

Juno House Transitional Housing Application

The Juno House is a drug- and alcohol-free Transitional Housing Program that provides men and women with the opportunity to **change** and to build a foundation from which to become independent and self-reliant.

It is our expectation of everyone that they be actively involved in **change**. Mainly, we want you to **change** your address from GHS to your own house or apartment. Gainful full-time employment, even at minimum wage, will allow you to become financially self-sufficient, to pay your rent, and still be able to save some money.

To demonstrate your commitment to **change**, we require that:

1. You are actively listed on the Alaska Housing Finance Corporation Section Eight voucher and Public Housing waiting lists.
2. You have active applications at other subsidized housing projects such as Gruening Park, Chinook, Coho, etc.
3. You are either working full time or working part time and seeking full time employment. In the event that you are receiving social security, disability, or a retirement income that covers all living expenses and allows you to build a savings, you MAY be exempt from seeking employment; you will still have to comply with all other requirements of this program.
4. **If incarcerated, release date:** _____
5. **Parole/Probation Officer:** _____

Please make sure when filling out your application that you provide a working telephone and/or message phone number, so that JTH is able to get ahold of you when a space becomes available. If JTH calls you and leaves a message, you have 2 days to return the call. If JTH does not receive a callback from you, your application will be placed at the bottom of the wait list.

If you are living at the CRC at the time of application, you must meet all of your financial obligations (i.e. you must turn in all of your paychecks, etc.) to the CRC before being eligible to stay at Juno House.

After you enter Juno House you will be required to demonstrate that you are working toward establishing a permanent home beyond the Juno House. This will include providing verification of employment and your income.

For further information or to verify availability at JTH, please contact us at (907) 780-3038/3026/3046.

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Applicant Name:	M / F	Date of Birth:	Age:
Social Security #	Driver's License #		Ethnicity:
Primary Contact Phone:		Message Phone:	
Present Address:			How long at this address?
Current Living Situation (check one) <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Hospital <input type="checkbox"/> Substance Abuse Facility <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Jail <input type="checkbox"/> Living with Friends/Relatives <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> In a Vehicle <input type="checkbox"/> Substandard or Condemned Housing <input type="checkbox"/> On the Street <input type="checkbox"/> Domestic Violence Situation		Referral Source (check any that apply) <input type="checkbox"/> Self <input type="checkbox"/> Street Outreach Worker <input type="checkbox"/> Emergency or Transitional Shelter Staff <input type="checkbox"/> Psychiatric Hospital Staff <input type="checkbox"/> Other Medical Staff <input type="checkbox"/> Mental Health Outpatient Clinic <input type="checkbox"/> Alcohol or Drug Program <input type="checkbox"/> Other Social Service Staff <input type="checkbox"/> PHA Waiting List <input type="checkbox"/> Police <input type="checkbox"/> Church Staff <input type="checkbox"/> Office of Children's Services <input type="checkbox"/> Other	
Please explain why you are applying at Juno House (i.e. homeless, evicted, in a shelter) and what led to these circumstances:			
How do you think you will benefit from living at Juno House?:			
HOUSING HISTORY			
Please list your last three addresses, plus the landlord name, contact number and your reason for leaving.			
Most recent address (1)	Next most recent address (2)	Third most recent address (3)	
Reason for leaving:	Reason for leaving:	Reason for leaving:	
DRUG HISTORY			
1) Alcohol problem? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2) Have you taken drugs not prescribed by a physician? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, check appropriate boxes: <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Meth <input type="checkbox"/> Opiates <input type="checkbox"/> Inhalants <input type="checkbox"/> Psychedelics <input type="checkbox"/> Heroin <input type="checkbox"/> Abuse of prescription drugs (painkillers, tranquilizers or psychotropic drugs)			
Have you been in treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		When and where?	
How long clean and sober? Days: Months: Years:			
What changes have you made to ensure your sobriety?			
Are you currently involved in a 12-step recovery program? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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HEALTH

Please list any history of serious illness:

List current medical problems and any medication being taken:

Do you have mental health needs? Yes No

Have you ever been involved in counseling? Yes No

If yes, when?

Where?

Do you or any family member have a physical or developmental disability? Yes No If yes, please explain:

Have you or any household member been in a domestic violence situation? Yes No

Have you ever attempted suicide? Yes No If yes, describe when and how:

CRIMINAL HISTORY

Please list *ALL* criminal arrests, convictions and sentences, location and the month/year of these incidents:

Do you have any pending charges or warrants? Yes No If yes, please describe:

Are you presently on probation or parole? Yes No

P.O. name and number:

Have you ever been convicted of arson? Yes No

Are you required to register as a sex offender? Yes No

EMPLOYMENT

Please list your last three employers starting with the most recent and working back in time.

Employer and Address	Type of work	From mo/yr	To mo/yr	Reason for leaving

What has been your total gross income to date for this month? \$

Last month's income: \$

INCOME INFORMATION

Source of income:

- Supplemental Security Income (SSI)
- Social Security Disability (SSDI)
- Social Security
- General Public Assistance
- Temporary Aid to Needy Families (TANF)
- Child Support
- Veterans Benefits

- Employment Income
- Unemployment
- Medicare
- Medicaid
- Food Stamps
- Permanent Fund Dividend
- Other
- No financial resources

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RESIDENTIAL HISTORY

Birthplace:

How long have you lived in Alaska?

If you have relocated to this area within the past year, please explain the reason for your move:

FAMILY HISTORY

Do you have children? Yes No

Are you in contact with your children? Yes No

Is OCS involved with your family? Yes No

Name of Case Worker

EMERGENCY CONTACT NUMBERS

Name	Address	Phone Number	Relationship

VEHICLE INFORMATION

License#	Make	Model	Color	State Registered:

MILITARY

Have you ever served in the military? Yes No Which branch, and dates:

Applicant represents that all of the above information is true, factual and complete. Applicant authorizes Gastineau Human Services to verify the information and references. Any false information may constitute grounds for termination of housing agreement. Applicant also understands that the housing being applied for is alcohol and drug free and that any such violation will result in immediate termination of housing.

Printed Name: _____

Signature: _____

Date: _____

Staff Signature: _____

Date: _____

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Check list of items you will need to bring to Juno House Interview:

1) Homeless verification: (MUST have at least one of these)

- A letter from a person or agency who can verify that you are currently homeless or will be homeless very shortly. If you are in an institution (substance abuse treatment, psychiatric hospital, jail, etc.) this letter must specify that you will be released within seven (7) days and why you will be homeless upon release.
- Dated Eviction Notice
- Bill from a temporary housing provider (such as a hotel)

2) Financial verifications:

- Check stubs from employment
- Proof of unearned income (ALL)
 - SSI letter or check stubs
 - TANF or ATAP letter
 - Unemployment award letter

3) Automobile verifications: (if applicable)

- Copy of Drivers License
- Copy of Proof of Insurance
- Copy of Car Registration

4) Medical verifications:

- TB test card within last six months