



A program of
Blood N Fire Ministries of Alaska

PO BOX 873375

Wasilla AK 99687-3375

(907) 357-0391 Phone, Fax (907) 357-0392

knikhhouse@gmail.com

Volunteers Providing • Food • Clothing • Shelter

Program Application

Important! Please read this before completing the application.

Applicants are reviewed for program eligibility requirements including; 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.

Adult Signature _____ **Date** _____

Adult Signature _____ **Date** _____

Adults

Name _____ AGE _____ DOB _____ Last 4 of SS# _____

Name _____ AGE _____ DOB _____ Last 4 of SS# _____

Current Address _____

Phone Number _____ Message Phone _____

Children currently in your custody. Include unborn & due date

1. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

2. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

3. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

4. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

Children in placement elsewhere that you expect to reunify with.

1. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

2. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

3. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

4. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

Adult children or children who live elsewhere who will not live with you.

1. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____

2. M/F _____ AGE _____ DOB _____ Last 4 of SS# _____



Release of Authorization

Knik House a program of Blood N Fire Alaska has my permission to discuss my case with the following agencies for the purpose of placement into Knik House Transitional Shelter Program and for any needed services. Please initial all that apply. Fill in Contact Names Below:

Attorney's Name_____	Phone_____
Office of Children's Services_____	Phone_____
TANF/Eligibility Worker_____	Phone_____
Children ('s) School_____	Phone_____
Valley Charities_____	Phone_____
Doctor ('s)_____	Phone_____
Employer _____	Phone_____
Hospital ('s)_____	Phone_____
Probation/Parole Officer_____	Phone_____
Salvation Army_____	Phone_____
Family Promise_____	Phone_____
Access Alaska_____	Phone_____
My House_____	Phone_____
Daybreak_____	Phone_____
Set Free Alaska_____	Phone_____
Akeela Inc_____	Phone_____
Neighbor Works_____	Phone_____
Knik Tribal_____	Phone_____
Other_____	Phone_____
Other_____	Phone_____
Signature_____	Date_____
Witness_____	Date_____



Tenant Document List

In order to process your application and assess your needs please provide as many documents from the list below as you can:

- o Homeless Verification (a letter confirming your homeless status from a third party)
- o Birth Certificates for all family members
- o Social Security Cards for all family members
- o State Issued Drivers' License or Identification Card
- o Proof of Income; passport to service, SSI/SSA/SDI award letter, tribal benefits, etc. **If employed you must provide three consecutive paystubs.**
- o Citizenship status (if applicable)
- o Proof of Work or School Status if applicable
- o Child Care Funding? (If Applicant does not have funding and is eligible for Child Care Assistance sign up as soon as possible.)
- o Registration & Insurance paperwork for all vehicles.
- o Proof of Pregnancy – If applicable



Affirmative Marketing Policy

Knik House and Blood N Fire of Alaska follow Federal Fair Housing and Equal Opportunity Laws. We do not discriminate against any person on the basis of 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 religious organizations.



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 become homeless. Be specific as to details such as how, when, where and your personal responsibility. Please use additional sheets if necessary.

1. Have you ever used another name (an alias) to receive services?

First _____ Middle _____ Last _____

2. How long have you lived in the Matsu Valley? _____

3. Date AND Full Address of last rental (date) _____

(Address) _____

4. Where did you stay last night? _____

5. 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.)

6. What is the zip code of where you stayed last night? _____



7. 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

8. Do you have any previous evictions? Yes No (please use back of sheet if necessary)

If yes, (date)_____ (address)_____

(Date)_____ (address)_____

9. Have you used Homeless Funds? Yes No

If so, when: _____

10. Have you applied for Section 8 and or HUD housing? Yes No If so, when? _____

11. Have you applied with other low income/subsidized housing agencies? Yes No

If yes, please list _____

12. Who referred you to the Knik House? _____

13. Have you previously applied to Knik House? Yes No

If so, when _____

14. Do you know anyone who is or has been involved with the Knik House? Yes No

If so, who: _____

15. Are you a citizen of the United States or eligible to work or attend school in the U.S.? Yes No

16. Do you have a valid Driver's License? Yes No

Driver's License # _____ State _____ Exp. Date _____

17. Do you have a State Issued I.D.? Yes No

I. D. # _____ State _____ Exp. Date _____

18. Ethnicity: Hispanic or Latino Not Hispanic

Race: African-American White Other _____

Native American Alaska Native Asian

19. Veteran Status: Veteran (non-disabled) Disabled Veteran

Conditional Veteran (currently on Active Duty / Pending Discharge)

20. Do you have a high school diploma? Yes No

21. Do you have a GED? Yes No

22. What is the highest grade level completed in school? _____



23. 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

24. List your last 3 places of employment and their dates.

Name of Employer: Date From / To:

a. _____

b. _____

c. _____

25. Please list all sources and amounts of income for **ALL adults and children** in the home:

Source of Income:	For Who:	Amount:
Alimony or other spousal support		
Child Support		
Earned Income (employment)		
General Assistance (GA)		

Social Sec. Disability Inc. (SSDI)		
Supplemental Sec. Income (SSI)		
Temp Asst for Needy Families (TANF)		
Unemployment Insurance		
Workers compensation		
Tribal Benefits		
PFD		
Friends, Family, etc.		
Food Stamps		
Mileage Reimbursement		

26. Do you have a physical disability? Yes No

If so, what is the nature of the disability?

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

If so, what is your diagnosis?



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

If so, please describe your needs:

29. Are you currently using any over-the-counter medication? Yes No

If yes list medication:

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

If so, what medications are you taking? Prescribed Medication: Medication taken For:

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

32. Have you **ever** drunk alcohol? Yes No

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

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

35. Have you ever used drugs? Yes No

If so, what kind(s) _____

36. When was the last time you used drugs? _____

37. What drug(s) did you last use? _____

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

39. 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

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

If so, Please explain _____

41. Are you currently on probation or parole? Yes No If yes, for what charge?

42. If yes, who is your probation or parole officer? _____

Phone number _____

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

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



44. Are you fleeing a domestic violence situation? Yes No
45. Do you need referral to domestic violence services? Yes No
46. Do you currently have an open case with Children's Services? Yes No
If yes, please explain _____

If yes, who is your Case Worker? _____
Phone Number _____

47. Do you have legal custody of your children? Yes No
(Legal custody means you have been to court and have paperwork).
48. Do you have AFS Childcare Services? Yes No
49. Have you ever had Childcare Services? Yes No If yes, when? _____
50. Are you participating in any work program? Yes No
If yes, who is your Case Manager? _____
Phone Number _____
51. Is/Are your child(ren) enrolled in school? Yes No
If yes, where are they enrolled? _____

52. If your child(ren) are not enrolled in school, when was last date of enrollment? _____
53. Do you have any outstanding utility bills? Yes No
If yes, what is the approximate amount of outstanding bill? _____
54. Do you need credit counseling? Yes No
If yes, what credit issues are you experiencing? _____

55. List 3 references that are not related to you who we can contact:

NAME ADDRESS RELATIONSHIP TELEPHONE

1) _____
2) _____
3) _____



Dear Applicant,

Thank you for your interest in the Knik House Transitional Shelter Program. Knik House has 15 beds for men and 8 women's beds, where residents may stay and participate in the program for up to eighteen months. Depending on their needs and strengths, they may be invited to participate in the Phase II Program. Due to the length of the program, and the amount of homeless people in the area, the waitlist period can last six months or longer. **The long term housing of Knik House is a program. Residents are required to participate** in all groups and workshops as scheduled in their Action Plan. Residents **are required** to pay based on a sliding scale fee. You will not be turned away if you are indigent. You will be required to apply 30 % of your income towards savings for future housing while in Phase I. Staff conducts random drug testing on residents as Knik House 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.

1. Do you understand that absolutely **NO DRUGS and ALCOHOL** are allowed at Knik House? YES NO
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? YES NO
3. Do you have the desire, ambition and drive to want to change your life and better yourself? YES NO
4. Knik House is a faith-based program, are you aware of this? YES NO

Please complete the entire application. Completing this application does not guarantee that you will be accepted into the Knik House. 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.** **ADMISSION STATUS** You will only be contacted if you move forward in the intake process. If you are selected for an Interview, you will receive a telephone call. You may check the status of your application daily.

If you do not call within three months of applying, staff will assume you are no longer interested in the program and your application 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 Knik House. 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 Knik House to determine eligibility and is kept confidential.



By signing below, I authorize Knik House to contact those listed on my application in order to obtain information deemed appropriate to consider my application for the Knik House transitional living shelter.

Signature _____ Date _____

Print Name _____

Witness _____ Date _____

Print Name _____