



Lutheran Social Services of Alaska ASRA Program Application

Date _____ Originating Agency _____ Staff _____

Please provide home mailing address. If client does not have a valid address please use a family member's or message address.

First Name: _____ Middle Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip _____
 Telephone _____ Birth Date: _____ Age: _____

List all members in your household, including yourself.

Name	Age	Sex	Relationship	Race	Employer

Race: AK Native, Am. Indian, Hispanic, Asian/Pacific Islander, African American, Caucasian

Income Sources: List dollar amount your household receives

ATAP _____ Disability _____ Food Stamps _____

Unemployment _____ Number of weeks left _____

Social Security _____ Other Income _____

Total Monthly Income _____ Anticipated income next month _____

Monthly Expenses: List dollar amount spent per month

Rent _____ Utilities _____ Food _____ Other _____

General Info:

What other agencies have you contacted? _____

Have you ever used ASRAA (this service) before? _____

What was your reason for coming to Anchorage? _____

Travel Information:

Who paid for your way to Anchorage? _____

Was a round trip ticket purchased? Y/N _____ If not, why? _____

Services that you are requesting:

Return Airfare: ____ Shelter: _____ Other: _____

Date you are ready to travel: _____

Preference of departure time: Early am _____ Mid morning _____ Noon _____ Mid afternoon _____ Evening _____

PLEDGE AGREEMENT

I _____ agree to the following reimbursement plan.
(print name)

I would like to send in my pledge for the full _____ on _____.
(Amount) (Date)

I would like to send in my pledge in small monthly payments.

Amount of payment _____ Beginning on _____
(Amount) (Date)

My Pledge will be paid in full by: _____
(Date)

I certify that the information provided is true and complete to the best of my knowledge. Further, I authorize LSSA to share this information with other agencies in an effort to best serve my needs.

I understand that this is a once in a lifetime service, unless your pledge is paid in full.

I UNDERSTAND AND AGREE TO THE REQUIREMENTS OF THIS APPLICATION PROCESS.

Signature _____ Date _____

Referring Staff Member Signature: _____ Date _____

Please send your pledge to the following address:

Lutheran Social Services of Alaska
1303 W. 33rd Ave.
Anchorage, AK 99503