



What to know before applying for services at CHOICES, Inc.?

TEL: (907) 333 - 4343

referrals@choices-ak.org

TO HELP US BETTER SERVE YOU, THIS INFORMATION IS REQUIRED:

Please have the following available when you complete our registration packet:

- Your name, date of birth and social security #
- Your contact information:
 - Phone number
 - Your current home address
- Insurance information (*if available*)
- Legal guardianship information (*if applicable*)

PLEASE BE PREPARED TO ANSWER QUESTIONS REGARDING:

- Health issues
- Safety concerns
- Mental health history, including treatments attempted
- Substance use
- Current living situation
- Current and past legal concerns
- Recent and past traumatic experiences
- Mood, sleep, appetite

Note: Information you provide us with does not necessarily guarantee enrollment in services.