

**(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 \_\_\_N  GED? \_\_\_ 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 \_\_\_ No  Drugs: \_\_\_\_\_Yes \_\_\_\_No  Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **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 \_\_\_No  Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Adult Public Assistance:**  \_\_\_ Yes \_\_\_ No  Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TANF:** \_\_\_ Yes \_\_\_ No  Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Food Stamps:** \_\_\_Yes \_\_\_ No  Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Unemployment:** \_\_Yes\_\_ No  Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ **SSI/SSD:** \_\_\_ Yes \_\_\_ No  Amount:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Medicaid:** \_\_\_ Y \_\_\_\_ N  **Have you previously received Social Security Benefits?**  \_\_\_ Yes \_\_\_ No  **Children?** \_\_\_ Yes \_\_\_ No  Ages? \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  Custody Status? (circle one)  Sole Shared No Court Order  Past Child Support?\_\_\_Y \_\_\_N  Amt. owed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Presently Paying Child Support? \_\_\_ Yes \_\_\_ No  Amt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Restitution owed? \_\_\_Y \_\_\_N  Amt. 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.