

# KAWERAK, INC.

## WELFARE ASSISTANCE PROGRAM

### EMERGENCY ASSISTANCE APPLICATION

Emergency Assistance deals specifically with personal emergencies; it helps tribal members whose homes have been destroyed due to **fire or flood and/or 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 maximum assistance can be a maximum of up to \$1,000 per household.

**Prior to applying for Kawerak, Inc.'s Emergency Assistance, you must contact the Red Cross of Alaska at 1.800.451.8267 and request assistance.**

If approved the payment will not exceed \$1,000 per household as established by the BIA CFR §20.329 & 20.330. Prior to providing emergency assistance, applicants must be referred to Red Cross and other resources should be exhausted before emergency assistance is provided.

#### Eligibility criteria:

- Be in a federally recognized Tribe, Alaska Native or American Indian;*
- Reside in the Bering Straits Region for 90 days with intent to remain in the region; and*
- Income eligible, not have enough resources to meet the essential need items.*

#### Documents required:

- A complete, signed application for Emergency Assistance;
- Include a statement of need in writing;
- Proof of Emergency situation from City or IRA official describing the incident;
- Tribal enrollment verification or BIA certification;
- Proof of residency, must reside within the boundaries of the Bering Strait Region or be temporarily absent (not to exceed 60 days) from the region without good cause.
- Applied for other assistance such as: Alaska Red Cross, General Relief Assistance, Native Corps, IRA, Veterans benefits and any other available resources;
- Release of information to contact other agencies; and
- Voucher Information Report form for essential needs.

*Kawerak Emergency Assistance Programs are not automatic and are not an entitlement; you must apply for the assistance and provide all necessary documentation including income & tribal verification. Emergency applications are processed immediately upon receipt of all required information. A release of information is required by Kawerak to contact other agencies for information.*





**VOUCHER SYSTEM INFORMATION REPORT FORM**

Name: \_\_\_\_\_ Month: \_\_\_\_\_  
 Date: \_\_\_\_\_ Community: \_\_\_\_\_

In 1993, Kawerak GA instituted vendor payment system that uses vouchers to pay for essential unmet needs. Vouchers have a thirty (30) day time limit. If eligible, we will send a payment directly to the vendor. GA can only pay current charges. Late charges are not paid.

<input type="checkbox"/> Pay my rent to: Name & Address/Phone: _____ _____ _____ Amount: \$ _____	<input type="checkbox"/> Pay my mortgage to Bering Straits Regional Housing Authority: Name & Address/Phone: _____ _____ _____ Amount: \$ _____
<input type="checkbox"/> Pay my utility bill to: Name & Address/Phone: _____ _____ _____ Account #: _____ Amount: \$ _____ Attach copy of bill/statement	<input type="checkbox"/> Pay my sewer/water to: Name & Address/Phone: _____ _____ _____ Account #: _____ Amount: \$ _____ Attach copy of bill/statement

If approved, Kawerak GA will provide a voucher to your store for authorized purchase items

<input type="checkbox"/> Pay to the Store for groceries: Name & Address/Phone: _____ _____ _____ Amount: \$ _____ or Percent _____	<input type="checkbox"/> Pay to the Store for groceries: Name & Address/Phone: _____ _____ _____ Amount: \$ _____ or Percent _____
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**Items not allowed to purchase with Kawerak GA vouchers:** Alcohol, tobacco products, cosmetics, hair spray, hair coloring, home perms, cat or dog food, sun glasses, gift wrap, ribbons & bows, electric devices for example: stereos, radios, vacuum cleaners, TV, cologne, toys, flowers, plants or potting soil.

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I (We), authorize the release of information requested by the Kawerak Inc. or its representatives within the General Assistance Program. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person or agency outside the General Assistance Program or its agents.

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 General Assistance and for any later investigation pertaining to my eligibility and receipt of General 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, Public Assistance Program contractors and grantees, health care providers, tax assessors, financial institutions, Native Corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kawerak, Inc.

\_\_\_\_\_  
Applicant #1, 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 CLIENT

**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.”

**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.

**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. I understand and have read or explained to me the provision of my protection under the Paperwork Reduction Act and the privacy act.

\_\_\_\_\_  
Applicant #1, Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2, Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Date of Birth