

Alaska Department of Corrections Reentry Services

Request For Assistance

Incomplete applications will not be accepted. All fields must be completed and there must be a statement from an advocate, demonstrating individual seeking assistance is active in their reentry process. Questions may be sent to: doc.reentry@alaska.gov.

SECTION 1 – INFORMATION ABOUT THE APPLICANT REQUESTING ASSISTANCE			
NAME		OBCIS #	
EMAIL ADDRESS		PHONE NUMBER	
COMMUNITY RELEASING TO OR CURRENT ADDRESS			
WERE YOU INCARCERATED FOR AT LEAST 14 DAYS IN DOC AND RELEASED WITHIN THE LAST YEAR?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, AND SPECIFY WHEN:	
ARE YOU CURRENTLY RECEIVING ANY PUBLIC BENEFITS (SSI, SSDI, SNAP, ETC.)?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, SPECIFY WHERE:	
ARE YOU CURRENTLY WORKING WITH ANY SOCIAL SERVICE PROGRAMS OR RECENTLY APPLIED TO ANY?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, SPECIFY PROGRAM:	
DO YOU HAVE MEDICAL COVERAGE?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, SPECIFY:	
DID YOU RELEASE WITH ANY FUNDS?	<input type="checkbox"/> NO	<input type="checkbox"/> YES, HOW MUCH:	
HAVE YOU EVER WORKED WITH APIC, IDP+, OR DOC SOCIAL WORK?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	
ARE YOU ABLE TO OBTAIN EMPLOYMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO, SPECIFY:	
WHAT ARE YOU REQUESTING ASSISTANCE WITH?	1. 2. 3.		
WRITE A BRIEF DESCRIPTION ABOUT HOW THIS SUPPORT WILL ASSIST YOU			
SIGNATURE OF APPLICANT		DATE	

AFTER APPLICANT HAS COMPLETED SECTION 1 ADVOCATE MUST COMPLETE SECTION 2

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SECTION 2 – ADVOCATE INFORMATION & STATEMENT			
NAME		TITLE	
CONTACT PHONE		CONTACT EMAIL	
<p>WRITE A BRIEF STATEMENT AS TO WHY YOU ARE ADVOCATING FOR THIS INDIVIDUAL AND SUPPORT THIS REQUEST FOR ASSISTANCE.</p> <p>IF THE INDIVIDUAL IS IN COMPLIANCE WITH OMP, TREATMENT PLAN, EXPECTATIONS, ETC., PLEASE DESCRIBE.</p>			
SIGNATURE OF ADVOCATE			
DATE			

RETURN COMPLETED APPLICATION TO:
doc.reentry@alaska.gov