

**(For PO use only)**

**LSIR Score:**

 ***PLEASE PRINT CLEARLY***

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| **Last Name First Name MI Phone no:**  |
| **DOB:** **Age:****Gender: M\_\_\_\_ F \_\_\_\_****Social Security No:****Ethnicity/Race:****\_\_ Alaska Native****\_\_ American Indian****\_\_ Asian****\_\_ Black/African American****\_\_ Native Hawaiian/Pac. Isl.** **\_\_ Caucasian****\_\_ Hispanic****\_\_ Other** **Regional Corp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Village Corp.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Education:**HS Diploma? \_\_\_Y \_\_\_NGED? \_\_\_ Y \_\_\_ N Post-secondary? \_\_\_Y \_\_N Vocational Training? \_\_\_Y\_\_\_N**Type of Certificate Received** Please list what type of education or training, degrees or certifications earned:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Alcohol / Drugs of Choice:**Alcohol: \_\_\_\_\_ Yes \_\_\_ NoDrugs: \_\_\_\_\_Yes \_\_\_\_NoSpecify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Drug/Alcohol assessment Required?** \_\_\_ Yes \_\_\_ No**Drug/Alcohol Treatment?** \_\_\_ Yes \_\_\_ No**Treatment Provider:**\_\_\_ AKEELA\_\_\_ Jett Morgan\_\_\_ Insight Therapy\_\_\_ Tutan Recovery Center\_\_\_ ETC\_\_\_ Clithroe \_\_\_ CITC Recovery Services\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Duration of Treatment:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PO Recommendation** (PO use)**:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Probation signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ph. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Application can be faxed to 907-258-1194 (fax) or emailed to** **Reentrycenter@pfpalaska.org Questions? 272-1192** | **Do you have any open cases?****\_\_\_\_Yes \_\_\_\_\_No** **Are you Wellness or Therapeutic Court?****\_\_\_\_Yes \_\_\_\_\_No** **Do you have an open ASAP?****\_\_\_\_Yes \_\_\_\_\_No** **Disabilities?****\_\_\_ Alzheimer’s/Dementia****\_\_\_ Alcoholism****\_\_\_ Drug Abuse****\_\_\_ Developmental****\_\_\_ Mental** **\_\_\_ TBI****\_\_\_ Physical****\_\_\_ PTSD****\_\_\_ OCD****\_\_\_ ADHD****\_\_\_ HIV/AIDS****\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Are you a Veteran?**\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No **Income Status:**Employed: \_\_\_ Yes \_\_\_ No Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hourly Wage: \_\_\_\_\_\_\_\_\_\_\_**Forced Savings:** Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Checking/Savings Account:**Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**ATAP:** \_\_\_\_Yes \_\_\_NoAmount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Adult Public Assistance:** \_\_\_ Yes \_\_\_ NoAmount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**TANF:** \_\_\_ Yes \_\_\_ NoAmount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Food Stamps:** \_\_\_Yes \_\_\_ NoAmount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Unemployment:** \_\_Yes\_\_ NoAmount: \_\_\_\_\_\_\_\_\_\_\_\_\_ **SSI/SSD:** \_\_\_ Yes \_\_\_ NoAmount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Medicaid:** \_\_\_ Y \_\_\_\_ N**Have you previously received Social Security Benefits?** \_\_\_ Yes \_\_\_ No**Children?** \_\_\_ Yes \_\_\_ NoAges? \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ Custody Status? (circle one)Sole Shared No Court OrderPast Child Support?\_\_\_Y \_\_\_NAmt. owed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Presently Paying Child Support? \_\_\_ Yes \_\_\_ NoAmt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Restitution owed? \_\_\_Y \_\_\_NAmt. owed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date of Incarceration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Institutional Probation Officer (Name/Ph):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Most recent charges or conviction. Please list with the most recent first:** **Charge Felony/Misdemeanor**  **Date:**\_\_\_\_\_\_\_\_\_\_\_ \_\_\_F\_\_\_M \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_F\_\_\_M \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_F\_\_\_M \_\_\_\_\_\_\_\_**Have you ever been convicted of:** **Arson:** Yes\_\_\_ No\_\_\_\_**Sex Offense:** Yes\_\_\_ No\_\_\_\_**Will you be on Probation?** \_\_\_**Yes \_\_\_No**  **Parole? \_\_\_Yes \_\_\_No** **End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_****EM?** \_\_\_ Yes **\_\_\_\_ No** **Field Probation Officer:** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Release Date:** **Upon Release where will you be living?****Significant People:****List any people or agencies with whom you are in contact for counseling, employment assistance, financial assistance, housing, support, etc:**Half-way House: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sponsor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinician/Therapist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Medical Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Spouse/Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Family/ Friends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Emergency contact:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relation to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Msg. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Release of Information:** I authorize Partners for Progress/Partners Reentry Center or its agents to exchange and/or obtain relevant information with agencies including, but not limited to: probation/parole officers, Department of Corrections (and other state agencies), social service agencies, housing providers, substance abuse/mental health treatment providers, employers, attorneys, training agencies, education providers, contractors and grantees, etc. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**\*Staff Use Only:** ⬜ Program Dates ⬜ Vinelink ⬜ AKHMIS ROI ⬜ SNAP ROI ⬜ SNAP E&T

PRC Applicant Agreement

Upon acceptance as an Applicant in the Partners Reentry Center (PRC) Program:

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to participate in the PRC Reentry Program, and to actively attend all weekly support groups, case management, **job-readiness workshops**, and job-search, as decided between PRC staff and Applicant. It is my personal responsibility to:

* Cooperate with PRC staff to identify and address the issues that lead to my incarceration.
* Set written short-term goals with my case manager during my Intake Interview. I commit to accomplishing those goals within four weeks of my Intake Interview. If I complete all of these goals, I will be accepted as a Participant in PRC’s 6-month program. I will continue to set goals monthly with PRC staff.
* If provided housing, I agree to sleep **every night** at arranged housing. I agree that I will request nights away from housing, in advance, from my housing provider, PRC, and any release supervision (PO). Failure to stay in assigned housing is a violation of probation/parole, our program, and the Houser’s programs, and will result in loss of housing help.
* I agree to abide by housing provider rules, which may include; curfew, random or requested drug/alcohol testing, searches of your room or property, chores, and/or house/group meetings
* While on job search, I commit to a **minimum** of three (3) two-hour job searches **at PRC** a week. (Please note that time spent at PRC in case management, workshops, or groups does \*NOT\* constitute job-search time. Job search time means applying for jobs and/or updating your resume for those applications).
* I will follow any probation/parole conditions and all laws. I understand that my behavior outside of PRC affects my standing with PRC: If I violate supervision or commit a new crime, I will be removed from PRC’s program.
* I agree to treat PRC staff, participants, community members, and myself, with dignity and respect. I will not be abusive, harassing, demeaning, threatening, or intimidating towards people. I further understand that such behavior will be cause for my removal from the program.
* I am committing myself to becoming a healthy, law-abiding, self-sufficient member of the community.