

KAWERAK, INC.

TRIBAL WELFARE ASSISTANCE DEPARTMENT

Phone: 1.800.478.5230 or 443.4370

EMERGENCY ASSISTANCE APPLICATION

Kawerak Emergency Assistance Program is a last resort assistance program for tribal members in a federally recognized tribe who reside in the Kawerak Tribal Welfare Assistance compact service areas listed below. Emergency Assistance deals specifically with personal emergencies; it helps tribal members whose homes have been destroyed due to **fire or flood and may have suffered loss or damage** to their personal possessions. Emergency Assistance funds are for essential needs and non-medical necessities only. Emergency Assistance funds cannot be used for transportation and home evictions. *The applicants must be residing in one of Kawerak Tribal compact service areas listed below.*

You must contact the Red Cross of Alaska at 1.800.451.8267 and request assistance prior to Kawerak.

KAWERAK TRIBAL WELFARE SERVICE AREAS (must have been residing)

Brevig Mission, Council, Diomed, Elim, Gambell, Golovin, King Island, Koyuk, Mary's Igloo, Savoonga, Shaktoolik, Shishmaref, Solomon Stebbins, Saint Michael, Teller, Wales, White Mountain.

ELIGIBILITY GUIDELINES

- The applicant(s) must be Tribally Enrolled Alaska Native or American Indian in a federally recognized tribe;
- The applicant must provide proof that they reside within the Kawerak compact service areas listed above; and
- The household must meet the low income requirements and be able to show an unmet need.

MAY BE INELIGIBLE

If applicant(s) are already receiving similar assistance through any other resources, did not live in the Kawerak service areas or the household items were already paid for, will not qualify for Kawerak Assistance.

- If you have already received assistance through Red Cross, or any other similar program,
- If you are a Nome Eskimo Community tribal member residing in Nome, contact Nome Eskimo Community for their application,
- Unalakleet tribal members contact the IRA for assistance, and/or
- If the Red Cross will be assisting immediately, Kawerak is unable assist.

APPLICATION PROCESS

1. Contact the Red Cross at the number listed above and request assistance.
2. Complete the Kawerak Emergency Assistance Application and attach items from the checklist, then fax the completed application to 443.4485 or 443-4477. Call 1.800.478.5230 or 443.4370 to make sure the entire application came through the fax.

EMERGENCY ASSISTANCE APPLICATION CHECKLIST

Please keep a copy of this application packet and all the documents for your records.

- Provide a copy of Tribal Enrollment/Certificate of Indian Blood for all the applicants;
- Provide proof of residency in the Kawerak service area;
- Provide a note that verifies the incident through the City office, IRA or the VPSO on their letterhead; and
- Verify that you have applied for other comparable assistance.

IMPORTANT AGENCY TELEPHONE NUMBERS

AGENCY	PHONE	FAX
Alaska Red Cross	800.451.8267	
Nome Eskimo Community (Tribal members living in Nome)	907.443.2246	907.443.3539
Unalakleet IRA (tribal members living in Unalakleet)	907. 624-3622	907.624.5104
Cook Inlet Tribal Council (Tribal members in Anchorage)	793.3600/1.877.985.5900	907.493.3395
Bering Straits Native Corporation	907.443.5252	907.443.2985
Sitnasuak Native Corporation	907.443.2632	907.443.3063

KAWERAK, INC. ~ Tribal Welfare Assistance Department

Education, Employment, and Training Division

Emergency Assistance Applicationwelfare.spec@kawerak.org or welfare@kawerak.org

P.O. Box 948 ~ Nome, AK 99762

Web site: www.kawerak.org

Ph: (907) 443.4370 ~ 1.800.478.5230

Fax: (907) 443.4485 or 1.855.450.4341

EMERGENCY ASSISTANCE APPLICANT'S INFORMATION

Your Last Name		Your First Name and Middle Initial		Social Security Number	
Mailing Address/PO Box	<input type="checkbox"/> Own home <input type="checkbox"/> Rent house or apt	<input type="checkbox"/> Rent room <input type="checkbox"/> live with someone	Your Age	Date of Birth	
Home Address/Physical Address		City	State	Zip	
Cell/Home Phone #	Message Phone #	E-mail Address:	Other Names you have used:		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Living with partner, girl/boy friend					
Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes		Date of Discharge:		Registered with Selective Service? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Are you willing to take a drug test? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, why?			
Are you working right now? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, where and what is the phone number?			
Have you worked in the last 90 days? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, where and what is the phone number?			
Are you able to work? <input type="checkbox"/> No <input type="checkbox"/> Yes		If no, explain why:			
Are you receiving any other help, such as Red Cross or Tribal Assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, what type of assistance? <input type="checkbox"/> Red Cross <input type="checkbox"/> GRA <input type="checkbox"/> Tribal Assistance <input type="checkbox"/> Other (list below)			

APPLICANT HOUSEHOLD INFORMATION

LIST ALL PEOPLE LIVING IN YOUR HOUSEHOLD: (you, spouse, boyfriend, girlfriend, partner, roommates, children, parents, grandparents, aunts, uncles, others, etc.). Include everyone. Use a separate sheet of paper if needed for others.

Full Legal Name	Relationship	DOB/Age	SSN	Highest Grade Completed	Village or Tribe enrolled	(otc use) *
	SELF	/				
		/				
		/				
		/				
		/				
		/				
		/				
		/				

NATIVE CORPORATION SHAREHOLDER INFORMATION

Are any of your household members a shareholder of a Native Corporation? ? No Yes - If so, which Corporation?

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Education, Employment, and Training Division

Emergency Assistance Application

welfare.spec@kawerak.org or welfare@kawerak.org

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EMERGENCY INFORMATION

Describe in detail, the incident that placed you in an emergency situation and what was lost of your personal possessions:

READ BEFORE SIGNING - I am applying for financial assistance for emergency assistance. I have received a copy of, have had explained to me, and understand the provisions of Federal Law governing fraud. Kawerak Tribal Welfare Assistance Department staff are authorized to obtain information necessary to establish eligibility for assistance. Applications that are incomplete will be kept for 30 days. If all information needed is not received within that time period, this application will be denied.

Applicant Signature

Date

Printed Name

OFFICE USE ONLY

Date of emergency:	Entity/Organization Verified by:	Voucher #	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Amount awarded: (\$1,000 max) \$
Notes:				
Welfare Worker Signature	Other Staff Signature	Date approved		

AUTHORIZATION FOR RELEASE OF INFORMATION

I (We), authorize the release of information requested by the Kawerak Inc. or its representatives within the Tribal Welfare Assistance Department. The requested information shall be used solely in the administration of Tribal Welfare Assistance staff and will not be released to any other person or agency outside the Tribal Welfare Assistance Department or its agents without signed authorization from the client.

I (We) hereby authorize the Kawerak, Inc. to obtain and exchange information related to my applications to participate in their programs; and to arrange for such participation based on my employability assessment and plan to employment related activities. This release of information shall be in effect while I'm an applicant or recipient of Tribal Welfare Assistance and for any later investigation pertaining to my eligibility and receipt of Tribal Welfare Assistance benefits.

Persons or organizations that may be contacted include, but are not limited to: All State of Alaska Departments and Divisions, All Federal Agencies and local and Tribal Governments, State of Alaska, Public Assistance Program contractors and grantees, health care providers, tax assessors, DOLWD Job Centers, financial institutions, Native Corporations, stock brokerage firms, landlords, present and past employers, school authorities, private individuals and all departments and programs within and administered by the Kawerak, Inc.

_____	_____	_____	_____
Applicant Signature	Date	Applicant #2 Signature	Date
_____		_____	
Printed Name		Printed Name	
_____	_____	_____	_____
Social Security Number	Date of Birth	Social Security Number	Date of Birth

NOTICE ABOUT YOUR RIGHTS

CIVIL RIGHTS

The Civil Rights Act of 1974 states “No person in the United States, on the ground of race, color, or national origin, shall be excluded from participation or be denied the benefits of federal assistance.” If you feel you have been discriminated against, you may file a complaint with Kawerak, Inc. or with the United States Department of Health and Human Services.

FAIR HEARING

Kawerak Welfare Assistance Policies – Appeals Section 6.

§ 5.1 Persons who may appeal. Any individual who has applied for services and been denied, or who claims that the level of service provided was not in compliance with the Kawerak Welfare Assistance policies and procedures or in violation of federal law, may appeal by following the fair hearing process below.

§ 5.2 Fair hearing process. When a client requests a fair hearing, the request must be in writing, signed by the client and submitted to the GA Program Director within 20 days of the action. If the GA Program Director is unable to resolve the situation, the hearing request will be forwarded to Kawerak’s EET Vice President for attention and disposition. If the client is dissatisfied with the EET Vice Presidents decision, then (s) he can appeal the decision to Kawerak’s President and Board of Directors, which at its discretion may hear the appeal as a full Board of delegate the matter to a Board committee.

Kawerak is available to assist you if you request a hearing. At the hearing you may represent yourself. You may also be represented by legal counsel (e.g. – Alaska Legal Services Corporation or another person of your choice). Kawerak will not provide transportation to and from your hearing.

NOTIFICATION TO APPLICANT

The Federal law concerning fraud states... “Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than five years or both.” _____ Initial reviewed

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the WA Program cannot give out the information you give the caseworker with the exception of other Federal, State, Tribal Offices and other programs who have some responsibility for providing the welfare services for which your are applying. The information can also be given to those agencies when you ask them for a job or for some other benefit, and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information from your case record file, you must first give your written consent. You have a right to know what information is inaccurate, ask your caseworker about how to change the information in the case record. _____ Initial reviewed

Paperwork Reduction Act of 1995 S.244 This section of this chapter are to minimize the paperwork burden for individuals, small businesses, educational and nonprofit institutions, federal contractors, State, local and tribal governments and other persons resulting from the collection of information by or for the federal government. Kawerak has this act available and attached to this application.

By signing below, I understand and have read or explained to me the Federal Law concerning Fraud, provision of my protection under the Privacy Act and the Paperwork Reduction Act.

Applicant Signature

Date

Printed Name

Social Security Number

Date of Birth