



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska
Reentry & Recovery Department
 P.O. Box 25500 • Juneau, Alaska 99802
 Phone: 907.463.7365 • Email: reentry&recovery@ccthita-nsn.gov

Non-Congregate Sheltering Program Application for Services

Please answer each question as fully as possible (incomplete information may delay your application process). If you do not know an answer, put “UNK” or if it is not applicable put “N/A” in the space. If you need more space, use a separate sheet and attach it to this form. A current integrated behavioral health assessment must be included.

You may submit your application to 6205 Alaway Ave, Juneau, AK 99801 or email to reentry&recovery@ccthita-nsn.gov. For questions, please call 907.463.7366.

Department of Corrections Only:

Is the applicant currently incarcerated and unable to obtain an assessment? Yes No

APPLICATION CHECKLIST		
Are the Following Documents Attached?	Are All Sections Complete?	R&R Staff Only
<input type="checkbox"/> Application (<i>Pages 1-6</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Release of Information	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Agency Referral & Recommendation Form	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Copy of COVID-19 vaccination card	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HOW LONG WILL IT TAKE?		
Completed applications are processed in the order in which they are received. If a staff member has not contacted you within three business days, please call 907.463.7366 or email reentry&recovery@ccthita-nsn.gov .		

APPLICANT INFORMATION

First Name	MI	Last Name	Date of Birth
Other Names Previously Used			
Name of Prison or Mandatory Housing Facility			
Date of Release from Current or Most Recent Incarceration			
Name of Probation Officer		Email	Phone Number
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a sex offense? Dates, if applicable: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony(s)? Dates, if applicable: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was violence involved?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a misdemeanor? Dates, if applicable: _____		

Gender Identity: Male Female Other

Please mark all that apply:

- American Indian or Alaska Native Black or African American Hispanic or Latinx
 Native Hawaiian or Pacific Islander Polynesian White Asian
 Other: _____

If you are a member of a federally recognized tribe, please provide the following information:

Tribe	Enrollment Number
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EMERGENCY CONTACT INFORMATION

Name	Relationship		
Mailing Address		Telephone	
Name	Relationship		
Mailing Address		Telephone	

FAMILY INFORMATION

Current Marital Status: Married / Date: _____ Divorced / Date: _____
 Separated / Date: _____ Widowed / Date: _____ Single/Never Married

Other than a spouse, do you have a verifiable, long-term partner relationship at this time?
 Yes No

Current Marital Status: Married / Date: _____ Divorced / Date: _____
 Separated / Date: _____ Widowed / Date: _____ Single/Never Married

Do you have children?
 Yes No

Child's Full Name	Date of Birth	Who Has Custody?	Do you Have Contact?

FINANCES & DOCUMENTS

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

- Yes No Do you owe child support?
If yes, how much?: _____
2. What do you owe for costs and fines?: _____
3. Yes No Do you owe restitution?
If yes, how much?: _____
4. Yes No Do you have substantial debt (\$500.00 or more) in addition to restitution, fines or child support? If yes, to whom do you owe these debts? Be sure to include credit cards, collection agencies, bad checks, etc.:

What type of documents do you need? (Check all that apply)

Tribal ID Card Driver's License Birth Certificate

Social Security Card Other Photo ID

Have you had any DUI's or any restrictions to obtaining your license? Yes No

EMPLOYMENT

Are you currently employed? Yes No

Start Date	Employer	Position	Wage	Duties

EDUCATION/TRAINING HISTORY

Highest Grade Completed:

College Degree High School Diploma GED I do not have a HS Diploma/GED

Have you ever received Special Education Services or an Individual Educational Plan (IEP)?

Yes No

Do you have any skill deficiencies/barriers to successful learning? Yes No
Please describe below:

What are your future education goals? Please describe below:

PHYSICAL & MENTAL HEALTH HISTORY

How would you rate your own health today?

Poor Fair Good Excellent

Do you have any medical, dental, or mental health concerns? Yes No

If yes, please explain:

Are you physically and mentally able to work full-time? Yes No
If no, please explain:

Do you have a disability that has been recognized by a doctor? Yes No
If yes, please explain:

Do you have health insurance? Yes No
If yes, please provide name of health insurance or benefits provider (please include Indian Health Service providers, if applicable):

Are you currently taking any prescription medications? Yes No

Medication	Prescribing Doctor	Reason for Taking Medication	Dose	Date

Are you vaccinated for COVID-19? Yes No

***To be accepted into program, you must be vaccinated.**

Have you or are you currently receiving counseling/treatment services? Yes No
If yes, please provide name of service provider:

Certification:

I certify to the best of my knowledge that the information and documentation contained in this application is accurate and true. I also understand that additional information may be requested to verify what has been submitted.

Housing Applicant Signature:

Date: