

KAWERAK, INC.
 Employment and Training
 P.O. Box 948, Nome, AK 99762
 Phone: 907-443-4462 Email: training@kawerak.org Website: www.kawerak.org

Name: First M.I. Last _____

KAWERAK, INC.

Direct Employment & Supportive Service Application

Direct Employment Assistance Program - Provides a one (1) time grant to eligible tribal members residing in the Bering Strait/Norton Sound region who are transitioning to new or full-time employment. Grants assist with employment related needs and start-up living expenses.

Supportive Services Program - Helps unemployed or underemployed eligible tribal members residing in the Bering Strait/Norton Sound region who have financial barriers and need to secure employment or employment goals.

*Assistance will vary with each participant and determined on a case by case basis and the applicant's Individual Employment Plan. Funds cannot be used to pay financial debt.

DE Eligibility Criteria	SS Eligibility Criteria
Alaska Native/American Indian and a member of a recognized Tribe residing in region minimum one (1) year Must be at least 18 years of age. *Exceptions Apply.	← Same
Males 18 years of age and older must be registered with the Selective Services	← Same
Must show financial need	← Same
Must have been unemployed 3 months prior to application or underemployed and not received 1st paycheck at current job	Meet income guidelines
Not received DE Assistance before	Must not be eligible for services through DE, Vocational Training, or Higher Education Scholarships.

Application Process

The following documents or information is required to complete the application:

- Complete the Direct Employment & Supportive Service Application
- Submit Verification of Tribal Enrollment (see your Tribe for assistance)
- Complete Supplemental Information Forms Package
- If Male, submit proof of Selective Service Enrollment (we can assist you with this)

Case Management & Follow-up

Once the application is complete, the applicant will have to meet with the case manager to review the application, determine services needed, complete an Individual Education or Employment Plan, and Participate in Follow-up 90 days after the services are provided.

Kawerak, Inc. Education, Employment & Supportive Service Division

HE DE SS VT STRT SYP AE GED ESL CNA AVTEC

Mailing Address: P.O. Box 948 Nome, AK 99762 **Email:** training@kawerak.org **Phone:** (907)443-4358 **Toll Free:** (800)450-4341 **Fax:** (907)802-6183

Initial Intake & Short Education or Employment Development Plan

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

Social Security Number: _____ Date of Birth mm/dd/yyyy: _____ 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 Diomede 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): _____ Marital Status: <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) Last or Current hourly wage: \$ _____ Unemployed since: _____ (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

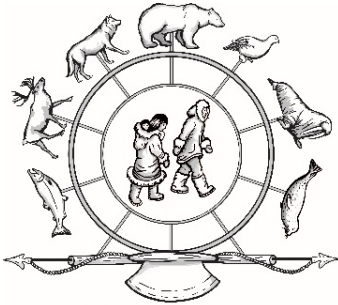
I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly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

Print Name: _____ Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY: Date Received: _____ Date Entered: _____ Initials: _____

Revised 03/08/2022



KAWERAK, INC.

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Education, Employment, and Supportive Services

P.O. Box 948, Nome, AK 99762

Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-802-6183

Email: intake@kawerak.org Website: www.kawerak.org

Supplemental Information Forms

Full Name:

LIST ALL PEOPLE LIVING IN THE HOUSEHOLD: (spouse, boyfriend, girlfriend, partner, roommates, children, parents, grandparents, aunts, uncles, cousins, etc.)

Name:	Relationship:	Date of Birth	Social Security #	Employed Yes or No	Monthly Income, Including Unemployment Benefits
	Self				
TOTAL INCOME					

HOUSEHOLD TYPE: Own Mortgaged Rental Relatives Other:

ECONOMIC STATUS: Please check is you or family members listed above receive any of the following

- | | |
|--|--|
| <input type="checkbox"/> State of Alaska ATAP/TANF | <input type="checkbox"/> Heating Assistance (LIHEAP) |
| <input type="checkbox"/> Tribal Welfare Assistance | <input type="checkbox"/> Military Income (Veterans Benefits) |
| <input type="checkbox"/> Food Stamps/SNAP | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Seniors Assistance |
| <input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Subsidized Employment |

LIST TOTAL MONTHLY EXPENSES: (Proof of Expenses may be Requested of Applicant)			
Rent/Mortgage	\$	Home Phone	\$
Food	\$	Cell Phone	\$
Electricity/Utilities	\$	Cable	\$
Water/Sewer	\$	Internet	\$
Heating Fuel	\$	Other	\$
Propane	\$	Other	\$
Total	\$	Total	\$

EMPLOYMENT HISTORY or SELF-EMPLOYMENT			
Job Title:	Start Date:	End Date:	
Employer:	Phone #:	Wage:	
Reason for Leaving:			
Duties:			
Job Title:	Start Date:	End Date:	
Employer:	Phone #:	Wage:	
Reason for Leaving:			
Duties:			

STATEMENT OF NEED
DO NOT LEAVE BLANK What are your employment goals and what assistance are you are requesting?

I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are grounds for denial of services and may lead to prosecution, fines, and imprisonment. I understand my name will never be used in any report and that all data will be kept strictly confidential within Kawerak. I have read and understand my rights and responsibilities.

Print Name: _____ Sign: _____ Date: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

or

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

KAWERAK, INC.
PO Box 948, Nome, AK 99762
V E N D O R
EFT AUTHORIZATION AGREEMENT

AUTHORIZATION FOR AUTOMATIC DEPOSITS

I (we) hereby authorize KAWERAK, Inc. to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to: Checking or Savings Account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. In addition, I agree to receive remittance advice via email.

DEPOSITORY (bank) NAME: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Checking or Savings?

NAME ON THE ACCOUNT: _____

TRANSIT ROUTING#: _____

ACCOUNT #: _____

This authority is to remain in full force and effect until Kawerak, Inc. has received written notification of its termination.

PRINT NAME: _____

E-mail (for remittance advice): _____

SIGNATURE: _____ **DATE:** _____

Must attach voided check below line before emailing to finance@kawerak.org

Revised 12-2-14

KAWERAK, INC. ~ Education, Employment, and Training Division

P.O. Box 948, Nome, AK 99762 ~Web site: www.kawerak.org ~Phone (907) 443-4358 ~1-800-450-4341 ~Fax: (907) 443-4485

LANDLORD VERIFICATION FORM

Name: _____
(First) (Middle Initial) (Last)

Social Security Number: _____ Date _____

I hereby authorize the following organization to release information concerning my rental status.

Signature of Applicant

Date

TO BE COMPLETED BY LANDLORD OR RENTAL OFFICE:

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

Landlord Name : _____

Landlord Address: _____

Phone Number: _____ Fax number: _____

Email Address: _____

Name(s) on the lease: _____

Beginning Lease Date: _____ End of Lease Date: _____

Cost of Deposit: _____ Monthly Rent: _____

Make Check Payable to:

Address

SIGNATURE OF LANDLORG OR RENTAL OFFICE

DATE



Education, Employment, and Supportive Services
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 Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485
 Email: intake@kawerak.org Website: www.kawerak.org

AUTHORIZATION OF RELEASE OF INFORMATION
(Valid for no less than 24 months)

I hereby authorize the release of any and all information needed by Kawerak, Inc. for the use and determination of eligibility for financial assistance through the Education, Employment, and Supportive Services Division and for exchange of information for the Education or Employment Development Plan and career guidance services.

Persons or organizations that may be contacted include, but are not limited to: State of Alaska: Department of Labor and Workforce Development; Department of Public Assistance; Social Security Administration; Local Governments; City Councils; Village Councils; Native Corporations; State, Federal, and Private Educational organizations; Financial Institutions; Landlords, Employers, School Districts; Businesses and Private individuals.

I hereby authorize the use or disclosure of my personal and protected information described below but may not be all inclusive.

- Birth Certificate Social Security Card Verification of Tribal Enrollment Employment Pay Stubs
- Verification of Selective Service Verification of Employment Verification of Residency
- Verification of Public Assistance or Unemployment from the State of Alaska
- Verification of Education Diploma, Degree, or Certificate Other: _____

I understand that this authorization is voluntary. I understand that my records may contain sensitive information. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization. This authorization expires 2 years from the date of signature.

Please check this box if you give Kawerak, Inc. permission/authorization to use images and/or video of yourself for any news, promotion, or education materials produced by Kawerak, Inc. or related agencies.

 Printed Name of Applicant Date of Birth

 Signature of Applicant Date

 IF UNDER 17 YEARS OF AGE: Signature of Parent or Guardian Date

 Printed Name of Parent or Guardian