

**Referral Application for  
Communities Helping All Neighbors Gain Empowerment  
“CHANGE”**

**Office: (907) 677-8490      Fax: (907) 677-8453**

**2515 A Street, Anchorage, Alaska, 99503**

	<i>Program Applicant</i>	<i>All Household members (Use a separate sheet if more than one other household)</i>	<i>Information</i>
<i>Last Name:</i>			<i>Case Manager</i>
<i>First Name:</i>			
<i>Middle Name:</i>			<i>CM Contact Number</i>
<i>Soc. Sec. Number:</i>			
<i>Birth Date:</i>			<i>Emergency Contact</i>
<i>Mailing Address:</i>			
			<i>Emergency Contact #</i>
<i>Residence Address:</i>			
			<i>Family Status</i>
<i>Phone:</i>			<input type="checkbox"/> <b>Single</b>
<i>Relationship to HOH:</i>	<i>SELF</i>		<input type="checkbox"/> <b>Married</b>
<i>Ethnicity/Race:</i>			<input type="checkbox"/> <b>Partner</b>
<i>Gender:</i>			<input type="checkbox"/> <b># Children</b>
<i>Veteran:</i>			

- A. American Indian/Alaska Native
- B. Asian
- C. Black/African American
- D. Native Hawaiian/Pacific Islander
- E. White

- NHL. Non-Hispanic/ Latino
- HL. Hispanic/ Latino

## **Program Duration**

Households served through this program are eligible for up to 15 months of total assistance. The assistance period will begin on the date the household begins to receive stabilization services and end fifteen months from that date.

## **Eligibility for Program**

Persons served through this program must satisfy both Housing Status and Income eligibility criteria:

1. Housing Status: Households must lack a safe place of their own to sleep at night. Please identify which of each criteria your household fits into.

Persons sleeping outside

Persons sleeping in a car

Persons who are living in a homeless shelter

Persons fleeing human trafficking, domestic violence, or abusive households

Persons sleeping in a place not fit for habitation

2. Income: Households must be at or below 80% of the Area Median Income

50-80% AMI = \$77,840.00

30-49% AMI = \$48,650.00

00-29% AMI = \$29,190.00

NWAK Certifying Case Manager \_\_\_\_\_

## INCOME INFORMATION

*List all the income you and each person in your household receive on the following chart.*

<b>SOURCE</b>	<b>NAME</b>	<b>NAME</b>	<b>AMOUNT PER</b>
<i>Supplemental Security Income (SSI)</i>			
<i>Social Security Disability Income (SSDI)</i>			
<i>Social Security (Retirement, Death</i>			
<i>General Public Assistance</i>			
<i>Interim Public Assistance</i>			
<i>ATAP - Alaska Temporary Assistance</i>			
<i>Child Support</i>			
<i>Veterans Benefits</i>			
<i>Veterans Health Care</i>			
<i>Employment Income</i>			
<i>Unemployment Benefits</i>			
<i>Alaska Permanent Fund</i>			
<i>Native Corporation Dividends</i>			
<i>Corporation Name:</i>			
<i>Additional Corp/Tribal:</i>			
<i>No Financial Resources</i>			
<i>Medicare</i>			
<i>Medicaid</i>			
<i>Food Stamps</i>			
<i>WIC</i>			
<i>Other (please specify)</i>			

\_\_\_\_\_ Guardian    \_\_\_\_\_ Conservator    \_\_\_\_\_ Payee

Please provide Name/ Agency/ Contact # of above: \_\_\_\_\_



**FAMILY HOUSEHOLD INFORMATION (Families with Children Only)**

**CHILD CARE EXPENSES**

Do you receive Child Care Assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

Assistance Amount: \$ \_\_\_\_\_ (hr./wk./mo./yr.)

Child Care Expense (Out of Pocket): Amount \$ \_\_\_\_\_ (hr./wk./mo./yr.)

Name and Address of Child Care Provider: \_\_\_\_\_

\_\_\_\_\_

Phone number of Child Care Provider: \_\_\_\_\_

**CHILD IN TRANSITION**

Do you have school-aged children? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you receive Child In Transition Assistance? YES \_\_\_\_\_ NO \_\_\_\_\_

Where do your children currently receive education services? \_\_\_\_\_

## CLIENT INFORMATION

Check all that applies. Information used to assist in the placement of Permanent Housing Programs:

**Disability:** What are the applicants' verified disability categories?

- a. \_\_\_\_\_ Mental illness
- b. \_\_\_\_\_ Alcohol abuse
- c. \_\_\_\_\_ Drug abuse
- d. \_\_\_\_\_ HIV/AIDS & related diseases
- e. \_\_\_\_\_ Developmental Disability
- f. \_\_\_\_\_ Physical Disability
- g. \_\_\_\_\_ Chronic Health Condition

**Homeless:** What was the applicant's prior living situation the night prior to application?

- a. \_\_\_\_\_ Non-housing (streets, car, camp.)
- b. \_\_\_\_\_ Emergency shelter
- c. \_\_\_\_\_ Transitional housing for homeless
- d. \_\_\_\_\_ Psychiatric facility\*
- e. \_\_\_\_\_ Substance abuse TX facility\*
- f. \_\_\_\_\_ Hospital\*
- g. \_\_\_\_\_ Jail/prison \*

**\* Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.**

**Approximate Date Homelessness Started:** \_\_\_\_\_

**Duration of Homelessness:**

- \_\_\_\_\_ <1 day      \_\_\_\_\_ 1-30 days      \_\_\_\_\_ 31-180 days      \_\_\_\_\_ 181-365 days  
\_\_\_\_\_ 366-730 days      \_\_\_\_\_ >730 day

**Chronic Homelessness:** **To be considered "chronically homeless," a person must have been living in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 12 months OR on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described above. Stays in institutional care facilities for FEWER than 90 days will not constitute a break in homelessness. Still, instead, such stays are included in the 12-month total if the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility.**

**Has the applicant been:**

- \_\_\_\_\_ Homeless for 12 or more consecutive months
- \_\_\_\_\_ Homeless four or more times in the past three years, totaling a combined 12 months and meets all the criteria set forth by HUD.

**The total number of months Homeless:** \_\_\_\_\_

**Please see additional homeless verification requirements if the person is considered chronically homeless.**

**Reason for referral to the "CHANGE" Program and source of referral:** \_\_\_\_\_

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

**List previous residences for the past two years.**

**Landlord:** \_\_\_\_\_

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

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**Landlord:** \_\_\_\_\_

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

**From:** \_\_\_\_\_

**To:** \_\_\_\_\_

**Please list any other agencies providing services to the applicant such as Assets, The ARC, ABH, Choices, PRC, etc. Please include a contact name and phone number.**

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

*I hereby give my permission for NeighborWorks Alaska to verify any information they may need to determine my eligibility for housing and continued occupancy in the Sponsor-based rental assistance program. I fully understand this waiver covers future and current verification from State and Federal Agencies. NeighborWorks Alaska is hereby given my permission to request information from all other available sources.*

*The above information is accurate and correct. I hereby authorize NeighborWorks Alaska to check references and verify the information contained in this application.*

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*Applicant Name*

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*Applicant Signature* *Date*

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*Co-Applicant Name*

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*Co-Applicant Signature* *Date*

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*Referring Agency Representative Name/Title*

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*Referring Agency Representative Signature* *Date*

*Date application submitted* \_\_\_\_\_  
\_\_\_\_\_

## SUPPORTIVE HOUSING PROGRAMS -- APPLICANT PROFILE

Please provide a brief narrative describing the applicant with regards to the following areas. This information is being requested because, in instances where we have had problems with tenants that resulted in evictions, these areas have been the causes of the issues. Please use additional pages if necessary.

1. Please describe the applicant's relationships to persons who may cause problems or victimize them (i.e., drug dealers, domestic violence, etc.) and evaluate the potential for victimization on a scale of 1 to 5, with 5 being the most significant risk.

Least risk for Victimization Greatest risk for Victimization

\_\_\_\_\_

1                      2                      3                      4                      5

2. Please describe the ability of the applicant to set boundaries, apply appropriate refusal skills, and set limits for themselves and others regarding allowing other people free access to their apartment. Evaluate the applicant's ability in this regard on a scale of 1 to 5, with 1 being the highest ability to set boundaries, etc.

Excellent Boundaries/ Great Refusal Skills Minimal Boundaries/ Poor refusal skills

\_\_\_\_\_

1                      2                      3                      4                      5

3. Please describe the applicant's level of treatment compliance and engagement. Evaluate the applicant's ability in this regard on a scale of 1 to 5, with 1 being the highest quality of compliance and 5 being the lowest quality of compliance.

High level of Compliance Non-Compliant

\_\_\_\_\_

1                      2                      3                      4                      5

Please fill out the following form and describe the applicant's history regarding substance use and legal history on the back of this page, specifically if the applicant is currently using substances or on probation/parole.

**Treatment History:**

<b>Mental Health</b>	<b>Alcohol &amp; Drug Treatment</b>	<b>Legal History</b>
___ No Treatment History	___ No Treatment History	___ Past Probation/Parole
___ Outpatient Only	___ Outpatient Only	___ Present Probation/Parole
___ <3 Psychiatric Hospitalizations	___ <3 In-Patient Admits	___ # Jail Sentences
___ >3 Psychiatric Hospitalizations	___ >3 In-Patient Admits	___ Felony History



*NeighborWorks Alaska*

**“CHANGE” PROGRAM**

*Applicant Checklist*

The following information **must be provided** for the application to be processed.

\_\_\_\_\_ ***Completed and signed application***

\_\_\_\_\_ ***Verification of income (within 30 days) to include Social Security/APA printout, child support statements, bank statements, notarized zero income statement, paycheck stub, etc. (ALL household members)***

\_\_\_\_\_ ***Verification of current living situation and program eligibility based upon homelessness. Please see the table that follows this page for directions on proper proof of homelessness. (HOH only)***

\_\_\_\_\_ ***All applicable ROIs, including Permanent Fund Dividend, OPA, Social Security, AHFC, Department of Public Assistance, Native Corporations, Case Managers, Service Agencies, Health Care, etc. A current ROI will be required with the new property owner when the tenant moves into their apartment. (ALL household members)***

\_\_\_\_\_ ***Copies of Identification, Social Security Cards, Birth Certificates (for children if applicable), ECT. (ALL household members)***