



**ASRAA APPLICATION Page 2**

**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 \_\_\_\_\_

**REIMBURSEMENT AGREEMENT**

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

I would like to repay the full \_\_\_\_\_ on \_\_\_\_\_.  
(Amount) (Date)

I would like to repay in small monthly payments.

Amount of payment \_\_\_\_\_ Beginning on \_\_\_\_\_  
(Amount)

Balance 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 the service is paid back in full.**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Referring Staff Member Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please send your re-payment to the following address:

Lutheran Social Services of Alaska  
1303 W. 33<sup>rd</sup> Ave.  
Anchorage, AK 99503