

Beauty for Ashes Alaska
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www.beautyforashesak.org

Beauty for Ashes Alaska Application of Services

Date: _____

Applicant Information:

Last name: _____ First name: _____ MI: _____

Current Phone number: (____) _____ Gender: M F

Date of birth: ____ / ____ / ____ Social Security Number: ____ - ____ - ____

Do you have your social security card? Y N

Do you have your birth certificate? Y N

Current ID/Driver's License #: _____ We will need to make a copy for our files.

Resident of Alaska? Y N If no, where is your state of residence? _____

Mailing Address:

City: _____ State: _____ Zip: _____

Are you currently living at an institution or program? Y N

If yes, where? _____

Current Physical Address: *(If you are living at an institution or program, please list their address.*

Ex: prison, rehab, shelter, etc.)

City: _____ State: _____ Zip: _____

If currently in prison when is your expected release date? _____

Probation/ Parole officer's name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Education

High school name: _____ Location: _____

Did you graduate? Y N Diploma earned: Y N GED: Y N

College name: _____ Location: _____

Bachelors: Y N Associates: Y N Did not graduate: Y N

Trade or Vocational School name: _____ Location: _____

Certified: Y N License: Y N Did not graduate: Y N

Family Information

Current Marital Status:

Single: _____ Married? _____ Separated/Date: _____

Divorced/Date: _____ Widowed/Date: _____

Spouse:

Last name: _____ First: _____ MI: _____

Children:

Child's Name	Gender	Age	Do you have contact?	Who has custody?

Medical History

Do you have medical conditions? Y N (If yes, please explain)

Are you able to work full time? Y N (If no, please explain)

Do you have a physician? Y N

Do you currently see a therapist or psychiatrist? Y N

Do you have any physical or mental disabilities? Y N

(If yes, please explain)

Do you have a history of substance abuse? Y N

Please fill out the following:

Substance	Amounts used	Frequency used	First Date of Use	Last Date of Use
Alcohol				
Prescription Medication				
Marijuana				
Heroin				
Cocaine, Crack				
Methamphetamines				
Ecstasy				
Inhalants				
Spice				
Other				

Military History

Are you a veteran of the United States military? Y N

If yes, which branch of the military did you serve? _____

What were your dates of service? _____

Were you honorably discharged? Y N

Do you receive any veteran benefits? Y N

If yes, please list: _____

Finances

Do you currently have your own checking account? Y N

Saving account? Y N

If housing is needed, are you able to pay monthly rental/ household expenses of \$550? Y N

If no, please explain: _____

Are you currently employed? Y N

If yes, where? _____ How long? _____

If no, are you looking for a job? Y N

Please list all current and/ or past employers, including employment while incarcerated.

Company	Location	Position/Title	Dates Employed

If you need to add more, please attach a separate list to the back of your application.

Criminal History

Do you have any open charges in Alaska or any other state? Y N

If yes, please list: _____

Have you ever been charged with a sexual crime? Y N

If yes, please explain: _____

Do you have any outstanding warrants? Y N

If yes, please list: _____

Which states were the warrants issued? _____

Are you currently in prison? Y N

If yes, will you be on parole upon release? Y N

How many times have you been in prison? _____

Do you have any upcoming court dates Y N

If yes, please list where, when, and for what: _____

Please list current and past charges:

Charge	State of Charge	Date of Arrest	Date of Release	Currently serving or previously served?	Do you have a co-defendant? If yes, please list their names.

Did you have any infractions while in prison? Y N If yes, please list:

Infraction	Date

Please list the programs you were involved in during incarceration:

Program	Date	Did you complete the program?
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		If no, why not?

Personal References

Reference 1:

Name: _____ Phone #: _____ ()

Relationship to you: _____

How long have you known them? _____

Reference 2:

Name: _____ Phone #: _____ ()

Relationship to you: _____

How long have you known them? _____

Testimony/ Life Story

Please tell us about yourself and how you are an overcomer in the situations you have faced. What do you struggle with? What are your strengths? What are some of your goals? Please share how you think Beauty for Ashes Alaska can help you grow as an individual. *If you need more room, please attach a separate sheet of paper at the back of your application.*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

What do you need from Beauty for Ashes Alaska to help you succeed?

Please list as much as you can. *If you need more room, please attach a separate sheet to the back of the application.*

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