



**Assets, Inc.**

## Application for Supported Living Services

*\*This application is ONLY for Supported Living services. If the applicant needs assistance with employment only, please ask for a Supported Employment application. Thank you.*

**All applications should be returned directly to:**

**Jonye "Johnny" Ko, Community Services Intake Coordinator**  
**Jonye\_Ko@assetsinc.org 907-334-8657 direct line**  
**(907) 274-0636 fax number**

### Section A: Applicant Information

Applicants Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Maiden name, if applicable: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (required): \_\_\_\_\_

Medicaid ID Number (10-digits, required): \_\_\_\_\_

Referring Person (include organization name, if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Your Relationship to the Applicant: \_\_\_\_\_

Is the applicant their own guardian?            Yes            No

*If applicant has a court-appointed Guardian, you must attach guardianship paperwork to this application.*

Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_



All Current Doctors (include name of office, phone number):

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All Current Medications (name of medication, reason for use):

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**Section C: History**

Brief Family History:

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Medical History (past physical and psychological ailments, surgeries/procedures, etc.):

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Past Treatment (include dates of hospitalizations, time at acute care facilities, police/corrections involvement):

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**Current Legal Status and History:**  
**Check all that apply to CURRENT LEGAL STATUS**

<input type="checkbox"/>	30 day commitment	<input type="checkbox"/>	Emergency commitment
<input type="checkbox"/>	90 day commitment	<input type="checkbox"/>	Furlough/Rehabilitative leave
<input type="checkbox"/>	180 day commitment	<input type="checkbox"/>	Incarcerated
<input type="checkbox"/>	Case Pending	<input type="checkbox"/>	Informal Probation
<input type="checkbox"/>	Community Sentencing	<input type="checkbox"/>	OCS Custody
<input type="checkbox"/>	Court Ordered: observation/eval	<input type="checkbox"/>	Probation/ Parole
<input type="checkbox"/>	Court Ordered: Alcohol Treatment	<input type="checkbox"/>	Protective Custody
<input type="checkbox"/>	Court Ordered: Mental Health Treatment	<input type="checkbox"/>	Title 21- Not guilty by reason of insanity
<input type="checkbox"/>	Deferred Prosecution	<input type="checkbox"/>	NO LEGAL INVOLVEMENT
<input type="checkbox"/>	Deferred Sentence	<input type="checkbox"/>	Other; Describe Below:

Briefly describe each box checked. Briefly describe any PAST legal involvement:

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Foster Care and/or Assisted Living Placements (include Primary Agency, if applicable, and all dates):

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**Schooling: Select highest level completed**

No Schooling	Baccalaureate Degree (BA,BS)
Special Education; Ungraded class	Graduate Work, No Degree
K-11, how many years? _____	Master's Degree
GED	Doctorate/ Professional Degree
High School Diploma	Post Secondary, years? _____
Vocational Training; beyond HS	Other; Describe Below:

Include notable events or special programs (ACE/ACT, IEPs, etc.):

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Employment History (include DVR involvement):

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**Section D: Functional Assessment**

List three life areas the applicant requires professional supports to improve the quality of their life:

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Housing (Current living situation, preferred living situation, supports needed):

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What type and amount of assistance does the applicant need to perform the following tasks: Eating, Dressing, Toileting, taking Medications?

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What is the applicant's primary means of communicating with others? (Describe any accommodations needed/used.)

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How does the applicant learn new information? What is the best way for a staff person to help the applicant learn new skills?

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Describe the applicants mobility (indoors, out of doors, around town. Include any accommodations needed/used):

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Describe the application self-direction. What sort of assistance do they need in making decisions regarding their daily activities? (Shopping, banking, meals, scheduling/attending appointments, etc.):

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**Section E: Government- Required Demographic Information**

**Race(s): Check all that apply**

**Ethnicity: Check ONE**

**Veteran Status: Check ONE**

<input type="checkbox"/>	American Indian	<input type="checkbox"/>	Spanish/Hispanic/Latino	<input type="checkbox"/>	Never in Military
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Chicano	<input type="checkbox"/>	Military Dependent
<input type="checkbox"/>	Black/ African American	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Active Duty*
<input type="checkbox"/>	Caucasian	<input type="checkbox"/>	Mexican American	<input type="checkbox"/>	Reserves/ National Guard*
<input type="checkbox"/>	Native Hawaiian	<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	Retired from Military*
<input type="checkbox"/>	Pacific Islander	<input type="checkbox"/>	Hispanic, Not otherwise specified	<input type="checkbox"/>	Veteran, Vietnam*
<input type="checkbox"/>	Aleut	<input type="checkbox"/>	<b>Not</b> Spanish/Hispanic/Latino	<input type="checkbox"/>	Veteran, Gulf War*
<input type="checkbox"/>	Athabascan	<input type="checkbox"/>	Unknown	<input type="checkbox"/>	Veteran, Iraq*
<input type="checkbox"/>	Haida	<input type="checkbox"/>		<input type="checkbox"/>	Veteran, Afghan*
<input type="checkbox"/>	Inupiat	<input type="checkbox"/>		<input type="checkbox"/>	Veteran, Other Era*
<input type="checkbox"/>	Tlingit	<input type="checkbox"/>		<input type="checkbox"/>	*Did you experience combat?
<input type="checkbox"/>	Tsimshian	<input type="checkbox"/>		<input type="checkbox"/>	Yes
<input type="checkbox"/>	Yupik	<input type="checkbox"/>		<input type="checkbox"/>	No
<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Unknown	<input type="checkbox"/>		<input type="checkbox"/>	

**Employment: Check ONE**

**If employed- Current Occupation: Check ONE**

Disabled	Accommodation/Food Service	Management
Employed Full-Time	Admin/Support Services	Manufacturing
Employed Part-Time	Agriculture/Forestry Work	Mining/Oil & Gas
Homemaker	Hunting/Fishing work	Professional/Scientific/Tech
Armed Forces	Arts/Entertainment	Real Estate
Not Seeking Work	Construction	Retail
Inmate	Educational Services	Self- Employed
Retired	Finance/Insurance	Transportation
Seasonal Employee	Government	Warehousing
Student	Health Care/ Social Work	Utilities
Unemployed	Information Technology	Wholesale Trade
Unemployed/Subsistence		
Looking for work		

**Primary Income Source:  
Check one**

**Household Income:  
Check One**

**Expected Payment Sources:  
Check One**

None	\$0-999	Aetna
Tribal Assistance	\$1,000-4,999	Native Health Care
Native Corp Dividends	\$5,000-9,999	Blue Cross/Blue Shield
Alimony	\$10,000-19,999	CIGNA
Alaska PFD	\$20,000-29,999	Client Self- Pay
Child Support	\$30,000- 39,999	HMO
Employment Income	\$40,000-49,999	Indian Health Services
Public Assistance (APA)	\$50,000 and over	Medicaid
Parent Income		Medicare
Spouse Income		No Charge
Retirement Pension		Other Government Grant
Disability Pension		Private Pay
SSDI (CURRENT)		Other Public Funding
SSI		Sliding Scale
SSI w/ SSDI Previously		
Unemployment Benefit		
Other; Describe Below:		



**Household Composition:**  
Check ONE

**Living Arrangement:**  
Check ONE

**Marital Status:**  
Check ONE

<input type="checkbox"/>	Applicant Lives Alone	<input type="checkbox"/>	Assisted Living Facility	<input type="checkbox"/>	Single- Never Married
<input type="checkbox"/>	Lives with Adolescents	<input type="checkbox"/>	Correction/Detention Center	<input type="checkbox"/>	Married
<input type="checkbox"/>	Lives with Children	<input type="checkbox"/>	Crisis Residence	<input type="checkbox"/>	Cohabiting
<input type="checkbox"/>	Lives with non-Relatives	<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Lives with Relatives	<input type="checkbox"/>	Group Home	<input type="checkbox"/>	Divorced
<input type="checkbox"/>	Lives with Sig. Other	<input type="checkbox"/>	Halfway House	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Significant Other w/ kids	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	
<input type="checkbox"/>	Other; Describe Below:	<input type="checkbox"/>	Hospital for medical purposes	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Hospital for psych purposes	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Nursing Home	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Private Residence/no support	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Private Residence w/ support	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Residential Treatment	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Shelter	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Therapeutic Foster Home	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>	Other; Describe Below:	<input type="checkbox"/>	

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How many people live with the applicant? \_\_\_\_\_

How many children live with the applicant? \_\_\_\_\_

How many of those children receive services? \_\_\_\_\_

**Section F: Funding & Benefits**

*This information ensures the applicant has funding available to secure adequate support and treatment. This information is required to consider the application complete.*

Applicant currently receives: Check all that apply. Include amount, if applicable, in space provided:

<input type="checkbox"/>	Denali Kid Care	<input type="checkbox"/>	Social Security Income
<input type="checkbox"/>	Tefra	<input type="checkbox"/>	Social Security Disability Income
<input type="checkbox"/>	Home/Community Based Waiver	<input type="checkbox"/>	Private Insurance
<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	VA Insurance
<input type="checkbox"/>	Medicare	<input type="checkbox"/>	Native Corporation Dividends
<input type="checkbox"/>	Medicare Part B	<input type="checkbox"/>	Other Income (indicate type)

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Vital Documents: Assets will need to have photocopies of the following documents at the time of application for services.

- A current Alaska state ID or Drivers License
- Social Security Card
- Medicaid and Medicare Card

I understand that this application does not guarantee services from Assets, Inc.

I certify the information provided in this application is correct and accurate to the best of my knowledge.

I understand that Assets, Inc. may require additional documentation to process my application, and that this information is requested on a case-by-case basis. I understand I am responsible for providing that documentation in order to have my application processed.

I certify that the applicant desires and needs the Supported Living services that Assets, Inc. provides.

Applicant Signature: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_