



## KAWERAK, INC.

Education, Employment, and Training Division  
P.O. Box 948  
Nome, AK 99762  
Web site: [www.kawerak.org](http://www.kawerak.org)

Phone: (907) 443-4358  
Toll Free: 1-800-450-4341  
Fax: (907) 443-4479  
Email: [int.coord@kawerak.org](mailto:int.coord@kawerak.org)

### **SUPPORTIVE SERVICES ASSISTANCE APPLICATION**

Kawerak, Inc. Education, Employment & Training Division assists tribal members with financial services that are needed to secure employment or complete employability objectives. These may include, but are not limited to the following: transportation to and from a training or job site, tools and materials for a job, housing assistance for persons attending training away from their permanent residence, work and safety essentials, initial union dues, personal appearance, glasses, and other necessary needs. Other sources of funding may be explored as needed. Follow-up support will be extended for one (1) month, or as needed, after a participant has been employed or has completed other objectives.

Supportive services will vary with each participant and will be determined on a case-by-case basis and may not be available if funds become too limited. No participant shall automatically be entitled to repeat services; all repeat services will be considered a lower priority than the initial services. Any repeat service must be fully justified and approved in advance.

#### **ELIGIBILITY CRITERIA:**

- All participants must have an employability development plan.
- Applicants must have a bona fide job, be enrolled in a vocational or short-term training program, actively seeking employment, or completing objectives as refined in their employability development plan.
- Must be Alaska Native or American Indian and a member of a federally recognized tribe.
- Must reside in the Bering Strait/Norton Sound region (minimum of one [1] year to date).
- Must be at least 18 years or age or emancipated youth (16-17 years old). Exceptions include: a younger applicant who has graduated from high school or completed his/her GED and in good health for the requested service, homeless youth, or youth with a disability.
- Applicant must demonstrate financial need and training must be determined to be feasible.
- Participants are required to make reasonable progress in completing employability objectives.
- Non-Native spouses (*not tribally enrolled*) are not eligible for Supportive Services.

#### **APPLICATION PROCEDURES:**

Complete the Kawerak, Inc. Supportive Services application and attach the following documents:

- 1) Verification of Tribal Enrollment (see your local tribal office).
- 2) Copy of state birth certificate.
- 3) Letter of Intent/Request, stating why financial assistance is needed and the amount of need. (Outline your needs and specific amounts).
- 4) Employment Verification Form (attached).
- 5) Landlord Verification Form (attached).

**\*\*PLEASE DETACH AND KEEP FOR YOUR RECORDS\*\***

**Applicant's Initial Intake and Short Employability Development Plan**

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_  
 (First) (Middle) (Last) (Also Known As – or Maiden name)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Present Mailing Address: \_\_\_\_\_  
 (Street Address or P.O. Box) (City) (State) (Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work / Alternate Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**Tribally enrolled at (please circle or indicate "other").**

Brevig Mission - Council - Diomedes - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo - Saint Michael Savoonga - Shaktoolik - Shishmaref - Solomon - Stebbins - Teller - Unalakleet - Wales - White Mountain

Other: List Tribe \_\_\_\_\_

**Veteran?**  No  Yes - Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Registered with Selective Service?**  Yes  No

**Educational Status:**  High School Diploma - Year Graduated: \_\_\_\_\_  GED - Year obtained \_\_\_\_\_ OR Highest Grade Completed: \_\_\_\_\_

College/Vocational Graduate - Type of Degree:  AA/AAS  BA/BS  MA/MS  Other: \_\_\_\_\_ Year \_\_\_\_\_

Most Kawerak, Inc. EET programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?**  Yes  No

Applicant Ethnicity	Applicant Primary Goal (check one)	Applicant Secondary Goal (check one)
<b>(check one)</b> <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	<input type="checkbox"/> Enter postsecondary Education or Job Training <input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Educational Gain <input type="checkbox"/> Earn a H.S. Diploma, GED or Secondary School Diploma <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other: _____ I expect to meet this goal by: ____/____/____	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Leave Public Assistance <input type="checkbox"/> Educational Gain <input type="checkbox"/> Earn a GED or Secondary School Diploma <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Obtain United States Citizenship Skills <input type="checkbox"/> Increase involvement in child's education <input type="checkbox"/> Increase involvement in child's literacy <input type="checkbox"/> Increase involvement in community activities <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other: _____ I expect to meet this goal by: ____/____/____

**Applicant Status and Program Enrollment**

Applicant Primary Status	Applicant Secondary Status	Institutional Programs
(Check All That Apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more - this calendar year <input type="checkbox"/> Unemployed → <input type="checkbox"/> Collecting unemployment <input type="checkbox"/> Not in the Labor Force <input type="checkbox"/> On Public Assistance ← (food stamps, GA, ATAP) <input type="checkbox"/> Living in a Rural Area	(Check All That Apply -optional) <input type="checkbox"/> Low Income <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled Adult <input type="checkbox"/> None of the above	(Check All That Apply) <input type="checkbox"/> In Correctional Facilities (AMCC, etc.) Release date _____ <input type="checkbox"/> In Community Corrections (Seaside, etc.) Release date _____ <input type="checkbox"/> In Other Institutional Settings (A.P.I., Substance Treatment, etc.) Release date _____ <input type="checkbox"/> None of the above

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Signature: \_\_\_\_\_

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

Guardian's Signature: \_\_\_\_\_

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

**FOR OFFICE USE ONLY** Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_ Consumer #: \_\_\_\_\_

**ATTACHMENT A:**

**HOUSEHOLD INFORMATION**

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Household Information:** List all persons currently living permanently in the household with the information requested for each person (you, spouse, boyfriend, girlfriend, children, grandparents, aunts, uncles, etc.).

Full Legal Name	Relationship	Birth date	Monthly Income	Work or School Schedule
	Applicant / Self			

**FINANCIAL ANALYSIS:** Check all areas indicating all types of income received by everyone in the household:

- Unemployment
- Social Security
- Wages - List Employer (s): \_\_\_\_\_
- ATAP
- Veteran Disability
- Food Stamps
- Longevity Bonus
- General Assistance
- Child Support \_\_\_\_\_
- Other \_\_\_\_\_

**Total Yearly Average Net Income for everyone in household: \$** \_\_\_\_\_

**Household Type:**  Own  Mortgaged  Rental  Relative's  Other \_\_\_\_\_

Estimate the total monthly expenses spent by all household residents (proof of expenses may be requested of applicant):

Food ..... \$ \_\_\_\_\_ Gasoline..... \$ \_\_\_\_\_ Rent / House Payment ..... \$ \_\_\_\_\_  
 Heating Oil .....\$ \_\_\_\_\_ Water ..... \$ \_\_\_\_\_ Cable Television ..... \$ \_\_\_\_\_  
 Phone \$ \_\_\_\_\_ (not long distance) Propane..... \$ \_\_\_\_\_ Electricity / Utility..... \$ \_\_\_\_\_  
 Other \_\_\_\_\_ \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_ Other \_\_\_\_\_ \$ \_\_\_\_\_

**Summer Youth Participant Only:**

- Do you provide 50% or more support to any person other than yourself?  Yes or  No
- Do you receive 50% or more support from other family members living with you?  Yes or  No

**Attachment C: EMPLOYMENT HISTORY, UNPAID WORK SERVICE AND SELF EMPLOYMENT**

Please give specific details and duties you performed through past employment, volunteering and self-employment. The information you give can be used to create your Resume. List the most recent job first.

1. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
2. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
3. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
4. Job Title		Start Date	End Date	Last Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				



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## EMPLOYER VERIFICATION

Applicant Name \_\_\_\_\_ SSN \_\_\_\_\_ Date \_\_\_\_\_

*I herby authorize the following organization to release information concerning my employment status.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

### TO BE FILLED OUT BY EMPLOYER:

The above named individual has applied for services through the Kawerak, Inc., Education, Employment and Training Division. Please provide the following information for verification:

Employer Organization Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applicant's Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Start Date: \_\_\_\_\_ Disbursement date of first check: \_\_\_\_\_

Hourly Salary: \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Please indicate applicant's employment status:

- Temporary – Full-time through (date) \_\_\_\_\_
- Temporary – Part-time through (date) \_\_\_\_\_
- Seasonal through (date) \_\_\_\_\_
- Permanent – Full-time
- Permanent – Part-time

Please describe the applicant's work schedule:

\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE OF SUPERVISOR OR EMPLOYER**

**DATE**



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## LANDLORD INFORMATION

Applicant Name	SSN	Date
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The above named individual has applied for services through the Kawerak, Inc. Education, Employment and Training Division. Please provide the following information for verification.

### TO BE FILLED OUT BY LANDLORD:

Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tenant Name on Lease Agreement: \_\_\_\_\_

Cost of Deposit: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Make check payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF LANDLORD OR RENTAL OFFICE**

**DATE**



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## INFORMATION RELEASE FORM:

_____	_____	_____	_____
Last Name	First Name	MI	Social Security No.
_____	_____	_____	_____
Mailing address	City	State	Zip code
(____) _____	(____) _____	_____	_____
Phone #	Fax #	Email address (optional)	

I hereby authorize:

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

**The above person has applied for services at the Education, Employment & Training Division and needs the following (CIRCLED) information to complete the submitted application:**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| Tribal Enrollment                                   | State Birth Certificate  | Social Security Card     |
| Resume  | Letter of Recommendation | School Registration      |
| Marriage Certificate                                | Current Photo            | School Acceptance Letter |
| High School/College/Vocational Training Transcripts |                          |                          |

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Kawerak, Inc. Employee Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_

*Staff Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

When this Release of Information Form is completed, you can bring this to the EET office. If you are out of Nome you can send this through the mail, or you may fax this document to the above fax number.



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### **SUBSTANCE ABUSE POLICY**

#### **A. Purpose of Policy**

Kawerak, Inc. is committed to maintaining a productive, safe and healthy training & employment environment free from the abuse of drugs and alcohol. Drugs and alcohol are barriers to employment, and due to limited resources to provide training and employment services, Kawerak, wishes to ensure that its funds are utilized by individuals who will successfully complete training, and are able to secure employment upon completion. When trainees fail to complete programs due to substance abuse or alcohol abuse, or cannot obtain employment because of the required drug testing by employers, the funds expended by Kawerak, Inc. are wasted.

#### **B. Prohibition on Abuse of Controlled Substances and Alcohol**

The use, possession, distribution, or sale of controlled substances by Kawerak funded trainees is prohibited. The consumption of alcohol and/or being under the influence of alcohol during training activities is prohibited.

#### **C. Pre-Screening**

Applicants considered for participation in vocational and certification-training programs shall be tested for controlled substances prior to financial assistance being made available.

Employment referrals that request Direct Employment Assistance to participate in pre-employment orientation and screening shall be tested for controlled substances prior to financial assistance being made available.

Testing positive for controlled substances will disqualify and applicant from receiving direct employment and training services.

#### **D. Termination of Services**

Trainees attending Kawerak funded employment or training programs may be terminated from the program, and disqualified from future training programs if convicted of a crime involving a controlled substance or alcohol abuse.

Kawerak may terminate participants and disqualify them from consideration for future employment or training programs if: (1) they are terminated from an educational or training program due to abuse of controlled substances or alcohol, or (2) if the educational or training institute provides credible information that the individual is abusing controlled substances or alcohol while participated in a program funded by Kawerak.

#### **E. Due Process**

The Education, Employment and Training Substance Abuse Policy will be attached to the EET application for services. After consideration of an application and completion of assessment, the applicant will be contacted, and EET will schedule a time for the applicant to take the urine test. All testing information will be kept in a secure location and will be kept confidential.

A trainee who is terminated for substance or alcohol abuse after the start of a training program may appeal the termination decision in accordance with the Education, Employment & Training Division appeals process.

#### **F. Scope of Policies**

This policy applies to applicants requesting financial assistance to enable participation in training programs, or those requesting employment referrals and direct employment assistance funds. The pre-training urine test will be a requirement for qualifications of these services.

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### **Appeals Process**

If the applicant expresses dissatisfaction with the decision for denial of services, the person making the decision will review with him/her the basis for which the decision was made and confirm the validity of facts and the related decision. If error was made or new additional evidence justifies modifying the decision, appropriate adjustments will be made.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (20) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant's request. The applicant must submit a written request to the EET Vice-President of the Kawerak, Inc. EET Division requesting a hearing and explaining the reasons for which the hearing is requested.

When a hearing is requested, the appropriate EET Specialist will submit a written statement regarding the issue(s), facts and policy upon which the decision was based to the EET Vice-President of the EET Division. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant has the right to be represented by someone of his/her choice including an attorney at his/her expense.

The applicant may appear in person at the designated time and place of the hearing, however it is the applicant's responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place.

Arrangement may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on the available written information.

Individuals filing an appeal shall be informed:

- 1) Of the EET Vice-President's decision within five (5) days of the hearing and,
- 2) Any further avenues of appeal

Upon extenuating circumstances, the EET Vice-President may reschedule hearings.

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