

Checking Account Balance

Kawerak, Inc. Education, Employment & Supportive Services Division Tribal Welfare Assistance Department – General Assistance Program

P.O. Box 948, Nome, AK 99762 ◆ Toll Free: 1-800-478-5230 ◆ Phone: 907-443-4370 or 907-443-4367

KAWERAK. INC. Fax: 907-308-6934 ♦ Email: welfare@kawerak.org Website: www.kawerak.org

Monthly Eligibility Redetermination Form							
Please complete, sign, and return this form by the 10 th of the month. If you fax this form, please call us at the numbers listed on the top of this page to verify the fax came through. Incomplete forms will not be processed. Any General Assistance Monthly Eligibility Redetermination Forms received after the 10th are considered late with an exception to mailed forms post marked on or before the 10th of the month. It can take up to 14 days to take action on any form and no longer than 30 days to redetermine eligibility.							
Your Name:(First) (Middle) (L	ast)	Phone:					
What has and has not changed since last month?							
☐ I got married.							
☐ I had a baby and/or adopted a child.							
☐ I became the legal guardian of a child, or adult with disabilities.							
☐ My mailing address changed to:							
☐ My physical address changed to:							
☐ My email address changed to:							
☐ My vendor changed to:							
☐ Please pay the same vendor.							
□ Nothing has changed since last month.							
Progress Toward Individual Self-Sufficiency Plan or Case Plan							
Please list progress you have made in the last month toward goals listed in your Individual Self-Sufficiency Plan or Case Plan here.							
Inc	come						
List income that you and your spouse (if applicable) received during the last 30 days and current available funds. Attach check stubs if applicable.							
Source of Income	Applicant	Applicant's Spouse (if applicable)					
Wages (Net Salary Income)	\$	\$					
	ash Resources						
The following resources will be disregarded when redetermining eligibility for General Assistance. (i) The first \$2000 of liquid asset (cash) resources available to household; (ii) All other resources excluded by federal statute, such as Alaska Native allotments and dividends from for–profit Native Corporations under \$2,000 per annum per public law 100-241 (A); (iii) Any fish, game or plant resources obtained through subsistence activity or reindeer husbandry for personal consumption, crafts, or in-kind customary trade.							
Current Available Funds	Applicant	Applicant's Spouse (if applicable)	Shared Account?				

\$

\$

☐ Yes ☐ No



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		\$	\$	☐ Yes ☐ No			
Lump Sum Payments (Social Security, VA, Reti	rement)	\$	\$	☐ Yes ☐ No			
Other Resources (please specify):		\$	\$	☐ Yes ☐ No			
Total Current Resources		\$	\$				
Work Searches							
Please check all that apply:							
\square I am employable and participated in work sea	arches this month	. Please see the att	ached work search form.				
<u>or</u>							
☐ I did not participate in work searches this month for the following reason(s):							
☐ I am younger than 16 years of age.							
☐ I am a full-time student under the age of 19 attending elementary, secondary or equivalent school.							
☐ I have a temporary or permanent medical condition that is serious enough to prevent me from working.							
☐ I am caring for someone who is ill on a continuous basis.							
☐ I personally provide full-time care fo		•					
☐ I live in the same household with my minor child, as well as the other parent of this child <u>and</u> the other parent is not							
exempt from work requirements.	. h			haaamaa amanlayad			
☐ Employment is not accessible to me		nt of Need	e and/or nigh expense to	become employed.			
	Stateme	nt or need					
State the reason below why Tribal Welfare Assi	stance is needed	this month and wha	at it is needed for:				
PEAD REFORE SIGNING - I hereby certify that all informs	ation given on or in co	nnection with this eligib	ility report is true and complete	to the best of my			
READ BEFORE SIGNING - I hereby certify that all information given on or in connection with this eligibility report is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form, I could receive a \$10,000 fine, imprisonment for not more than two years, or							
The state of the s	formation on this forn	n, I could receive a \$10,	000 fine, imprisonment for not	-			
knowledge. I understand that if I deliberately enter false in both. I also understand that any misrepresentation or con-	cealment of material f	act will be sufficient gro	unds for rejection of my applica	more than two years, or ation, removal from any			
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