

No Limits Inc. Intake Form

Please answer all questions.

Fill out one form for each additional family member **at time of admission.**

GENERAL INFORMATION

First Name: _____ Middle Name: _____

Last Name: _____ Suffix _____

Phone: _____ PH Type: _____ Phone Alt: _____ PH Type: _____

Email: _____ Contact Preference: _____

For Adults (Age 18+)

Military Background:

Served/Serving U.S. Military (*veteran*): Yes No Don't Know Refused

What is your housing situation? (Housing Status): Literally Homeless imminently losing their housing
 Unstably Housed and at risk of losing their housing stably house Don't know Refused

If Homeless, have you been continuously homeless for a year or more?

Yes No Don't Know Refused

Number of Times Homeless within the Past Three Years (INCLUDING THIS TIME - choose one):

0 1 2 3 4 5 to 7 8 to 10 11 or More Don't Know Refused

Are You Losing Your Housing within 14 days (Eviction)? Yes No Don't Know Refused

Reasons or Contributing Factors to Housing Crisis (choose ONE that applies the closest to your situation):

- | | |
|---|---|
| <input type="checkbox"/> Illness/Injury | <input type="checkbox"/> Non-payment of child support |
| <input type="checkbox"/> Low wages/fixd income for current expenses | <input type="checkbox"/> Hours of work cut |
| <input type="checkbox"/> Legal Issues (<i>Landlord/Tenant; garnishments, court fees</i>) | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Recent job loss (60 days or LESS) | <input type="checkbox"/> Car trouble or accident |
| <input type="checkbox"/> Unemployed (over 60 days) | <input type="checkbox"/> Death in family |
| <input type="checkbox"/> New job/Paycheck delay | <input type="checkbox"/> House repairs (emergency damage) |
| <input type="checkbox"/> Gone for MH or substance abuse treatment | <input type="checkbox"/> Theft victim |
| <input type="checkbox"/> Problems with ATAP/TANF (<i>Public assistance for families</i>) | <input type="checkbox"/> Loss of partner/roommate |
| <input type="checkbox"/> Public benefits interrupted (<i>e.g. SSI, VA, Adult Public Asst</i>) | <input type="checkbox"/> Other _____ |

Tell Us about Your Last Permanent Address (where you last lived for 90 days or more)

Last Permanent Address: _____ Last Permanent City: _____

State/Province _____

Last Permanent Zip Code _____

No Limits Incorporated Reentry Supportive Housing Program Application

No Limits Incorporated provides men and women the help needed to make the transition from incarceration back into the community. We provide housing in a structured family setting and will assist you in accomplishing your transitioning goals through case management and we will support you in establishing the confidence needed to be successful in this process. You will be expected to make a commitment to change and a renewed life.

CRITERIA FOR ACCEPTANCE-Please Check

- Are you willing to take any steps to change your life?
- Have you been clean and sober for a period of at least 30 days and will you participate in random drug testing and UA's throughout the program?
- Are you willing to participate in case management/counseling?
- Are you willing to be involved in a mentored relationship to build support?
- Are you willing to commit to a minimum of six months residency and abide by all house rules?
- Are you willing to do assigned work in the house, neighborhood and/or community?
- Are you willing to use any monies that you have on hand at time of entry or on the books from the institution (if applicable) towards program fees and monthly guest fee of \$450.00?

**All applications that do not meet these criteria will be denied. Incomplete applications will be returned. Complete the following application and return it to:
No Limits Inc. 253 Romans Way, Fairbanks, AK 99701**

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

APPLICATION FOR NO LIMITS, INC REENTRY HOUSING PROGRAM

Date _____

Current Living Status:

Current Address: _____

Current Phone Number: _____ Last Known Zip Code _____

DOB _____ Place of Birth _____

Family Status:

(Circle One) Single – Married – Divorced – Widowed – Separated – Other _____ # of Children _____

Education:

HS Diploma? Yes _____ No _____ Year _____ GED _____ Year _____ College _____ # of years _____ Degree _____

Prior Living Circumstances:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Homeless | <input type="checkbox"/> Shelter/Mission | <input type="checkbox"/> Hotel |
| <input type="checkbox"/> Bush/Camp | <input type="checkbox"/> Car | <input type="checkbox"/> Friend/Family Couch |

Criminal History:

Where incarcerated presently _____

Date of incarceration _____ Date of Release _____

Parole Eligible Date _____ Full Term Release Date _____ Next hearing Date _____

Parole/Probation officer _____ Phone # _____

PTRP: Yes _____ No _____ Charge: _____

Current Charge(s): _____

Racial or Ethnic Group

- | | | |
|---|---|---|
| <input type="checkbox"/> Am. Indian/AK Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other - |

Work History:

Employer Name: _____ Employer City: _____

Usual Occupation: _____ Years in Occupation: _____

Date left last job: _____ Type of Work: _____

CHEMICAL DEPENDENCY HISTORY

Which of the following have you ever used: (Circle all that apply)

- | | | |
|---------------------------------|------------------------------------|--------------------|
| Alcohol | Quaaludes | Caffeine |
| Cocaine | Heroin | Soda |
| Crack | Marijuana | Ecstasy |
| Opium | Methamphetamines | Nicotine |
| Barbiturates | LSD | Mushrooms |
| Pain pills with no prescription | Tranquilizers with No prescription | other street drugs |

Which did you use in the last six (6) months? _____

All the answers which I have provided in this application are both true and complete to the best of my knowledge.

Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

No Limits Incorporated
 253 Romans Way, Fairbanks, AK 99701
 907-310-1377

Name: _____ Date of Birth: _____

Social Security #: _____ P.O. Name (if applicable): _____

OCS Involvement (if applicable): _____

PURPOSE: The information released will be used to evaluate my situation and to plan for and coordinate services for me, or for other purposes as specified.

I authorize:

(Name & Address)	and (Name & Address)
Phone: _____	Fax: _____

To provide information to the following individuals/agencies:

Initial	Release To:	Purpose:
	(Name & Address)	
	Phone: _____ Fax: _____	
	(Name & Address)	
	Phone: _____ Fax: _____	

Check the box and initial after each type of record for which you are authorizing release:

<input type="checkbox"/> Family History Record _____ <input type="checkbox"/> Employment/Work Records _____ <input type="checkbox"/> Treatment/Medical Records _____ <input type="checkbox"/> Services* Information/records as specified: _____	<div style="text-align: center;">Initial</div> <input type="checkbox"/> Educational _____ <input type="checkbox"/> Alcohol/Drug _____ <input type="checkbox"/> Mental Health _____
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Educational reports include both behavioral and progress reports. Alcohol/drug Treatment, Mental Health Services and medical/psychiatric records include all aspects of diagnosis, treatment and prognosis.

This permission is good for **six (6) months** from the date of your signature.

I can cancel this at any time. I understand the cancellation will not affect any information that was released before the cancellation. I approve the release of this information. I understand that information about my case is confidential and protected by state and federal law. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Signature

Date

Witness Signature

Date

To those receiving information under this authorization: The information disclosed to you is protected by State and federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by other laws.