

KIHA

Life Builders Application Process

The application process for KIHA's Young Adult Transitional Housing Program, Life Builders, includes the following steps.

1. Fill out the initial application
2. Write an autobiography using the format that is included with the application
3. Interview 1
4. Fill out a resume with assistance from Life Builders Staff
5. Interview 2
6. Decision for admission made by Administrative Committee to include Housing Director, Services Coordinator, and Finance Director

Life Builders applicants will be rated on the following points:

1. Native preference
2. Low Income preference
3. Transition from village to town preference
4. Falls within the age range 18–22 years
5. Ability to pass a drug screen
6. Strong desire to become self sufficient
7. Strong desire to complete secondary education
8. Strong desire to engage in post secondary education/training
9. Willingness to comply with the expectations of the program

**Kodiak Island Housing Authority
Life Builders
Young Adult Transitional Housing Program Application**

Today's Date _____

General Information

Name _____ Current Phone Number _____

Current Address _____

Date of Birth ____/____/____ Age _____ Sex: ____ Male ____ Female

Birthplace (City and State) _____

What was your most recent living situation?

___ Covenant House ___ Mental Health Facility ___ Friends /relatives

___ Street ___ Rental Housing ___ Drug Treatment

___ Medical Hospital ___ Parents ___ Other (specify)

Emergency Contact:

Name _____ Relationship _____

Phone (Home) _____ Phone (work) _____

Street Address (street and number, city, state and zip code)

Ethnicity (Check all that apply)

___ African American ___ Alaskan Native-Corporation _____

___ Hispanic ___ Native American (specify tribe) _____

___ Caucasian ___ Asian/Pacific Islander

___ Other (specify) _____

Identification

	Document Number	Issuing Authority
Social Security Card		
Birth Certificate		
Drivers License/State ID Card		
School ID Card		
Military Dependent ID Card		
Medical Insurance Card		
Employment Authorization		

Income

What is your monthly income (total before taxes):

- \$0
- \$1 - \$250
- \$251 - \$500
- \$501 - \$1000
- \$1001 - \$1500
- \$1501 - \$2000
- \$2001 +

Are you currently employed? Yes_____ No__

If yes, what is the name of the company you work for? _____

Supervisor's Name: _____

Work address _____ Work phone _____

Current wage \$ _____/hourly Hours per week _____

Current source(s) of income (check all that apply):

- SSI
- Social Security
- Public Assistance
- SSDI
- Veteran's Benefit
- Assistance from family
- Employment Income
- Child Support
- Unemployment income
- AFDC
- Native Corporation
- Food Stamps
- Medicare
- None
- Medicaid
- Other (Specify) _____

Education

Do you have your high school diploma? Yes _____ No _____

If yes, date of graduation: ____/____/____

What was the last grade you attended? _____

What school did you last attend? _____

Please explain why you left: _____

Do you have your GED? Yes _____ No _____

If yes, date of completions: ____/____/____

Legal History

Have you ever been charged with a crime(s)? Yes _____ No _____

If yes, please specify: _____

Have you ever been convicted of a crime(s)? Yes _____ No _____

If yes, please specify: _____

Are you currently on probation or parole? Yes _____ No _____

Name of probation/parole officer: _____ phone: _____

Name of Public Defender/Attorney _____ phone: _____

Do you have any outstanding warrants? Yes _____ No _____

If yes, please specify: _____

Do you have any court dates pending? Yes _____ No _____

If yes, please specify: _____

Medical History

Have you ever been hospitalized? Yes _____ No _____

If yes, please explain _____

Do you have any current physical health problems? Yes _____ No _____

If yes, please explain _____

Are you currently taking any medication for a physical condition? Yes _____ No _____

Name of Medication(s): _____

Do you have any allergies? Yes _____ No _____

If yes, please describe: _____

Do you have any other special needs we should be aware of? Yes _____ No _____

If yes, please explain: _____

Are you currently pregnant? Yes _____ No _____

If yes, what is your expected due date? _____

Doctor's Name _____ Phone Number _____

Mental Health History

Have you ever received inpatient mental health services? Yes _____ No _____

If yes, please explain the circumstances: _____

Location: _____ Date: _____

Have you ever been in counseling? Yes _____ No _____

If yes, please explain the circumstances: _____

Location: _____ Date: _____

Are you currently taking any medication(s) for mental health reasons? Yes _____ No _____

Name of medication(s): _____

Substance Use History

Have you ever received inpatient treatment for drug or alcohol abuse? Yes _____ No _____

Location: _____ Date: _____

Have you ever been in counseling for drug or alcohol abuse? Yes _____ No _____

Location: _____ Date: _____

Family Information

Mother/Guardian Name: _____

Father/ Guardian Name _____

Do you have any brothers or sisters? Yes ____ No ____ If yes, how many? _____

What is your current marital status? Never married _____ Divorced _____ Separated _____

Do you have any children? Yes ____ No _____

If yes, names? _____ Age _____

_____ Age _____

_____ Age _____

With whom are they living?

Thank you for your interest in the KIHA Life Builders Transitional Living Program.

Please return this application to:

Kodiak Island Housing Authority
Attn: Julie Hill
3137 Mill Bay Road
Kodiak, AK 99615
907-486-8111
Fax: 907-486-4432