



Please submit your application by one of the following:
(Email) apply@bcalaska.org - (Fax) 907-222-4696
(Mail) 3001 Porcupine Drive #104, Anchorage AK 99501

Beautiful Clay, Inc. enriches their communities by offering housing, case management, workshops, focus groups, and mentorships to people who are learning to reshape their lives.

Application for Admission

First Name: _____ Last
Name: _____ Date: _____
Maiden: _____ DOB: _____
Current Residence: _____
Mail Address (If different from residence):

Eligible Criteria for the Beautiful Clay Community:

- ☐ I am currently on Probation/Parole
- ☐ I am currently on EM/ PED
- ☐ I'm above the age 18
- ☐ Able to Pass UA upon admission and at random upon stay at BCC
- ☐ Able to comply with BCC rules and expectations which include but are not limited to *random UA, Complying with probation/parole requirements. Willing to participate in focus groups, engage in positive relationships with peers.*
- ☐ I am currently unsentenced (Open Cases) If yes, please explain:

_____ ☐ I have
been convicted of a crime. If yes, please explain:

If none of these apply, you do not meet the criteria to join our program. If you have additional questions some scenarios are case by case. Please see staff for additional information.

Describe the main problem/concern(s) for which you are applying:

Name: _____

—
DOB: _____
—

What are the goals you would like to improve while you are here?

- ☐ Community Resources
☐ Understanding Healthy Relationships
☐ Boundary Setting Skills

Criminal

History:

☐ Cognitive Behavioral

Skills ☐ Healthy Communication ☐ Moral Reconation Therapy ☐ Anger Management
☐ Employment
☐ Job Skills
☐ Financial Literacy ☐ Social Sober Support

Last Date of Incarceration: _____ Are you currently Incarcerated(Y/N): _____

If yes, when is your release date: _____ Institution Probation Officer: _____

Location: _____

If released, Field Probation Officer:

_____ Please share your most recent
charges:

Charge	Felony/Mis.	Date:

Employment:

- ☐ Employed: part-time ☐ Unemployed: looking ☐ Homemaker
☐ Not Seeking Work

If employed, what type of work?

- ☐ Employed; full-time ☐

- Unemployed; not looking ☐ Retired
☐ other
☐ Armed Forces ☐ Seasonal

Current Title? _____ Hourly

Wage? _____ *If unemployed, what is the date of your last job?*

Other Sources of income:

- ☐ SSDI/SSI
- ☐ SSDI/SSI
- ☐ SSDI/SSI
- ☐ SSDI/SSI
- ☐ Alaska PFD
- ☐ Alaska PFD
- ☐ Alaska PFD
- ☐ Alaska PFD
- ☐ Child Support
- ☐ Child Support

- ☐ Child Support
- ☐ Child Support
- ☐ AK Native Corporation ☐ Corporation
- ☐ Corporation
- ☐ Corporation

☐ Other: _____

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Name: _____

DOB: _____

If you have no sources of income at this time, how do you anticipate covering the cost of your stay:

Medical

Current Medical Conditions/Diagnosis: Current Medications (*Please list prescribed and unprescribed medications*)

I attest that all information I provided was true and correct to the best of my knowledge:

Signature: _____ Date: _____

If you have any additional questions please contact: 804-781-3444

Additional Information:
