

# Kawerak, Inc. Education, Employment & Supportive Service Division

HE  DE  SS  VT  STRT  SYP  AE  GED  ESL  CNA  AVTEC

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## Initial Intake & Short Education or Employment 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 / Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Tribally enrolled at:** Brevig Mission - Council - Diomed - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo Community - St. Michael - Savoonga - Shaktoolik - Shishmaref - Solomon - Stebbins - Teller - Unalakleet - Wales - White Mountain - Other?

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

**Educational Status:**

High School Diploma - Year Graduated: \_\_\_\_\_  GED - Year obtained \_\_\_\_\_ OR Highest Grade Completed: \_\_\_\_\_ & Year \_\_\_\_\_  
 College/Vocational Graduate - Type of Degree:  Certificate  AA/AAS  BA/BS  MA/MS  Other: \_\_\_\_\_

Most Kawerak EESS 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)	Education/Employment Service Needs List:
(check all that Apply)  <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other (specify): _____  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single/Separated <input type="checkbox"/> Living with Partner <input type="checkbox"/> Divorced/Widowed	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Educational Gain <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Relocation Assistance for Employment <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Transportation To/From Training or Job <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Child Care <input type="checkbox"/> Training Fees or Tuition <input type="checkbox"/> Work Attire or On The Job Clothing <input type="checkbox"/> Other (Specify): _____

### Applicant Status and Program Enrollment

Applicant Primary Status	Barriers to Education/Employment	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 ← (ATAP, TANF, food stamps, tribal welfare assistance)	(Must Complete)  <b>Last or Current hourly wage:</b> \$ _____  <b>Unemployed since:</b> ____/____/____  (currently on or received in last six months)	(Check All That Apply) <input type="checkbox"/> Employed - Low Income <input type="checkbox"/> Living in a Rural Area <input type="checkbox"/> Homemaker <input type="checkbox"/> Convicted of a Crime <input type="checkbox"/> Single Parent <input type="checkbox"/> Homeless <input type="checkbox"/> Has a Learning Disability <input type="checkbox"/> Substance or Alcohol Use <input type="checkbox"/> English is a Second Language  <input type="checkbox"/> In Correctional Facilities (AMCC, 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.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Revised 03/08/2022