# ACM_logo-black fontNew Hope Safe Living Home

# Office (907)929-1422

# Email: [newhope@acm180.com](mailto:newhope@acm180.com)

**P.O. Box 210188 Anchorage, Alaska 99521**

Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Release Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mandatory Release Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you go by any other names than what is on your birth certificate? Yes □ No □

Please list these names including all aliases.

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

Date of birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Obsis # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have your Social Security Card? Yes □ No □ S.S. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photo ID? Yes □ No □

Birth Certificate? Yes □ No □

Do you have an AK ID or Drivers License? Yes □ No □ If Current ID/Drivers License#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current address (if prison, please list prison address)

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

Contact person who can be reached and will always know of your whereabouts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family information:**

Father’s Full name and address: Living □ Deceased □

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

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

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

Mother’s Full name and address: Living □ Deceased □

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

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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sibling Full Name | Address (city/state) | Age | Alive  Y or N | Contact  Y or N |
|  |  |  |  |  |
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Current marital status:

□ married/Date:\_\_\_\_\_ □divorced/Date:\_\_\_\_\_ □separated/Date:\_\_\_\_\_ □ widowed/Date:\_\_\_\_\_ □single

If married, spouse’s full name and address: Living □ Deceased □

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

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

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Other than a spouse, do you have a relationship with anyone of the opposite sex at this time?

Yes □ No □ Full Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe the nature of the relationship.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| Child’s Full Name | Address (city/state) | Who Has  Custody | Gender | Age | Alive  Y or N | Contact  Y or N |
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**Military History:**

Are you a veteran of the United States military? Yes □ No □

In which branch of the service did you serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What were your dates of service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were you honorably discharged? Yes □ No □

Do you have any veteran benefits? Yes □ No □ If yes, please list.

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

**Finances:**

List all forms of income you presently receive (DOC, pensions, disability, social security, welfare, etc.)

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Do you currently have your own checking account? Yes □ No □ Saving account? Yes □ No □

**If accepted, you are required to pay the $250 deposit on or before your move in date! Initials \_\_\_\_\_\_\_\_\_\_\_**

Do you owe child support? Yes □ No □ How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you owe for costs and fines? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you owe restitution? Yes □ No □ How much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have substantial debts ($1000.00 or more)? If yes, to whom do you owe these debts? Be sure to include credit cards, collection agencies, bad checks, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Religious Affiliation:**

□ Protestant/Christian □Catholic □ Islam □Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ None

Home Church:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name and Location | Graduated or Degree Earned | Subject of Study |
| High School |  | □ Diploma □ GED |  |
| College |  | □ Bachelors □ Associates |  |
| Trade or Vocational  School |  | □Certified □ License |  |

Do you have any plans of attending school in the future?

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

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**Medical:**

Do you have any medical conditions? Yes □ No □ (If yes, please explain)

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Do you have any medical or dental concerns? Yes □ No □ (If yes, please explain)

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

Yes □ No □ Are you physically and mentally able to work full-time?

Yes □ No □ Do you have any health issues that would prevent you from working full-time?

Yes □ No □ Are you disabled by a doctor? Please list your disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all current medications along with prescribing physician.

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| --- | --- | --- | --- | --- |
| Medication | Prescribing doctor | Reason for taking meds | Dose | Date |
|  |  |  |  |  |
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Do you have a family physician? Yes □ No □ Name, address, phone number.

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

Have you been diagnosed with a psychiatric or mental disorder? Yes □ No □

If yes, what is your diagnosis? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Do you currently have a therapist or psychiatrist? Yes □ No □

(Name, address, phone number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are you on any psychiatric medications? Yes □ No □ If yes, list names and dosage.

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**Vehicle Information:**

Do you have a vehicle? Yes □ No □ If so, list vehicle information:

Make and year of vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Color of vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_\_

License plate number \_\_\_\_\_\_\_\_\_\_\_\_\_

Current legal minimum amount of auto insurance? Yes □ No □

List insurance company, agent, phone number and policy number.

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

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List auto insurance coverage amounts.

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**Criminal History:** Please answer the questions in this section fully and honestly:

Yes □ No □ Do you have any open charges in Alaska or any state? If yes, please list.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State of charge?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes □ No □ Have you ever been charged with a sexual crime of any nature?

Yes □ No □ Do you have any outstanding warrants? If yes, please list.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State warrant is issued in?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times have you been in prison? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Charge | State of  Charge | Date of  Arrest | Date of  release | Currently serving or previously served? | Do you have a  co-defendant? |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

Do you have any infractions while in prison? Yes □ No □ If yes, how many?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Infraction | Date |
|  |  |
|  |  |
|  |  |

What programs have you been involved in during incarceration and which ones did you complete?

|  |  |  |  |
| --- | --- | --- | --- |
| Program | Dates in Program | Program Complete | Graduation Date |
|  |  | Yes □ No □ |  |
|  |  | Yes □ No □ |  |
|  |  | Yes □ No □ |  |
|  |  | Yes □ No □ |  |
|  |  | Yes □ No □ |  |

Have you applied to Electronic Monitoring? Yes □ No □ If so, when would you be eligible?\_\_\_\_\_\_\_\_\_\_\_\_\_

When released, will you be on probation? Yes □ No □ How long? \_\_\_\_\_\_\_\_\_\_\_\_

When released, will you be on parole? Yes □ No □ How long? \_\_\_\_\_\_\_\_\_\_\_\_

Any upcoming court dates? Yes □ No □ Where, when, and for what?

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

**Substance Abuse:**

Do you have a history of substance abuse? Yes □ No □

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Substance | Amounts Used | Frequency of Use | First Date  Of Abuse | Last Date  of Use |
| Alcohol |  |  |  |  |
| Prescription Meds |  |  |  |  |
| Marijuana |  |  |  |  |
| Spice |  |  |  |  |
| Heroin |  |  |  |  |
| Cocaine, Crack |  |  |  |  |
| Methamphetamines |  |  |  |  |
| Ecstasy |  |  |  |  |
| Inhalants |  |  |  |  |
| Other |  |  |  |  |

Why do you want to live in this Home? (check all that best apply to you)

\_\_\_\_\_ I need a place to live and a job

\_\_\_\_\_ I can’t go back to my family anymore and they say I need help

\_\_\_\_\_ I need accountability with learning how to live sober and pro-socially

\_\_\_\_\_ I need a re-entry plan and community-based support to make a new start

\_\_\_\_\_ Other (Please explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What needs to change in your life so you do not go back to prison? (You may check MORE than one)

\_\_\_\_\_ People, places, and things

\_\_\_\_\_ Being a follower

\_\_\_\_\_ Stay away from drugs and alcohol

\_\_\_\_\_ Be more responsible in keeping a job

\_\_\_\_\_ Deal with the reasons I go to drugs and alcohol

\_\_\_\_\_ Stay away from bad relationships

\_\_\_\_\_ Other (Please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Employment History**

Please list all past employers including jobs while incarcerated.

|  |  |  |
| --- | --- | --- |
| Company  (Name and Location) | Dates Employed  (starting/ending) | Position/Title |
|  |  |  |
|  |  |  |
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What goals do you have for future employment?

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

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What wages are you willing to accept to start a new job?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a resident of Alaska? Yes □ No □ If no, what is your state of residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are not a resident of Alaska, do you wish to return to another state? Yes □ No □

**Your Story:**

Please take the remainder of this page (and the back side if needed) to tell us:

**Who are you?** Tell us about yourself and the story of your life, good and bad. What led you to prison, to addiction, and/or to violence? Tell us about your home life, parents, etc? **Why you want to come to the New Hope Safe Living Home?**

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

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# ACM_logo-black fontNew Hope Safe Living Home

# Office (907)929-1422

# Email: newhope@ACM180.com

**P.O. Box 210188 Anchorage, Alaska 99521**

**CHAPLAIN, PASTOR or COUNSELOR**

*The applicant has applied to be a resident of New Hope Safe Living Home*

Please return recommendation to applicant OR

Mail or email to the New Hope Safe Living Home

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your relationship to this applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you known this applicant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What has been the extent of your involvement with this applicant?

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If applicable, what programs has this applicant been involved in during this incarceration?

(Include spiritual programs, church services, and any secular programs)

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What changes have you seen in the applicant?

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Based on what you perceive, do you feel this applicant desires to change?

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How would you describe the applicant’s relationship with God?

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As mentioned above, this applicant is applying to be a resident of a safe living home, not a 24hour supervised in-patient rehab. (See the applicant’s transition house brochure for more information.) Do you feel he/she is a good candidate for this? Why or why not?

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Do you feel they may need something more intense to deal with past drug/alcohol issues?

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Is there anything else you would like to tell us about this applicant that would relate to them being a New Hope Safe Living Home resident?

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Chaplain, Pastor or Counselor Signature

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Name Printed

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