



**CENTRAL COUNCIL**  
*Tlingit & Haida Indian Tribes of Alaska*  
 Mendenhall Mall Annex  
 9109 Mendenhall Mall Blvd.  
 Juneau, Alaska 99801  
 Phone 907 463-7158 – FAX 907 463-7758

## Employment & Training Division Application for Services

*If you need help filling out this form or have questions, please tell us – we can help*

### How do I apply?

Complete this application form with the Intake technician:

- Attend an interview with a 477 Case Manager
- Provide proof of income, expenses and other circumstances
- Complete a skills assessment

*You may apply for one or more program benefits with the same application.*

### How long will it take?

It may take up to 15 days to process your application

*You can get food stamps within 7 days if:*

- Your household's monthly gross income before deductions is less than \$150 and your cash money in the bank is not more than \$100; or
- Your household's monthly rent/mortgage/utility payments are more than your monthly gross income, cash and money in the bank

If eligible, benefits for Temporary Assistance and Food Stamps start the date we receive your completed Page A Benefits for General Assistance, Training and other programs may start on a different date, depending on the regulations.

### Interview and Service Plan

A personal interview is required before the Case Manager can determine if you are eligible for assistance. A written service plan must be developed with you and your Case Manager to outline the goals and steps you must follow to reach self-sufficiency.

### PROGRAMS

#### Program funding purpose:

- Promote Self-Sufficiency, Education, family stability, and responsibility
- Move clients from welfare into jobs
- Provide employment and training opportunities for maintaining a healthy lifestyle independent of program services.

#### Temporary Assistance for Needy Families (TANF)

Gives monthly cash benefits to eligible families with children while clients are looking for employment.

#### General Assistance (GA)

Financial assistance for essential needs to eligible Adult individuals/Household while clients are looking for employment.

#### Training

Vocational training, classroom training, GED classes, adult basic education that will lead to employment.

# Application for Services

## What kind of assistance are you requesting? (CHECK ALL THAT APPLY)

<input type="checkbox"/> Food	<input type="checkbox"/> Finding work	<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> Rent	<input type="checkbox"/> GED Classes	<input type="checkbox"/> Medical Assistance
<input type="checkbox"/> Utilities	<input type="checkbox"/> Adult Basic Education	<input type="checkbox"/> Transportation
<input type="checkbox"/> Child Care	<input type="checkbox"/> Vocational Training	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Child Support	<input type="checkbox"/> Classroom Training	

## APPLICANT INFORMATION/PERSONAL DATA

Name (First, Middle, Last)		Social Security Number	
Home Address (Physical Location)		City	State Zip Code
Mailing Address		City	State Zip Code
Prior Physical Address (if you've moved in the last year)		City	State Zip Code
Home Phone	Cell Phone	Message Phone	
Emergency Contact Name	Relationship	Message Phone	
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Race/Ethnic Group <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other: _____	Citizenship <input type="checkbox"/> US Citizen <input type="checkbox"/> Other: _____	
What Federally Recognized Tribe are you a member		Tribal Enrollment Number	
Answer these questions to see if you can get food stamps within seven days: <ul style="list-style-type: none"> <li>• Do you have more than \$100 in cash or money in the bank?      <input type="checkbox"/> yes    <input type="checkbox"/> no</li> <li>• Is your household monthly gross income (income before deductions less than \$150)?      <input type="checkbox"/> yes    <input type="checkbox"/> no</li> <li>• Are your costs for rent/mortgage/utilities more than your monthly gross income, cash and money in the bank?      <input type="checkbox"/> yes    <input type="checkbox"/> no</li> </ul>			
Sign Here		Date	
X			

## HOUSEHOLD MEMBERS

List **ALL PERSONS** living in the household – if you need more space use page

*Race information is optional. It is requested to assure benefits are given without regard to race, color or national origin. Your answers will not affect your eligibility or benefit amount.*

Household Members - Name	Relationship (NR = Not Related)	Date of Birth	SSN	Education Last Grade Completed, GED, College	Sex (M/F)	Race	US Citizen Yes/No
	Self						

Race: (You may select more than one race)

AN = Alaska Native    AI = American Indian    WH = White    BL = Black or African American    AS = Asian    PI = Native Hawaiian or Pacific Islander

Yes	No	HOUSEHOLD QUESTIONS: Check Yes or No and if yes answer the questions below.
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone in your household received ATAP or TANF? If yes, when and from what office? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone in your household received ATAP or TANF in the last month? If yes, how much? \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone in your household had ATAP/TANF benefits reduced due to penalties? If yes please explain: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you been terminated from ATAP/TANF? If yes, Date of Termination? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you been determined ineligible for ATAP/TANF? If yes, please explain _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you been denied ATAP/TANF? Reason: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you eligible to reapply for ATAP/TANF? Date able to reapply: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you requesting assistance for anyone in your household who is pregnant? If yes, who? _____ When is the baby due? _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone living in your household been convicted of a felony? If Yes, who, when and where? _____
<input type="checkbox"/>	<input type="checkbox"/>	Is any adult in your household fleeing from prosecution, custody or confinement for a Felony or Class A Misdemeanor from any State? If yes, who _____
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your household attending a college or university? If yes, who _____

## HOUSEHOLD INCOME

Do you or anyone in your household receive money from employment?  Yes  No  
 If yes check all boxes that apply

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Full-Time Employment | <input type="checkbox"/> Seasonal Employment | <input type="checkbox"/> Contract Income | <input type="checkbox"/> Tips         |
| <input type="checkbox"/> Part-Time Employment | <input type="checkbox"/> Sick Pay            | <input type="checkbox"/> Vacation Pay    | <input type="checkbox"/> Other: _____ |

Include money received this month or that will be received next month from all jobs and all household members

Household Member who works	Employer	Full-time, Part-time, or Seasonal	Number of Hrs per Wk	Hrly Wage or Mo. Salary	Amount Paid this Month	Amount paid next Month	How Often Paid

Has anyone in your household had a job end in the last 60 days  Yes  No  
 If yes, who? \_\_\_\_\_

Do you or anyone who lives with you, receive money from self-employment?  Yes  No  
 If yes, check all boxes that apply

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Child Care/Baby Sitting | <input type="checkbox"/> Commercial Fishing     | <input type="checkbox"/> Taxi Driving   | <input type="checkbox"/> Odd Jobs      |
| <input type="checkbox"/> Crafts/Carving          | <input type="checkbox"/> Trapping               | <input type="checkbox"/> Sales Person   | <input type="checkbox"/> Repair Person |
| <input type="checkbox"/> Carpenter               | <input type="checkbox"/> Manage Rental Property | <input type="checkbox"/> B&B/Rent Rooms | <input type="checkbox"/> Other: _____  |

Household member who is self-employed	Type of Business	Seasonal, Year-round	Business Income this month	Business Income next month	Business expenses this month	Business Expenses next month

Do you or anyone who lives with you receive money from any other source (not working)?  Yes  No  
 If yes, check all the boxes that apply

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Supplemental Security Income   | <input type="checkbox"/> TANF or ATAP             | <input type="checkbox"/> Alaska Permanent Fund     | <input type="checkbox"/> Child Support          |
| <input type="checkbox"/> Aide to the Needy Disabled     | <input type="checkbox"/> Adult Public Assistance  | <input type="checkbox"/> Native Dividend           | <input type="checkbox"/> Unemployment Insurance |
| <input type="checkbox"/> Survivor's Benefit             | <input type="checkbox"/> Employability Assistance | <input type="checkbox"/> Net Rental Income         | <input type="checkbox"/> Food Stamps            |
| <input type="checkbox"/> Social Security Administration | <input type="checkbox"/> Veterans Benefits        | <input type="checkbox"/> Bingo/Pull Tab Winnings   | <input type="checkbox"/> Scholarships           |
| <input type="checkbox"/> Old Age Supplement             | <input type="checkbox"/> General Assistance       | <input type="checkbox"/> Pension and/or Retirement | <input type="checkbox"/> Other: _____           |

For all the items checked above please fill in the information below:

Who receives payment	Type of Payment	Amount this month	Amount expected next month	How often

## HOUSEHOLD RESOURCES

Do you, or anyone who lives with you, own any property such as a house, land apartment, mobile home, condo, duplex, camper, or cabin?  Yes  No  
 If yes, complete the information below. Include any property that is paid for, you are still paying for, or that is owned with someone else.

Who owns the Property	Type of Property Owned	Estimated Value	Amount Owed

Do you or anyone who lives with you, own any vehicles such as a car, truck, motorcycle, boat, snowmobile, recreational vehicle (RV) or all-terrain vehicle (ATV)?  Yes  No  
 If yes, complete the information below. Include any vehicles that are paid for, you are still paying for, or own that is owned with someone else. Also include vehicles that are not running or that you are not using.

Who owns the Vehicle	Vehicle Type – Model & Year	What is the vehicle used for	Estimated Value	Amount still owed

Do you or anyone who lives with you, have any of the items below?  Yes  No  
 If yes, check all the boxes that apply, include items owned with someone else and accounts with no money in them right now.

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Cash on Hand            | <input type="checkbox"/> Savings Account           | <input type="checkbox"/> Credit Union Account      | <input type="checkbox"/> College Savings Plan |
| <input type="checkbox"/> Checking Account        | <input type="checkbox"/> Commercial Fishing Permit | <input type="checkbox"/> Native Corporation Shares | <input type="checkbox"/> Mineral Rights       |
| <input type="checkbox"/> Annuities               | <input type="checkbox"/> Pension Plan              | <input type="checkbox"/> Trust Funds               | <input type="checkbox"/> Stocks/Bonds         |
| <input type="checkbox"/> Certificate of Deposit  | <input type="checkbox"/> IRA Account               | <input type="checkbox"/> Retirement Funds          | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Burial Policy Agreement | <input type="checkbox"/> Life Insurance Policy     | <input type="checkbox"/> Safe Deposit Box          |   |

Who owns item	Type of Item	Where Held	Account Number	Total Value/Balance

Have you or anyone in your household sold, given away, or transferred any property, vehicles, or other resources in the past five years? If yes, please complete the information below  Yes  No

Who owned it	Vehicle, Property or Resource	Sold, Gave Away, or Transferred	When	Estimated Value

**MONTHLY EXPENSE SUMMARY**

Rent/Mortgage/Space Rent	\$	Garbage	\$
Electricity	\$	Water/Sewer	\$
Oil/Fuel	\$	Groceries	\$
Telephone	\$	Transportation	\$
Car Insurance	\$	Other	\$

**Yes No OTHER HOUSEHOLD EXPENSES**

<input type="checkbox"/>	<input type="checkbox"/>	Does another person or agency help you pay all or part of your shelter costs (including energy or heating assistance)? If yes, please complete the following							
Who pays		What expense							
Amount Paid									
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household have child care or elderly or disabled adult care expenses If yes, who is responsible for paying _____ Amount _____							
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household pay child support? If yes, who pays? _____ Amount _____							
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household who is disabled or age 60 or older have medical expenses? If yes, who has the expense? _____ Monthly Amount _____							
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household have any unpaid medical bills from the last three (3) months? If yes, please complete the following:							
Who		What Months							
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household have medical problems or medical costs due to an accident? If yes, please complete the following:							
Who		Date of Accident							
List household members who have health insurance such as Medicare, Indian Health Services, VA, TRICARE (CHAMPUS), Denali Kid Care, Chronic Acute Medical Assistance (CAMA), Workers Compensation, private employer-provided insurance, etc.									
Household Member	Insurance Name & Address	Date Coverage Begins	Policy/Group/Claim Number	Hospital	Physician	Rx Drugs	Dental	Vision	Other

:

## EDUCATION

Highest Grade Completed (Circle One)		6	7	8	9	10	11	12	13	14	15	16	17+
High School <input type="checkbox"/> High School Graduate  <input type="checkbox"/> GED		College <input type="checkbox"/> Enrolled in College  <input type="checkbox"/> College Graduate				Vocational Training <input type="checkbox"/> Enrolled in Vocational Training  <input type="checkbox"/> Vocational Training Graduate							
School Name		School Name				School Name							
Type of Degree		Type of Degree				Type of Degree							
Date Completed	GPA	Date Completed	GPA	Date Completed	GPA	Date Completed	GPA	Date Completed	GPA	Date Completed	GPA	Date Completed	GPA

## TRAINING

*If you've received any training in the past, check all the items below that apply to you*

	Where	When	Type of Training
<input type="checkbox"/> Tlingit & Haida	_____	_____	_____
<input type="checkbox"/> Other Tribe	_____	_____	_____
<input type="checkbox"/> ANSCA Corporation	_____	_____	_____
<input type="checkbox"/> Child Care	_____	_____	_____
<input type="checkbox"/> Vocational School	_____	_____	_____
<input type="checkbox"/> Job Corp	_____	_____	_____
<input type="checkbox"/> BIA	_____	_____	_____
<input type="checkbox"/> State JTPA	_____	_____	_____
<input type="checkbox"/> State JOBS	_____	_____	_____
<input type="checkbox"/> Veterans	_____	_____	_____
<input type="checkbox"/> Military	_____	_____	_____
<input type="checkbox"/> Union	_____	_____	_____
<input type="checkbox"/> Vocational Rehabilitation	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____

## SKILLS AND ABILITIES

Are you a member of a Union	If Yes, Which Union?
List any Volunteer Experience you have done or are currently doing	
List any tools, machinery, equipment or computer software you can operate/repair	

Yes	No	QUESTIONS: Check Yes or No and answer the questions below.
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid driver's license? If Yes, License Number _____ Expiration _____
<input type="checkbox"/>	<input type="checkbox"/>	If you are male between the ages of 18-25, have you registered with the Selective Service? If Yes, Registration Number _____ Date Verified _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you a Veteran of the Armed Services? If Yes, Enlistment Date _____ Branch _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a physical or mental disability? If Yes, Explain _____ Is it a service-related disability? If Yes, VA Disability Rating _____



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**Employment & Training Division**

**AUTHORIZATION  
 FOR RELEASE OF INFORMATION**

I \_\_\_\_\_ authorize the release of information requested by the Employment & Training office or its agents. The requested information will only be used in the administration of Employment & Training programs, and will not be released to any other person or agency outside of the Employment & Training office or its agents. This release of information will be in effect while I am an applicant or recipient of Employment & Training assistance, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

\_\_\_\_\_  
 Your Signature (Head of household)

\_\_\_\_\_  
 Signature of Other Adult Household Member

\_\_\_\_\_  
 Printed Name (Head of household)  
 Member

\_\_\_\_\_  
 Printed Name of Other Adult Household

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Social Security Number

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Address

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

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date





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## Applicant/Client Appeal Procedure

An applicant who was denied services or feels he/she may have been treated unfairly, has the right to file a written appeal (within 15 days after receipt of a decision) by following these procedures:

### STEP 1- Program Specialist

An applicant may file a written appeal to the Program Case Worker to ask for reconsideration of their decision. The Program Case Worker has ten (10) working days after the date stamped on the appeal to respond. An applicant, who is not satisfied with the Program Case Worker's decision, may submit their appeal to the Program Manager (Step 2) within five (5) days upon receipt of the Program Case Worker's decision.

### STEP 2- Program Manager

The Program Manager has ten (10) working days from the date he/she receives an appeal to review documentation, make a decision, and respond. An applicant who is not satisfied with the Program Manager's decision may resubmit their appeal to the Appeal Committee (Step 3) within fifteen (15) days after receiving the Program Manager's decision.

### STEP 3- Appeal Committee

The Appeal Committee will meet on the 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month to review appeals submitted by applicants. The committee will notify an applicant of their decision within seven (7) working days after the date of their meeting. **All decisions made by the Appeal Committee are final.**

**Decisions affecting an applicant are made based on a review of program policies, procedures, and the required official documents.**

**Reminder: An applicant only has fifteen (15) days after receipt of a decision to register an appeal. All decisions made by the Appeal Committee are final.**

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
 Date



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## CERTIFICATION AND AGREEMENT

I (we) certify to the best of my knowledge that the information and documentation contained in this application is accurate and true. I (we) also understand that additional information may be requested to verify what has been submitted.

I (we) understand that my application is subject to verification, and that falsification of information shall be grounds for immediate termination from the program and will subject me to Federal prosecution under 18 U.S.C. §1001, which carries a fine of not more than \$10,000 or federal imprisonment for not more than 5 years, or both. I (we) also understand that if I (we) receive services as a result of falsified information, I (we) will have to repay the Tribe for those services.

I (we) understand and will comply with Goals and Activities outlined in the Family Self-Sufficiency Plan developed with my (our) Program Case Worker.

I (we) understand that there is an Appeal Procedure by which I (we) can challenge a decision with regard to this application. I (we) certify that I (we) have received a copy of this Appeal Procedure, have read it, understand it and will abide by it.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if applicable)

\_\_\_\_\_  
Date