Juno House Transitional Living Program Application

The Juno House is a clean and sober transitional living program at Gastineau Human Services (GHS) that gives men and women the opportunity to build a foundation for independence and self-reliance

We expect you to actively participate in rebuilding your life. This includes securing your own house or apartment, obtaining gainful full-time employment, and becoming financially self-sufficient

To demonstrate your commitment to **rebuilding your life**, you must:

1. Be actively listed on the Alaska Housing Finance Corporation Section 8 voucher and public housing waiting lists.

2. Maintain active applications with other subsidized housing projects, such as Gruening Park, Chinook, Coho, or similar programs.

3. Work full time or work part time while actively seeking full-time employment. If you receive Social Security, disability, or retirement income that covers all living expenses and allows you to build savings, you may be exempt from seeking employment. You must still comply with all other program requirements.

4. **If incarcerated, release date:**_____
5. **Parole/Probation Officer and phone number:** _____

ESTABLISHING CONTACT:
When completing your application, please provide a working phone number and/or message number so the Juno House case manager can contact you when space becomes available. If Juno House leaves a message, you must return the call within 2 days. If you do not return the call, your application will be moved to the bottom of the waitlist.

COMING FROM INCARCERATION:
If you are incarcerated or living at the GHS Community Residential Center (CRC) at the time of application, you may apply up to 7 days before your release from jail or GHS CRC.

Your probation officer must be aware of and agree to your enrollment in the Juno House Transitional Living Program. Your probation officer must also understand that GHS may terminate your enrollment for program violations.

As part of the admission program, you must sign a Release of Information (ROI) authorizing communication with Alaska Dept. of Corrections. Your probation officer will be notified immediately if your enrollment is terminated or if you have a positive UA.

EMPLOYMENT AND PERMANENT HOUSING:
After entering Juno House, you must show that you are working toward employment, sober support, and permanent housing beyond Juno House. Program participants must meet weekly with their case manager until employed and every two weeks until permanent housing is obtained. Missed appointments may result in program termination.

SUBSTANCE USE AT JUNO HOUSE TRANSITIONAL LIVING PROGRAM:
Substance use at Juno House Transitional Living Program is strictly forbidden.

If a program participant is receiving SUD treatment services at the time of admission, they will be asked to transfer their service provider to Mount Juneau Counseling & Recovery.

If a program participant receives a positive UA, positive BA, or does not provide a UA within the posted time frame while in the Juno House Transitional Living Program, the participant will be terminated from the program.

OR

the program participant may choose program termination. This will occur immediately.

MEDICAL AND PSYCHIATRIC SERVICES:
GHS encourages the use of community health providers to address medical and psychiatric needs. Case managers will assist program participants in obtaining referrals for Medical and psychiatric if required and applying for Medicaid if appropriate. All prescribed medication will be documented in the program participant's Juno House file. All medication will be "Kept on Person" and self-administered. Updated medication lists must be provided to staff as indicated. Juno House does not provide medication management or administration.

For further information or to verify availability at Juno House, please contact our Reentry Case Management Staff:

Marie Ahrens 907-780-3017
Luis Canela 907-780-3023
Kevin March 907-780-3042

Applicant Name:	M / F	Age:	Date of Birth:
Social Security #	Driver's License #		Ethnicity:
Primary Contact Phone:	Message Phone:		
Present Address:			How long at this address?

Current Living Situation (check one)	**Referral Source** (check any that apply)
❑ Emergency Shelter	❑ Self
❑ Hospital	❑ Street Outreach Worker
❑ Substance Abuse Facility	❑ Emergency or Transitional Shelter Staff
❑ Transitional Housing	❑ Psychiatric Hospital Staff
❑ Jail	❑ Other Medical Staff
❑ Living with Friends/Relatives	❑ Mental Health Outpatient Clinic
❑ Psychiatric Facility	❑ Alcohol or Drug Program
❑ In a Vehicle	❑ Other Social Service Staff
❑ Substandard or Condemned Housing	❑ PHA Waiting List
❑ On the Street	❑ Police
❑ Domestic Violence Situation	❑ Church Staff
	❑ Office of Children's Services
	❑ Other

Please explain why you are applying at Juno House (i.e. homeless, evicted, in a shelter) and what led to these circumstances:

What goals do you want to achieve while in the Juno House Transitional Living Program?

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? ❑ Yes ❑ No 2) Have you taken drugs not prescribed by a physician? ❑ Yes ❑ No **If yes**, check appropriate boxes: ❑ Marijuana ❑ Cocaine ❑ Meth ❑ Opiates ❑ Inhalants ❑ Psychedelics ❑ Heroin ❑ Abuse of prescription drugs (painkillers, tranquilizers or psychotropic drugs)		
Have you been in treatment? ❑ Yes ❑ No		When and where?
How long have you been 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? ❑ Yes ❑ No		
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 (if yes, length of supervision)		
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

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: _____

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 homelessness 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

5) Government Issued Identification.

GHS Staff Check List

(All Items must be dated and signed by the staff completing them)

1. Application Received: _____
2. Application Vetted: _____
3. Interview Date Scheduled: _____
4. Interview Completed: Yes No

   When:_____

   By:_____
5. Accepted entry date: _____

   Denial reasoning: _____

   _____

   _____