

KAWERAK, INC.

WELFARE ASSISTANCE PROGRAM

GENERAL ASSISTANCE APPLICATION

Single Adult

Kawerak General Assistance (GA) is an income based, last resort assistance program. Applicants/recipients should be actively seeking other assistance and employment. If you are receiving Alaska Temporary Assistance Program (ATAP) or SSI disability, we will not be able to assist within Kawerak GA funds. Monthly GA payments assist families in meeting their essential needs, which may include: food, housing (rent or mortgage payments), clothing, heat, utilities, and other basic necessities. Applicants for GA benefits must apply for all other programs for which they appear eligible, such as: ATAP, Adult Public Assistance (APA), General Relief Assistance (GRA), Energy (Heating) Assistance, Food Stamps, Social Security, and Veteran's benefits.

Eligibility criteria:

- Be in a federally recognized tribe, Alaska Native or American Indian;
- Reside in the Bering Straits Region for at least 90 days; and
- Income eligible, not have enough resources to meet the essential needs.

Documents to attach to application:

- A complete, signed GA application with all forms;
- Tribal enrollment verification or BIA certification;
- Birth certificates for all children in the household unit;
- Proof of Bering Straits Region residency;
- Verification of all sources of income;
- Verification that you have applied for other assistance;
- Applicants with children must apply for ATAP/Food Stamps first & show verification;
- Verification you are registered in ALEXsys and have a current resume;
 - You can register online & complete your resume at www.jobs.state.ak.us ;
 - If you need assistance, please call 443-4370 or 1.800.478.5230
- All bank account statements and;
- Completed budget form (Attachment 1).

**GA APPLICATIONS RECEIVED AFTER THE 10TH OF EACH MONTH WILL BE PRORATED
(Benefits will be reduced based on the date application is received after the 10th)**

TRIBAL MEMBERS OF NOME ESKIMO COMMUNITY CONTACT 443-2246 –WELFARE ASSISTANCE
TRIBAL MEMBERS OF GAMBELL CONTACT 985-5346 – IRA OFFICE

Kawerak General Assistance Programs are not automatic and are not an entitlement. You must apply, provide all documentation, and actively look for work all month. All applications for assistance will be reviewed and acted upon within 14 days of receipt. If a decision cannot be made within a 14 day period, a letter will be sent to the applicant explaining the reasons for delay. To avoid duplication or confusion with vendors, the GA vouchers/checks will be mailed and not faxed.

FAMILY INCOME AND AVAILABLE FUNDS	

List all sources of income that you have received during the last 30 days and current available funds. If you are on ATAP or other cash programs or you were denied or your case was closed, please list the dates and reasons.

All adults in the household must provide income information for the last 30 days as verification of income.

Source of Income	Applicant #1	Applicant #2	Other Adults in House
Wages, net salary (attach pay stubs)	\$	\$	Where?
Unemployment Insurance Benefits	\$	\$	
ATAP, TANF, ASAP, GA	\$	\$	
FOOD STAMPS	\$	\$	
Senior Benefits Program (State of AK)	\$	\$	
Tips or gratuities	\$	\$	
Self Employment, Carving, beading, etc	\$	\$	
Child support and alimony	\$	\$	
Foster care payments	\$	\$	
Social Security (SSA) retirement, survivors, etc	\$	\$	
Supplemental Security Income (SSI) Disability	\$	\$	
Cash-out of retirement or pension plan	\$	\$	
Worker's Compensation	\$	\$	
Native Corporation dividends	\$	\$	
Checking account (current balance)	\$	\$	
Savings account (current balance)	\$	\$	
Bingo or pull tab winnings	\$	\$	
Other income (specify)	\$	\$	
Total Income for Last 30 Days	\$	\$	
Alaska Permanent Fund Dividend (PFD)	\$	\$	Month/ Year Received: _____ x (number of people in house)

READ BEFORE SIGNING - I (We) apply for financial assistance for the listed members of my (our) household who are in need. I (We) have received a copy of, have had explained to us, and understand the provisions of Federal Law governing fraud. I (We) agree to supply information regarding resources and income and to notify the agency of any changes to (our) situation. Kawerak GA is authorized to obtain information necessary to establish eligibility for assistance. GA applications that are incomplete will be kept for 30 days. If all required documentation is not received within that time period, your GA application will be denied.

_____ Applicant #1, Signature	_____ Date	_____ Applicant #2, Signature	_____ Date
_____ Printed Name		_____ Printed Name	

OFFICE USE ONLY			
Pend Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Voucher #	Total GA Award
			\$

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. ATTACH CURRENT BILLS.

<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: \$ _____ <u>Attach copy of current bill/statement</u>	<input type="checkbox"/> Pay my sewer/water to: Name & Address/Phone: _____ _____ _____ Account #: _____ Amount: \$ _____ <u>Attach copy of current bill/statement</u>

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.

INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Name: _____ Month: _____

Date: _____ Community: _____

I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the General Assistance Program for a period of 60 days, but not more than 90 days.

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities

- Employment: ___ Full-time ___ Part-time
- Job Search
- Volunteer Work Experience
- Job Sampling or Job Shadow
- On-the-Job Training
- Job Readiness
- Other: _____

Education/Training

- High School Diploma
- GED
- ESL (English as a 2nd language)
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling
- Other: _____

Other Activities

- Life Skills Instruction
- Parenting Skills
- Childcare Assistance
- Child Support
- Substance Abuse Assessment
- Substance Abuse Treatment
- Other: _____

OBJECTIVE: To secure full time employment for 90 days or more.

GOAL 1: SEEK EMPLOYMENT

Action Steps to Achieve Goal 1:	Date To Be Achieved	Initial
1. Register online for ALEXsys and create/update your resume and make available online. Go to: www.jobs.state.ak.us	At the time of the GA application submission and when changes occur. Give GA a copy.	
2. Apply for 3 jobs & submit verification to the GA Program. Attend interviews and accept job offer. Report to GA.	At the time of the GA application submission. Work Search form.	
3. JOB SEARCH -Call the Nome Job Center for job lists and vacancy information and complete 3 job searches every week and fax to the GA Program every Friday.	<u>Fax a new completed Work Search Form to GA every Friday.</u>	

GOAL 2: SECURE HOUSEHOLD FINANCES AND RESIDENTIAL SITUATION

Action Steps to Achieve Goal 2:	Date To Be Achieved	Initial
1. Apply for other assistance programs and provide verification to the GA Program.	At the time of the GA application submission & as needed.	
2. Report Medical and Financial status updates to the GA Program.	At the time of GA application submission and as needed.	
3. Report income as soon as you receive it, fax a copy of check stub or letter to GA Program. This includes Self Employment	When received.	
4.		

GOAL 3:

Action Steps to Achieve Goal 2:	Date To Be Achieved	Initial
1.		
2.		

Applicant Signature _____ Date _____ GA Staff Signature _____ Date _____

Re-Determination of Review Date _____

NOTE: All adult applicants in the household unit must complete this form & return to the GA office.

WORK SEARCH FORM

Name: _____ Month: _____

Date: _____ Community: _____

GA applicant: All eligible adults must apply for a minimum of (3) three different jobs per week OR be actively participation in (3) three separate work related activities per week as required to be eligible for services. **Fax a new completed Work Search form every Friday to 443.4455 or 1.877.824.4455.** If you need more Work Search Forms, contact GA at 443.4370 or 1.800.478.5230. If you cannot work, contact GA.

Employer: Please complete the information below for the applicant who is pursuing employment with your organization or business.

WORK SEARCH #1	
Date of Work Search:	Job Title:
Employer or Business Name:	Employer or Business Phone #:
Employer or Business Address:	
Submitted a Complete Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for the Job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:	Employer/Supervisor Printed Name:
Comments:	
WORK SEARCH #2	
Date of Work Search:	Job Title:
Employer or Business Name:	Employer or Business Phone #:
Employer or Business Address:	
Submitted a Complete Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for the Job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:	Employer/Supervisor Printed Name:
Comments:	
WORK SEARCH #3	
Date of Work Search:	Job Title:
Employer or Business Name:	Employer or Business Phone #:
Employer or Business Address:	
Submitted a Complete Application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for the Job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:	Employer/Supervisor Printed Name:
Comments:	

NOTE: All adult applicants in the household unit must complete this form & return to the GA office.

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 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 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

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

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.

AGREEMENT

If your household receives assistance, you must agree to the statement below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled to will be required to pay back the benefits received under false information.

- I certify that I have checked the information on the application carefully and it is true and has complete facts according to the best of my knowledge and belief.
- I understand that it is against the law to make false statements and that I am subject to prosecution if I do so.
- I understand that a Kawerak representative may call my home and may contact other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other agencies.
- I authorize the Alaska Department of Labor to release to Kawerak, Inc. information about my eligibility for unemployment insurance and work credits.
- I certify that all my income for this application month has been reported on this application.
- I understand that Kawerak’s General Assistance Program does not pay for transportation costs to attend a fair hearing.

Applicant #1, Signature

Date

Applicant #2, Signature

Date

Printed Name

Printed Name

Social Security Number

Date of Birth

Social Security Number

Date of Birth

<u>Expenses</u>	<u>YOU</u>	<u>Partner/Spouse</u>	<u>Other Adults in the house</u>
Rent/House	\$	\$	\$
Groceries	\$	\$	\$
Paper/Cleaning	\$	\$	\$
Laundry/Showers	\$	\$	\$
Electricity	\$	\$	\$
Heating Oil	\$	\$	\$
Water/Sewer	\$	\$	\$
Gas/Oil	\$	\$	\$
Insurance	\$	\$	\$
Child Care	\$	\$	\$
Diapers/Wipes	\$	\$	\$
Child Support (paid out)	\$	\$	\$
		Total	\$
<u>Entertainment</u>	<u>YOU</u>	<u>Partner/Spouse</u>	<u>Other Adults in the house</u>
Cigarettes/Chew	\$	\$	\$
Alcohol	\$	\$	\$
Bingo/Pull Tabs	\$	\$	\$
Telephone	\$	\$	\$
Satellite TV/Cable	\$	\$	\$
Other (explain)	\$	\$	\$
		Total	\$
		Total Expenses	\$
<u>Income</u>	<u>YOU</u>	<u>Partner/Spouse</u>	<u>Other Adults in the house</u>
Wages from Work	\$	\$	\$
ATAP	\$	\$	\$
Unemployment/SSI	\$	\$	\$
Child Support (received)	\$	\$	\$
PFD's (1 time year)	\$	\$	\$
Food Stamps	\$	\$	\$
Other(explain-UIB, SSI, etc)	\$	\$	\$
		Total Income:	\$
GRAND TOTAL INCOME:		\$	
GRAND TOTAL EXPENSES:		\$	
BALANCE:		\$	

Attachment 1