disability status. Person(s) meeting our program eligibility requirements are not discriminated against based on race, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis.

Name: (Last) (First) (Middle Initial) Date of Birth

Current Address City State Zip Code

Phone number Message number Last four of your SSN

Please list any children in your custody that you are wanting to house with you at Knik House (Include unborn & due date)

Name: (Last) (First) Age Date of Birth M/F

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To process your application and assess your needs we will need the follow information:

- Form of identification –
 - Passport
 - State issued driver’s license or identification card
 - Birth certificate
 - Social security card
 - Citizenship status (if applicable)
 - Proof of income or schooling (if applicable) –
 - Three consecutive paystubs
 - Social security income, social security assistance, state disability award letter
 - Tribal benefits
 - Homeless verification (a letter confirming your homeless status from a third party)
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Please describe what issues led you to become homeless. Be specific as to details such as how, when, where and your personal responsibility *(Use additional sheets if necessary)*

Where did you stay last night? _____

How long have you been in this place? _____

Who referred you to the Knik House? _____

Have you previously applied or stayed at the Knik House? **Yes / No**

If so, when _____

Ethnicity (**optional**): Hispanic / Not Hispanic / African-American / Native American / Alaska Native / Asian / White / Other

Are you a Veteran? **Yes / No**

Do you have medical insurance? **Yes / No**

If so, what provider _____

Are you currently employed? **Yes / No**

If so, who is your employer? _____

Please list all sources and amounts of income for yourself and children you wish to house with you in the Knik house: (Examples: Employment, SSDI, GA, SSI, Unemployment, Tribal benefits, PFD, SNAP)

<u>Type of Income</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____

Do you have a physical disability? **Yes / No**

If so, what is the nature of the disability?

Do you have a mental health diagnosis? **Yes / No**

If so, what is the nature of the disability?

Do you think you have a need for mental health services? **Yes / No**

If so, what makes you fill this way?



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Are you currently on any prescribed medication? **Yes / No**

What Medications?

What is the prescription for?

Do you drink alcohol? **Yes / No**
If so, how often do you drink?

Have you ever used drugs? **Yes / No**
If so, what kind(s) and when was the last time?

Are you willing to be alcohol/drug tested? **Yes / No**

Have you ever been arrested or convicted of a crime? **Yes / No**
If so, please explain?

Are you currently on probation or parole? **Yes / No**
If so, what are the charges?

Who is your supervising officer?

Name

Number

List 3 references that are not related to you who we can contact:

Name

Relationship

Phone



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Dear Applicant,

Thank you for your interest in the Knik House Transitional Program. Knik House has 3 facilities where residents may stay and participate in the program for up to eighteen months.

Residents are required to participate in all mandatory programming. Residents are required to pay programming fees on time. You will not be turned away if you are indigent. We will work with you as long as you show initiative and effort. Staff conducts random drug testing on residents as Knik House has a no drugs or alcohol policy. There is zero tolerance for violence or threats of violence towards anyone. It is important that all applicants understand these aspects of the program before applying.

Do you understand that Knik House is a sober living home? There is no tolerance for any drug and alcohol use or possession? **Yes / No**

Do you understand that if you can't live within a structured setting, get along with others and obey the rules and regulations, that you will be discharged from the program? **Yes / No**

Do you have the desire to change your life and better yourself? **Yes / No**

Knik House is a faith-based program, are you aware of this? **Yes / No**

Completing this application does not guarantee that you will be accepted into the Knik House. If you do not have a current telephone number listed, we will have to remove you from our wait list. It is your responsibility to alert us of any change in your contact information.

You will only be contacted if we move forward with your intake process. If you are selected for an interview, you will receive a telephone call. You may check the status of your application daily.

If you do not call within two months of applying, staff will assume you are no longer interested in the program and your application will be removed from our waitlist. We will be reviewing your application as soon as possible.

I hereby acknowledge that the information above is true and correct. I am aware that falsification of this application and/or withholding information may be grounds for non-acceptance into the program and /or program discharge. This information is confidential and shall be used for determining program eligibility as well as to identify applicant goals.

Signature

Date

Print Name