

Identification

	Document Number	Issuing Authority
Social Security Card		
Birth Certificate		
Drivers License/State ID Card		
School ID Card		
Military Dependent ID Card		
Medical Insurance Card		
Employment Authorization		

Income

What is your monthly income (total before taxes):

- | | | |
|--------------------------------------|--|----------------------------------|
| <input type="checkbox"/> \$0 | <input type="checkbox"/> \$501-\$1000 | <input type="checkbox"/> \$2001+ |
| <input type="checkbox"/> \$1-\$ | <input type="checkbox"/> \$1001-\$1500 | |
| <input type="checkbox"/> \$251-\$500 | <input type="checkbox"/> \$1501-\$2000 | |

Are you currently employed? Yes No

If yes, what is the name of the company you work for? _____

Supervisor's name : _____

Work address Work Phone

Current wage \$ _____ / hourly Hours per week _____

Current source(s) of income (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> SSI | <input type="checkbox"/> Employment Income | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Child Support | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Unemployment income | <input type="checkbox"/> None |
| <input type="checkbox"/> SSDI | <input type="checkbox"/> AFDC | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Veteran's Benefit | <input type="checkbox"/> Native Corporation | <input type="checkbox"/> Other(Specify) |
| <input type="checkbox"/> Assistance from family | | _____ |

Education

Do you have your high school diploma? Yes no

If yes, date of graduation: ___/___/___

What was the last grade you attended? _____

What school did you last attend? _____

Please explain why you left: _____

Do you have your GED? Yes no If yes, date of completion: ___/___/___

Legal History

Have you ever been charged with a crime(s)? Yes No

If yes, please specify: _____

Have you ever been convicted of a crime(s)? Yes No

If yes, please specify: _____

Are you currently on probation or parole? Yes No

Name of probation/parole officer: _____ phone: _____

Name of Public Defender/ attorney: _____ phone: _____

Do you have any outstanding warrants? Yes No

If yes, please specify: _____

Do you have any court dates pending? Yes No

If yes, please explain: _____ Date: _____

Medical History

Have you ever been hospitalized? Yes No

If yes, please explain:

Do you have any current physical health problems? Yes No

If yes, please explain: _____

Are you currently taking any medication for a physical condition? Yes No

Name of medication(s): _____

Do you have any allergies? Yes No

If yes, please describe: _____

Do you have any other special needs we should be aware of? Yes No

If yes, please explain: _____

Are you currently pregnant? Yes No

If yes, what is your expected due date: _____

Doctor's Name _____ Phone Number _____

Mental Health History

Have you ever received inpatient mental health services? Yes No

If yes, please explain the circumstances: _____

Location: _____ Date: _____

Have you ever been in counseling? Yes No

If yes, please explain the circumstances: _____

Location: _____ Date: _____

Are you currently taking any medication(s) for mental health reasons? Yes No

Name of medication(s): _____

Substance Use History

Have you ever received inpatient treatment for drug or alcohol abuse? Yes No

Location: _____ Date: _____

Have you ever been in counseling for drug or alcohol abuse? Yes No

Location: _____ Date: _____

Family Information

Mother/Guardian

Name: _____ Living Deceased Never Known

Father/Guardian

Name: _____ Living Deceased Never Known

Do you have any brothers or sisters? Yes No If yes, how many? ___brothers ____sisters

What is your current marital status? Never married Divorced Separated

Do you have any children? Yes No

If yes, Names? _____ Age(s)? _____

With whom are they living? _____

Thank you for your interest in the Covenant House Transitional Living Program

Please return this application to:

Rights of Passage
Attn: Program Coordinator
750 W 5th Avenue
Anchorage, Alaska 99501
(907) 258-4416 Fax# (907) 272-6143

Passage House
Attn: Program Coordinator
P.O. Box 104640
Anchorage, AK 99210-4640
(907) 272-1255 Fax# 272-9548