



Kawerak, Inc. Education, Employment & Supportive Services Division  
 Tribal Welfare Assistance Department – Emergency Assistance Program  
 P.O. Box 948, Nome, AK 99762 ♦ Toll Free: 1-800-478-5230 ♦ Phone: 907-443-4370 or 907-443-4367  
 Fax: 907-308-6934 ♦ Email: [welfare@kawerak.org](mailto:welfare@kawerak.org) ♦ Website: [www.kawerak.org](http://www.kawerak.org)

### Emergency Assistance Application

The Kawerak Emergency Assistance (EA) Program is a *last resort* program for **low-income individuals or families whose homes have been destroyed**. In order to be eligible, the damage must have already occurred. These services are for essential needs and other non-medical necessities (up to a maximum of \$1,000 per house or apartment). Vendors are paid directly.

Prior to applying for Kawerak, Inc.'s Emergency Assistance Program, applicants must contact the Red Cross at 1-800-733-2767 and request assistance.

### Eligibility Criteria

- Applicants must provide proof their home was destroyed. This home must be their primary residence.
- The destruction must be verified by local authorities or tribal staff members.
- Applicants must indicate the time, date and who they spoke with at the Red Cross to request assistance.
- Applicants must provide proof of Tribal enrollment in a federally recognized tribe and meet residency requirements.

#### Tribal Enrollment and Residency

1. Tribal members of Nome Eskimo Community and federally recognized tribes that are located outside of the Bering Strait Region *who reside in Nome* must apply for Emergency Assistance through Nome Eskimo Community (NEC) per Section 4 of NEC's Tribal Redesign Plan.
2. All tribal members of federally recognized tribes *who reside in Unalakleet* must apply for Emergency Assistance through the Unalakleet IRA Office.
3. All other tribal members residing in Nome and other communities in the Bering Strait Region must apply for Emergency Assistance through Kawerak.

### Destruction Type

My home was destroyed by (check all that apply):

<input type="checkbox"/> Fire	<input type="checkbox"/> Flood	<input type="checkbox"/> Wind	<input type="checkbox"/> Erosion
<input type="checkbox"/> Black Mold	<input type="checkbox"/> Explosion	<input type="checkbox"/> Sink Hole	<input type="checkbox"/> Infestation

### American Red Cross Contact Verification

Time Contacted: \_\_\_\_\_ Date Contacted: \_\_\_\_\_ Person Contacted: \_\_\_\_\_  
 Comments: \_\_\_\_\_

### Important Agency Information

Agency	Phone	Fax	Website and/or Email
<b>American Red Cross</b>	1-800-733-2767/opt. 4		<a href="https://www.redcross.org/get-help.html">https://www.redcross.org/get-help.html</a>
<b>Nome Eskimo Community</b>	(907) 443-2246	(907) 443-9144	<a href="https://www.necalaska.org/">https://www.necalaska.org/</a>
<b>Unalakleet IRA Office</b>	(907) 624-3622/ext. 30	(907) 624-3621	E: <a href="mailto:tracy.cooper@unkira.org">tracy.cooper@unkira.org</a>
<b>Cook Inlet Tribal Council</b> (Anchorage Residents)	(877) 985-5900	(907) 793-3422	<a href="https://citci.org/">https://citci.org/</a>
<b>Bering Straits Native Corporation</b>	(907) 443-5252	(907) 443-2985	<a href="https://beringstraits.com/">https://beringstraits.com/</a>
<b>Sitnasuak Native Corporation</b>	(907) 387-1200	(907) 443-6437	<a href="https://snc.org/">https://snc.org/</a>
<b>Bering Sea Women's Group</b>	907-443-5444	907-443-3748	E: <a href="mailto:execdir@nome.net">execdir@nome.net</a>
<b>Nome Emergency Shelter Team</b>	(907) 443-5259	(907) 443-2990	<a href="https://www.nomecc.org/nome-emergency-shelter-team.html">https://www.nomecc.org/nome-emergency-shelter-team.html</a>



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### Applicant Information

Name: \_\_\_\_\_  
(First) (Middle Initial) (Last) (Also Known As or Maiden Name)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Monthly Income: \_\_\_\_\_ Household Size: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Address of Destroyed Home: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

### Emergency Information

Please describe how your home was destroyed and what was lost:

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

**READ BEFORE SIGNING** - I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge. I understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility, or suspension from any Kawerak program participation and services. Kawerak Tribal Welfare Assistance staff are authorized to obtain the information necessary to establish eligibility for assistance. Emergency Assistance applications that are incomplete will be kept for 30 days. If all required documentation is not received within that time period, my Emergency Assistance application will be denied.

\_\_\_\_\_  
Applicant Signature Date Spouse Signature (if applicable) Date

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

### For Office Use Only

Approved Date: \_\_\_\_\_ CIF#: \_\_\_\_\_ Total EA Award: \_\_\_\_\_  
 Pending Date: \_\_\_\_\_  Denied Date: \_\_\_\_\_ \$

Comments: \_\_\_\_\_

WA Staff Signature #1: \_\_\_\_\_ Date: \_\_\_\_\_ WA Staff Signature #2: \_\_\_\_\_ Date: \_\_\_\_\_



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**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 7.

§ 7.1 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.

§ 7.2 Fair hearing process. When a client requests a fair hearing, the request must be in writing, signed by the client and submitted to the TWA Program Director within 20 days of the action. If the TWA Program Director is unable to resolve the situation, the hearing request will be forwarded to Kawerak’s EESS Vice President for attention and disposition. If the client is dissatisfied with the EESS Vice President’s 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 or 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.”

**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 you 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** The sections 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





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## Emergency Assistance Vendor Payment Request

Dear Applicant - Kawerak pays vendors directly for essential needs and non-medical necessities.

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

Pay my (our) **hotel stay** to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
***\*Please attach any related documents if available.***

Pay my **plane ticket** to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
***\*Please attach desired itinerary.***

Pay my **noncommercial lodging** to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
***\*Please attach any related documents if available.***

Pay to **store #1**:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Pay to **store #2**:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_

Pay to **other vendor**:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_  
***\*Please attach any related documents if available.***

I understand that all alcohol, tobacco, and cannabis products **cannot** be purchased with Emergency Assistance Program funds. I also understand I cannot accept cash for items purchased with these funds and doing so may result in fraud charges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date