

ARRLI (Anchorage/Matsu Reentry & Recovery Linkage Initiative) Request For Service Application



#1 Applicant Information (Who is applying for services)

Please see attached instructions for questions on how to complete form. Once completed, email to reentry@nwalaska.org or send to 2515 A Street Anchorage, AK 99503



Full Name

First Name

Last Name



Date of Birth



Phone Number



Email Address



Location (Correctional Facility Last Released from or Current Location)

Facility Name

City

State



Which area do you usually live in?

Anchorage

Mat-Su Valley

Neither, but I choose to live in Anchorage currently

Neither, but I choose to live in Matsu currently

Neither, but I'm required to stay in the Matsu Area

Neither, but I'm required to stay in the Anchorage Area



Projected Release Date OR Actual Date Released from Incarceration



Do you Identify as Alaskan Native and/or American Indian?

Yes

No



If YES, please describe if you are an enrolled member or descendant of an Alaska Native Tribe or Corporation, your tribal affiliation(s) and/or Alaska Native Corporation(s):

note: this will not impact whether or not services/assistance get approved, grant tracking purposes only.

#2 Advocate Information (Who is referring to services)

An Advocate must complete this part, or application will not be accepted! See attached instructions for questions on who qualifies as an "Advocate"



Date Advocate Completed Portion:



Advocate/Provider's Name

First Name

Last Name



Organization

Name of Organization/Department

Address

 **Role/Job Title**
ex: Probation Officer/Case Manager/Peer Support Specialist

 **Your Email**

 **Your Phone Number**

#3 Eligibility (Do they qualify for services)

 **Is this individual Justice-Involved (currently or recently incarcerated within last 9 months?)**

Yes

No

 **Does this individual struggle with a substance use disorder (SUD) or co-occurring condition, based on your knowledge and time working with them?**

Yes

No

 **Does this individual struggle with an alcohol misuse disorder or co-occurring condition, based on your knowledge and time working with them?**

Yes

No

 **Do you believe this individual is experiencing or at risk of homelessness as a direct result of being released from a Correctional Setting/Facility?**

Yes

No

 **Is this individual part of the priority population (Alaska Native/American Indian and/or Age 50 years or older?)**

Yes

No

 **If yes, please specify what priority population:**

Note: Not being in a "priority population" does not disqualify an individual from services/funding. This is for grant tracking purposes only.

#4 Requested Services (What is needed)

Funding is one time and available for connecting an individual to treatment, short-term bridged funding for transitional housing and/or community coordination to resources and supports post-release from incarceration. Please refer to Instruction sheet for questions on Services.

Requested Services (Check All that Apply)

<input type="radio"/> Transitional Housing/Rent Support (ONE TIME)	<input type="radio"/> Transportation Assistance (Bus Pass, Ride Voucher to Treatment)
<input type="radio"/> Cell Phone/Phone Service	<input type="radio"/> Treatment Linkage/Care Coordination
<input type="radio"/> Slide Scale/Co-Pay Financial Assistance	<input type="radio"/> Medication Assisted Treatment (Introductory Session)
<input type="radio"/> Evaluation/Assessments (Court or Supervision Required)	<input type="radio"/> Identification Documents (to access treatment/care)
<input type="radio"/> Post-Release Community Case Management	<input type="radio"/> _____

#5 Reentry & Recovery Plan (How will these services assist?)

 Describe how the requested support will help achieve stability and continue recovery. Include immediate goals, barriers, and targeted outcomes. This portion must be completed in order to be considered for funding or services, if left blank, application will be denied. Use extra paper if needed.

Identified or Current Treatment Provider (if applicable):

ex: Akeela, Will need Assessment after release, Outpatient, MAT Vivitrol, etc.

Do you have Health Insurance? (if yes, what kind?)

ex: Medicaid, "I go to ANMC" "I had Medicaid before going to Jail, not sure right now"

Next Scheduled Appointment or Follow-Up Date (if applicable):

? Current or Connected Supports (check all that apply)

Peer Recovery

Case Manager

Treatment Provider

Transitional Housing Coordinator

Tribal Health Provider

I certify that the information provided is true and complete to the best of my knowledge. I understand that completion of this application does not guarantee me assistance or funding and that myself and/or my Advocate will need to maintain contact in order to finalize process and come to final decision.

Participant Signature _____ Date _____

Advocate Signature _____ Date _____

**Once completed, please send to reentry@nwalaska.org or
2515 A Street Anchorage, AK 99503**

-----ADMINISTRATIVE USE ONLY-----

📅 Date Application Received

? AKHMIS Intake Form Completed?

Yes

No

? Approved/Denied (Reason)

Yes

No

Need More Information

12] Approval Amount
