



## *LifeSkills Program for Men*

**Anchorage Gospel Rescue Mission  
2823 East Tudor Road  
Anchorage, Alaska 99507  
907-563-5603 Main  
907-563-3863 Fax**

YOUR NAME:

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1) FILL OUT THIS APPLICATION COMPLETELY AND RETURN

2) ATTEND ALL INTERVIEWS – Be prompt and comply with all requests, including DRUG TESTING.

Your information will be treated in the utmost confidence and will not be divulged to anyone outside this organization except in the following instances:

- If you, the client, disclose information that may indicate risk to children or yourself.
- If the Program Manager believes you could cause danger to yourself or to others.
- If you give information which indicates that a crime has been committed.

Your application for the LifeSkills Program will not be considered until the Program Manager has received verification of a current ID, physical exam including a TB test, and the report of any existing mental health issues.

**AUTHORIZATION OF RELEASE OF INFORMATION**

I hereby give my permission and consent to any and all persons or entities to release information to the Anchorage Gospel Rescue Mission, 2823 E. Tudor Road, Anchorage, AK 99507, concerning any of my information, substance abuse history, treatment history, criminal record history, medical history, work history, educational records or family background.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CONTENTS**

**STRICTLY**

**CONFIDENTIAL**

**PERSONAL INFORMATION:**

Your Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
LAST NAME FIRST NAME Mid Initial mo day year

LAST 4 DIGITS SOCIAL SECURITY #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
mo day year

WHY DO YOU NEED *LifeSkills*:

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**SUBSTANCE ABUSE INFORMATION:**

DRUG USED: YEARS USED:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**TREATMENT HISTORY:**

LIST RECOVERY PROGRAMS YOU'VE BEEN IN MOST RECENTLY, THE DATES YOU WERE THERE, WHETHER YOU COMPLETED THE PROGRAM, AND IF NOT, WHY?

DATE	PROGRAM	COMPLETED?	WHY?
_____	_____	____ YES ____ NO	_____
_____	_____	____ YES ____ NO	_____
_____	_____	____ YES ____ NO	_____

HAVE YOU BEEN IN OTHER PROGRAMS? \_\_\_\_ YES \_\_\_\_ NO HOW MANY? \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE? \_\_\_\_ YES \_\_\_\_ NO IF NOT, WHY? \_\_\_\_\_

**WORK HISTORY:**

LIST YOUR 3 MOST RECENT JOBS BY DATE, EMPLOYER AND WHY YOU LEFT:

FROM: TO: EMPLOYER CITY/STATE  
Month/Year Month/Year  
REASON FOR LEAVING:

FROM: TO: EMPLOYER CITY/STATE  
Month/Year Month/Year  
REASON FOR LEAVING:

FROM: TO: EMPLOYER CITY/STATE  
Month/Year Month/Year  
REASON FOR LEAVING:

OTHER JOBS IN THE LAST TEN YEARS? YES NO

FROM: TO: EMPLOYER CITY/STATE  
Month/Year Month/Year  
REASON FOR LEAVING:

FROM: TO: EMPLOYER CITY/STATE  
Month/Year Month/Year  
REASON FOR LEAVING:

**ACTIVE JOB-RELATED CLAIMS:**

Note: While in *LifeSkills* you will not be allowed to file any new claims. If you have a claim pending and it is settled in your favor while in *LifeSkills*, you must deposit that money in a local Bank until your term in *LifeSkills* is completed.

DO YOU CURRENTLY HAVE AN ACTIVE CLAIM PENDING? YES NO

IF SO, LIST: NAME OF AGENCY HANDLING THE CLAIM CLAIM #  
ADDRESS

**INACTIVE JOB RELATED CLAIMS:**

HAVE YOU EVER MADE A CLAIM [NOW CLOSED] FOR WORKERS COMP, UNEMPLOYMENT INSURANCE OR DISABILITY? YES NO

WHAT WERE THE RESULTS?



**EDUCATIONAL HISTORY:**

HIGH SCHOOL GRADUATE? ☐ YES ☐ NO WHEN? \_\_\_\_\_  
Month/Year

NAME OF SCHOOL

CITY/STATE

HIGHEST GRADE COMPLETED \_\_\_\_\_

HAVE YOU COMPLETED THE GED? ☐ YES ☐ NO DID YOU PASS? ☐ YES ☐ NO

WOULD YOU BE INTERESTED IN RECEIVING YOUR GED IF GIVEN THE OPPORTUNITY? ☐ YES ☐ NO

OTHER SCHOOLS:

TRADE SCHOOLS? ☐ YES ☐ NO

NAME OF SCHOOL

CITY/STATE

SPECIAL SKILLS: \_\_\_\_\_

**PROPERTY AND ASSETS:**

*LifeSkills allows you to bring NO personal property into the program (other than your wallet, I.D., documents that you may need and 2 bags or 2 suitcases). You must make arrangements for your other personal possessions to be stored somewhere else outside of the Anchorage Gospel Rescue Mission.*

*LifeSkills allows you to bring NO money into the program. Any money must be turned into the office and the procedure set forth in the handbook must be followed. If you have a large sum of money or receive an income of some kind on a regular basis, that money must be put in the Bank with a trustee appointed by LifeSkills.*

DO YOU HAVE MONEY TO DEPOSIT IN THE OFFICE OR BANK? ☐ YES ☐ NO

ARE YOU RECEIVING ANY MONEY ON A REGULAR BASIS? ☐ YES ☐ NO

ARE YOU WILLING TO HAVE A TRUSTEE APPOINTED? ☐ YES ☐ NO

DO YOU EXPECT TO RECEIVE ANY MONIES, SETTLEMENTS OR ASSETS WHILE YOU ARE IN THE *LifeSkills* PROGRAM? ☐ YES ☐ NO

IF YES, WHAT IS THE SOURCE OF THE MONIES? ☐ YES ☐ NO \_\_\_\_\_

WHAT IS THE AMOUNT YOU EXPECT TO RECEIVE? \_\_\_\_\_

**CRIMINAL HISTORY:**

**LIST MOST RECENT ARRESTS BY DATE AND THE REASON FOR THE ARREST:**

**DATE:**

**REASON:**

1. \_\_\_\_\_  
MONTH/YEAR \_\_\_\_\_
2. \_\_\_\_\_  
MONTH/YEAR \_\_\_\_\_
3. \_\_\_\_\_  
MONTH/YEAR \_\_\_\_\_

ANY OTHER ARRESTS ON YOUR RECORD? \_\_\_\_ YES \_\_\_\_ NO HOW MANY? \_\_\_\_\_

**LIST MOST RECENT CONVICTIONS BY DATE AND THE SENTENCE GIVEN:**

**DATE:**

**CRIME CONVICTED OF:**

**SENTENCE RECEIVED:**

1. \_\_\_\_\_  
MONTH/YEAR \_\_\_\_\_
2. \_\_\_\_\_  
MONTH/YEAR \_\_\_\_\_
3. \_\_\_\_\_  
MONTH/YEAR \_\_\_\_\_

ANY OTHER CONVICTIONS? \_\_\_\_ YES \_\_\_\_ NO HOW MANY? \_\_\_\_\_

**LIST MOST RECENT JAIL OR PRISON TIME BY DATE AND INSTITUTION:**

**FROM:**

**TO:**

**INSTITUTION:**

**ADDRESS:**

1. \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR \_\_\_\_\_
2. \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR \_\_\_\_\_
3. \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR \_\_\_\_\_

**ARE YOU CURRENTLY ON PAROLE OR PROBATION?** \_\_\_\_ YES \_\_\_\_ NO

**IF SO, BENCH/PO**

**WHAT COURT OFFICE**

**NAME OF JUDGE/PO**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

ANY OUTSTANDING WARRANTS? \_\_\_\_ YES \_\_\_\_ NO HOW MANY? \_\_\_\_\_

WHERE? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY:**

Physician Care: Do you have a medical card? \_\_\_\_ YES \_\_\_\_ NO

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN? \_\_\_\_ YES \_\_\_\_ NO

IF SO, LIST PHYSICIAN(S): \_\_\_\_\_  
Name Phone  
Address City/State/Zip

CONDITIONS BEING TREATED: \_\_\_\_\_

Note: While in *LifeSkills* you will be financially responsible for your own medical costs. If you do not have insurance, you may use the Anchorage Neighborhood Health Clinic or a V.A. Hospital if you are a veteran.

Medications or Prescriptions: (No Narcotic or Mood-Altering prescriptions are allowed in *LifeSkills*.)

ARE YOU TAKING ANY FORM OF MEDICATIONS OR ANY PRESCRIPTIONS? \_\_\_\_ YES \_\_\_\_ NO

IF SO, LIST THE MEDICATIONS OR PRESCRIPTIONS: 1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

ALLERGIES? \_\_\_\_\_

Physical Condition:

ARE YOU CURRENTLY DETOXING? \_\_\_\_ YES \_\_\_\_ NO

IF SO, EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

WHEN DID YOU LAST USE DRUGS OR ALCOHOL? \_\_\_\_\_

ARE YOU ABLE TO WALK UPSTAIRS? \_\_\_\_ YES \_\_\_\_ NO

IF NOT, PLEASE EXPLAIN: \_\_\_\_\_

ARE YOU ABLE TO LIFT ITEMS WEIGHING 40 POUNDS OR LESS? \_\_\_\_ YES \_\_\_\_ NO

IF NOT, PLEASE EXPLAIN: \_\_\_\_\_

Psychiatric Care:

ARE YOU UNDER THE CARE OF A PSYCHIATRIST OR THERAPIST? \_\_\_\_ YES \_\_\_\_ NO

IF SO, LIST CAREGIVER(S): \_\_\_\_\_  
Name Phone  
Address City/State/Zip

LIST CONDITION CARE GIVER IS TREATING: \_\_\_\_\_  
\_\_\_\_\_



**FAMILY HISTORY:**

**FAMILY ORIGIN:**

**PARENTS:**

\_\_\_\_\_  
FATHERS NAME

\_\_\_\_\_  
MOTHERS NAME

\_\_\_\_\_  
FATHERS ADDRESS

\_\_\_\_\_  
MOTHERS ADDRESS

\_\_\_\_\_  
FATHERS PHONE

\_\_\_\_\_  
MOTHERS PHONE

**MARRIAGE/CHILDREN:**

ARE YOU CURRENTLY MARRIED? \_\_\_\_YES \_\_\_\_NO

DO YOU HAVE LIVING CHILDREN? \_\_\_\_YES \_\_\_\_NO

**IF SO:**

\_\_\_\_\_  
NAME OF CHILD #1 AGE

\_\_\_\_\_  
NAME OF CHILD #2 AGE

\_\_\_\_\_  
CUSTODIAN OF CHILD #1

\_\_\_\_\_  
CUSTODIAN OF CHILD #2

\_\_\_\_\_  
ADDRESS OF CHILD #1/CUSTODIAN

\_\_\_\_\_  
ADDRESS OF CHILD #2/CUSTODIAN

\_\_\_\_\_  
PHONE # OF CHILD #1/CUSTODIAN

\_\_\_\_\_  
PHONE # OF CHILD #2/CUSTODIAN

IS THIS CHILD UNDER DYSF SUPERVISION? \_\_YES \_\_NO

IS THIS CHILD UNDER DYSF SUPERVISION? \_\_YES \_\_NO

**IF SO:**

\_\_\_\_\_  
NAME OF CASE WORKER PHONE

\_\_\_\_\_  
NAME OF CASE WORKER PHONE

\_\_\_\_\_  
NAME OF CHILD #3 AGE

\_\_\_\_\_  
NAME OF CHILD #4 AGE

\_\_\_\_\_  
CUSTODIAN OF CHILD #3

\_\_\_\_\_  
CUSTODIAN OF CHILD #4

\_\_\_\_\_  
ADDRESS OF CHILD #3/CUSTODIAN

\_\_\_\_\_  
ADDRESS OF CHILD #4/CUSTODIAN

\_\_\_\_\_  
PHONE # OF CHILD #3/CUSTODIAN

\_\_\_\_\_  
PHONE # OF CHILD #4/CUSTODIAN

IS THIS CHILD UNDER DYSF SUPERVISION? \_\_YES \_\_NO

IS THIS CHILD UNDER DYSF SUPERVISION? \_\_YES \_\_NO

**IF SO:**

\_\_\_\_\_  
NAME OF CASE WORKER PHONE

\_\_\_\_\_  
NAME OF CASE WORKER PHONE



## ***LifeSkills Promise***

I need *LifeSkills* because I have serious life-controlling problems.

During *LifeSkills* I agree to the following:

1. Alcohol/Drugs: I will live alcohol and drug free.
2. Relationships: I will recover without conflicting relationships.
3. Possessions: I will comply with rules limiting my possessions.
4. Threats and Violence I will make no threats nor will I act in violence.

### **WAIVER OF WAGES:**

I understand that *LifeSkills* is a Work Therapy recovery program. I agree that I am working voluntarily as a part of my personal recovery without compensation.

### **PERMISSION TO USE PHOTOGRAPHY, VIDEO OR STORY:**

I hereby give permission to the Anchorage Gospel Rescue Mission to use any photos or video recordings of me to be used solely for the purposes of promoting the organization including the *LifeSkills* Program. I waive any rights to compensation or ownership of said materials.

### **INSPECTION OF PERSONAL MAIL AND COMMUNICATIONS:**

With prior consent (a condition for acceptance in the Program), the Anchorage Gospel Rescue Mission reserves the right to open and inspect mail sent to participants while residing in the *LifeSkills* Program. If AGRM leadership has reason to believe a mail item should be opened, that item will be opened by the recipient in the presence of at least two Staff Members.

Similarly, with prior consent (a condition for acceptance in the Program), at the discretion of the Program Manager talking to or corresponding with certain persons may be restricted for a specific length of time or even the entire duration of residence in the Program.

**I am willing to invest myself fully in achieving recovery and promise to abide by all *LifeSkills* rules and regulations.**

**I believe the answers stated in this document to be true. If there is discovery to the contrary I may be administratively discharged from the *LifeSkills* Program.**

X \_\_\_\_\_  
YOUR SIGNATURE

\_\_\_\_\_  
TODAY'S DATE