CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska
Public Safety • Second Chance Reentry Program
320 W. Willoughby Ave. Suite 331 • Juneau, Alaska 99801

Second Chance Reentry Program
Application for Services

Please complete the form in its entirety. Incomplete forms will not be processed.
If you have been convicted of a sex crime, please stop now and contact a staff member.

Date: _____

Applicant Information

First Name: _____ Last Name: _____

Other names previously used: _____

Date of Birth: ___ /___ / ____ Sex: ☐ Female ☐ Male

Are you currently incarcerated/in mandatory housing? ☐ Yes ☐ No

Address of Prison or Mandatory Housing:_____

Phone Number: _____

Address and phone number where you can be reached after release:

_____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contacts

Name: _____

Relationship to You: _____Telephone: _____

Name: _____

Relationship to You: _____Telephone: _____

Race/ethnicity**,** please mark all that apply:

☐ American Indian/Alaska Native ☐ African-American ☐ Asian or Pacific Islander

☐ Hispanic ☐ Polynesian ☐ Caucasian ☐ Other _____

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

Tribe: _____ Enrollment Number: _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Do you have children? ☐ Yes ☐ No

If yes (names/ages): _____

_____

Do you pay child support? ☐ Yes ☐ No

Have you ever received services from Central Council's Temporary Assistance for Needy Families (TANF), General Assistance, or Employment & Training programs? ☐ Yes ☐ No

If you are currently receiving services, please provide description of services received:

_____

Who is your caseworker?

_____

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, driving violations, or any other restrictions to obtaining your license?

Date	Driving Violation

Employment History

Do you have an ALEXSYS account? ☐ Yes ☐ No

Do you know your username and password? ☐ Yes ☐ No

Currently Employed: ☐ Yes ☐ No

Dates Employed	Employer	Position	Wages	Duties

Work-Related Skills:_____

_____

Short-Term Employment Goals: _____

_____

Long-Term Employment Goals: _____

_____

Professional References:

Name	Phone	How do they know you?
1.		
2.		
3.		

Education/Training History

Highest Grade Completed:

☐ HS Diploma ☐ GED ☐ I do not have my HS Diploma/GED

Have you had any training, vocational training, or higher education?			
Date	School	Focus Area	Certificate or Degree?

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

☐ Yes ☐ No

Any skill deficiencies/barriers to successful learning?_____

_____

Future Education Goals: _____

_____

Have you completed: **Career Ready 101?** ☐ Yes ☐ No **Work Keys?** ☐ Yes ☐ No
If Yes, Date of Completion: _____ If Yes, Date of Completion: _____

What are your barriers to obtaining employment or educational services? (Check all that apply)

YES	NO	
☐	☐	Help updating your resume or cover letter?
☐	☐	Help improving your interview skills?
☐	☐	Help improving your job search skills?
☐	☐	Assistance with appropriate clothing for job search?
☐	☐	Assistance with transportation?
☐	☐	Assistance finding stable housing?
☐	☐	Assistance obtaining your GED? HS Diploma?
☐	☐	Assistance obtaining government photo ID?
☐	☐	Substance abuse services or counseling?
☐	☐	Assistance with your Child Support case (Tribal Members Only)?
☐	☐	Other? (write in)

Physical & Mental Health History

Health Insurance: ☐ Yes ☐ No

How would you rate your own health today?☐ Poor ☐ Fair ☐ Good ☐ Excellent

Explanation: _____

Known health problems/disabilities:

_____

Currently taking any prescription medications? ☐ Yes ☐ No

Have you ever experienced any of the following?

☐	Physical Abuse	☐	Sexual Abuse
☐	Drug Abuse	☐	Alcohol Abuse
☐	Difficulty Sleeping	☐	Attempted Suicide
☐	Self-Mutilation	☐	Other: (please specify)

Have you in the past, or are you currently receiving counseling/treatment services for any of the above? ☐ Yes ☐ No

If currently receiving services, please let us know where you are receiving services:

Where did you hear about our program?

Detailed Legal History Information

Have you ***ever*** been convicted of a sex crime ☐ Yes ☐ No

Currently incarcerated? ☐ GHS ☐ EM (Electronic Monitoring) ☐ Other: _____

Date of Release: _____

Currently On: ☐ Probation ☐ Parole Date of Release: _____

Parole/ Probation Officer's Name: _____

**** Please go to www.courts.alaska.gov, click on the "CourtView" link on the right, and we will assist you in printing your criminal history report ****

Please list ALL felonies and misdemeanors in the last 10 years.

Date	Felony or Misdemeanor?	Charge?

Second Chance Reentry Program
Authorization for Release of Information

I, _____, authorize the release of information requested by the Second Chance Reentry Program or its agents. The requested information will only be used in the administration of Second Chance Reentry Program services, and will not be released to any other person or agency outside of the Second Chance Reentry Program office or its agents. This release of information will be in effect while I am an applicant or recipient of Second Chance Reentry Program assistance, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: Department of Law, Department of Public Safety, Department of Corrections, Department of Labor, Department of Military & Veterans Affairs, Department of Revenue, Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

This release expires: _____.

Note: A Copy of this Release is as Valid as the Original

_____	_____
Your Signature (Head of Household)	Signature (Other Adult Household Member)
_____	_____
Printed Name (Head of Household)	Printed Name (Other Adult Household Member)
_____	_____
Social Security Number	Social Security Number
_____	_____
Address	Address
_____	_____
Phone Number	Phone Number
_____	_____
Date	Date

Second Chance Reentry Program
Client Contract

As a client of the Second Chance Reentry Program (SCRP), I commit to the following goals and expectations set forth by the SCRP team:

1. I understand that participation in the SCRP is a choice and I will be proactive by contacting program staff for any services or assistance needed.
2. I will I will engage fully in all requirements requested of me by the SCRP team and all related agencies and partners.
3. I will attend all appointments made with SCRP staff, including appointments made with other agencies or businesses related to my success.
4. If appointments must be missed due to extenuating circumstances, every effort will be made to contact staff *before* the missed appointment.
5. If engaged in training, I will complete my courses on the schedule agreed to, whether verbally or in writing. I will work diligently to ensure that my exam grades are passing (65% +) and actively seek help when needed.
6. I will attend recommended classes as directed and scheduled as my needs are identified.

If I am not abiding by this contract and engaging fully to the best of my abilities I understand that my enrollment in the Second Chance Reentry Program will be terminated.

Client Signature: _____ Date: _____

SCRP Staff Signature: _____ Date: _____