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Transitional Housing Program Application

Important! Please read this before completing the application.

(check box that your read the following) Applicants are reviewed for program eligibility requirements including; Treatment participation, 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. Requests for reasonable accommodations are made at intake.

I hereby acknowledge that the information below 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 termination. This information is confidential and shall be used for determining program eligibility as well as to identify applicant goals.

Applicant Signature	Date
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Name _____ AGE _____ DOB _____

Current Address _____

Phone Number _____ Message Phone _____

Do we have permission to leave a message on the phone numbers listed above, regarding your housing application? Y/N

True North Recovery Follow's Federal Fair Housing and Equal Opportunity Laws. We do not discriminate against any person based on race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis. Applicants are reviewed for program eligibility requirements including: homelessness, family composition, and disability status. Persons meeting our program eligibility requirements are not discriminated against based on race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis. Applicants and referrals for our supportive housing program are acquired through targeted outreach with other social service agencies, community organizations, and treatment providers.

Program Application

Please take your time to complete this narrative and application as completely as possible (**each adult must complete this part**). In order for your application to be considered, **all questions must be answered completely and honestly** to the best of your ability.

Please describe what issues led you to seek housing with True North Recovery. Be specific as to details such as how, when, where and your personal responsibility. Please use additional sheets if necessary.

1. Where did you stay last night? _____
2. Who referred you to True North Recovery? _____
3. Please check a box that applies to where you stayed last night:
 - Emergency Shelter
 - Substance abuse program
 - Apartment or house
 - Hospital (non-psychiatric)
 - Staying or living in apartment or house /family members home friends home.
 - Facility/ Jail or prison Hotel/Motel
 - Place not meant for habitation (the streets, a vehicle, an abandoned building).
 - Transitional Shelter building, anywhere outside, etc.)
4. How long have you been in this place?
 - One week or less
 - More than one week
 - Less than one month
 - One-three months
 - More than three months
 - One year or longer
5. Have you previously applied to True North Recovery housing? Yes No
If so, when _____
6. Do you have a personal relationship with anyone that works for True North Recovery? Yes No
If so, who: _____
7. Do you have a valid Driver's License/State ID Card? Yes No
Driver's License/ID # _____ State _____ Exp. Date _____

8. Are you currently employed? Yes No

If so, who is your employer? _____

If so, how long have you been employed? _____

If so, how many hours did you work last week? _____

If so, is this permanent, temporary, or seasonal work? _____

If unemployed, are you currently seeking employment? Yes No

9. Please List all sources of income include cash assistance and food stamps.

10. Do you have a physical disability? Yes No If so, what is the nature of the disability?

11. Do you have a mental health diagnosis? Yes No

If so, what is your diagnosis and the name and location of the provider that diagnosed you?

12. Do you think you have a need for mental health services? Yes No

If so, please describe your needs:

13. Are you currently using any over-the-counter medication? Yes No If yes list medication:

14. Are you currently on ANY prescribed medication? Yes No

If so please list the medication and the reason you were prescribed it

15. Do you drink alcohol? Yes No If so, how often? _____

16. Have you **ever** drank alcohol? Yes No

17. When did you drink your last alcoholic beverage? _____

18. Do you use tobacco? Yes No If so, how often? _____

19. Have you ever used drugs? Yes No

What drugs have you used? _____

When was the last time you used drugs? _____

What drug(s) did you last use? _____

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

21. Have you ever been enrolled in a drug rehab or treatment program? Yes No

Name of Program: _____ Location: _____

Date: _____ How long: _____ Did you complete the program? Yes No

Name of Program: _____ Location: _____

Date: _____ How long: _____ Did you complete the program? Yes No

22. Have you ever been *arrested* or convicted of a crime? Yes No

If so, please explain.

23. Have you ever been convicted of arson? Yes No

24. Have you ever been convicted of a sex crime? Yes No

If Yes are you a registered sex offender? Yes No

25. Are you currently on probation or parole ? Yes No

If yes, for what charge and who is your probation officer?

26. Do you currently have a restraining order? Yes No

If yes, who is the restrained person? _____ Expiration Date: _____

27. Are you fleeing a domestic violence situation? Yes No

28. Do you need referral to domestic violence services? Yes No

29. Do you currently have an open case with Children's Services? Yes No

If yes, please explain, and provide your case worker name and number.

30. Do you have legal custody of your children? Yes No (Legal custody means you have been to court and have paperwork).

31. Do have any court ordered treatment requirements? Yes No

If yes, are you currently seeking treatment for this requirement? Yes No

If no, who are you currently attending treatment with to adhere to this requirement?

Empty rectangular box for answer to question 31.

32. Do you have any ASAP requirements? Yes No

If yes, are you currently seeking treatment for this requirement? Yes No

If no, who are you currently attending treatment with to adhere to this requirement?

Empty rectangular box for answer to question 32.

(check box that your read the following)

Dear Applicant,

Thank you for your interest in True North Recovery transition recovery housing. True North Recovery has 15 beds for men and 8 women’s beds, where residents may stay and participate in the program for up to six months. **The Recovery housing of True North Recovery is a program. Residents are required to participate** in all groups and workshops as scheduled in their treatment plan. You will not be turned away if you are indigent. Staff conducts random drug testing on residents as True North Recovery has a no drugs or alcohol policy. There is also zero tolerance for violence or threats of violence towards anyone. It is important that all applicants understand these aspects of the program before applying.

Initial the follow statements that you understand:

1. Absolutely **NO DRUGS and ALCOHOL** are allowed in our housing. _____ (Initial)
2. 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 terminated from the house? _____ (Initial)
3. True North Recovery Housing is a Recovery-based program and maintaining abstinence is a requirement of being in housing. _____ (Initial)
4. Program monthly fee \$400.00, move in fee \$100.00. short term scholarships are available for qualified applicants. _____ (Initial)

Completing this application does not guarantee that you will be accepted into Housing. If you do not have a current telephone number listed, we will be unable to contact you. It is your responsibility to alert us to any change in your contact information. All housing applications are reviewed by the housing manager and treatment team prior to being contacted for an interview. All applicant must either be in out-patient treatment or in the process of entering an out-patient program. If you are selected for an Interview, you will receive a telephone call. You may check the status of your application daily. If we do not here from you within a month of applying, we will assume you no longer in need of housing and your name will be removed from the list. It is your responsibility to alert us to any change in your contact information. Thank you for your interest in True North Recovery Housing.

We look forward to reviewing your application as soon as possible.

My signature below certifies that all information on this application is true and contains no willful falsifications or misrepresentations. All information provided is used by the True North Recovery to determine eligibility and is kept confidential.

By signing below, I authorize True North Recovery to contact those listed on my application in order to obtain information deemed appropriate to consider my application for the True North Recovery transitional living housing.

Signature _____ Date _____

Print Name _____

Policies and Procedures

True North Recovery Housing has formulated its Policies and Procedures to ensure a safe comfortable environment for all residents. Group living can pose challenges under the best of circumstances. While some of the following may seem restrictive, the goal is to provide clear defined guidelines for all residents. Keep in mind not every situation can be addressed so common sense must be exercised. The overriding rule is the Golden Rule: Treat others as you would like to be treated, speak to others as you would like to be spoken to, and give the respect you would like to receive.

STRUCTURE:

1. It is our firm belief that each resident is personally responsible for their own actions and their own sobriety; therefore, the house manager's primary duties are to introduce and instruct the new resident to the culture of the home, hold all residents accountable to their commitment to sobriety and good self-care, and to ensure that the house rules are being followed.
2. True North Recovery administrative staff are the acting directors of the program. TNR oversees the day-to-day management of each house and is available to offer support and guidance to the residents. All prospective residents must interview with the TNR house manager to qualify for housing.
3. Residents are required to attend weekly house meetings. These meetings are mandatory and is similar to a group conscious meeting. This is the time for each resident to discuss affairs of the house, voice concerns, and respond to issues that may arise. Resident input is encouraged and is necessary for a healthy living environment.
4. All residents are subject to peer-based accountability. It is your duty as a resident to follow the policies and procedures of the house. It is also your duty to encourage other residents to do the same. If you are aware of a rule infraction, you should point it out and/or report it to staff members. Reporting to staff is not "snitching". It is the action of a responsible member committed to the general welfare of the house.

POLICIES and PROCEDURES:

1. Upon admission and at any time the staff deems necessary, your room and personal belongings may be searched for alcohol, drugs, or other contraband. Residents will be subject to both random and behavior indicated alcohol and/or drug screening tests. Refusing to submit to a test is grounds for immediate expulsion. Any resident found using alcohol or drugs will be immediately discharged and the resident agreement terminated. No refund of rents/move in fees will be given for violation of this policy.
2. Any member expelled for violation of rules will have six hours to leave the premises regardless of time, transportation, or weather conditions. The member will have three days to arrange for removal of their belongings. Any items left after five days without approval is considered abandoned and becomes property of the house. Abandoned property may be donated to charity or disposed of in any manner the TNR sees fit. Please note, personal food items must be taken when the member leaves. Any food left behind will be disposed of.
3. Residents personal belongings are limited to what will fit in their allocated space. All items of value should be safeguarded. TNR is not responsible for damage to or loss of personal items.

4. Removing or moving any furniture or fixtures from the house or from room to room is not allowed. Do not bring any of your furniture unless it is being donated in writing. No wall hangings will be allowed without prior approval.
5. TNR strongly discourages, but does not prohibit, residents from bringing small durable goods to the home. This includes, but is not limited to: DVD players, gaming consoles, TVs, small kitchen appliances. Any items of this nature can be used by the other residents if left in communal areas and/or attached to common use items. TNR Recovery Homes is not responsible for damage to or loss of such property.
6. TNR Recovery Homes prides itself for being a good neighbor. All residents are expected to be respectful and courteous to neighbors. Do not engage in any verbal or physical confrontation with the neighbors. Do not block driveways, sidewalks, or mailboxes when parking your vehicle. Do not cut through neighborhood yards. Do not solicit neighbors for any handouts. If you have any problems with a neighbor, do not engage them. Notify TNR immediately so he can help resolve the issue.
7. TNR Recovery Homes reserves the right to make exceptions to the rules and policies on a case-by-case basis. Any exception does not set a precedence or constitute a permanent change.

I HAVE READ, UNDERSTAND AND AGREE TO TRUE NORTH RECOVERY RECOVERY HOUSING POLICIES AND PROCEDURES:

SIGNATURE: _____

DATE: _____