

KAWERAK, INC.

KAWERAK, INC.

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

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	← Same
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 ABE GED ESL CNA AVTEC

Mailing Address: P.O. Box 948 Nome, AK 99762 ~ **Email:** intake@kawerak.org ~ **Phone:** (907)443-4358 **Toll Free:** (800)450-4341 ~ **Fax:** (907)443-4485

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

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"/> 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

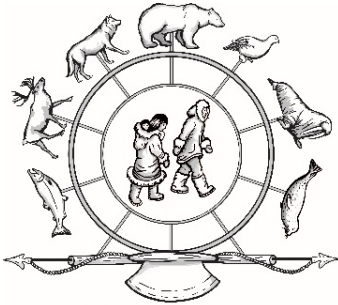
I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly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

Print Name: _____ Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

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

Revised 05/8/2018



KAWERAK, INC.

KAWERAK, INC.

Education, Employment, and Supportive Services

P.O. Box 948, Nome, AK 99762

Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485

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

Supplemental Information Forms

First Name:	MI:	Last 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 (circle one)	Monthly Income, Including Unemployment Benefits
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
				Y/N	
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"/> Tribal Welfare Assistance
<input type="checkbox"/> Food Stamps/SNAP
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> Social Security Disability Insurance (SSDI) | <input type="checkbox"/> Heating Assistance (LIHEAP)
<input type="checkbox"/> Military Income (Veterans Benefits)
<input type="checkbox"/> Child Support
<input type="checkbox"/> Seniors Assistance
<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	\$

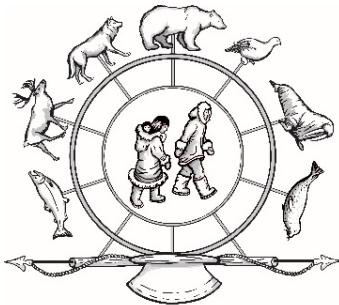
EMPLOYMENT HISTORY or SELF-EMPLOYMENT

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

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: _____



KAWERAK, INC.

KAWERAK, INC.

Education, Employment, and Supportive Services

P.O. Box 948, Nome, AK 99762

Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485

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

EMPLOYER VERIFICATION FORM

Name: _____
First Middle Initial Last

Social Security Number: _____ Date of Birth: _____

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

Signature of Applicant Date

TO BE COMPLETED BY EMPLOYER:

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

Employer Name: _____

Employer Address: _____

Phone Number: _____ Fax number: _____

Applicants Job Title _____

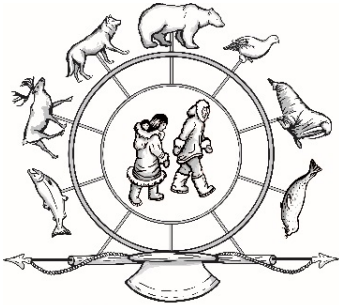
Employment Start Date: _____ Disbursement Date of 1st Check: _____

Hourly Wage: \$ _____ Hours Per Week: _____

Applicant's Employment Status: Permanent Full-time Permanent – Part-time Temporary – Full-time Date: _____

Temporary – Part-time Date: _____ Seasonal through Date: _____

SIGNATURE OF EMPLOYER OR HUMAN RESOURCES DATE



KAWERAK, INC.

KAWERAK, INC.

Education, Employment, and Supportive Services
P.O. Box 948, Nome, AK 99762
Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485
Email: intake@kawerak.org Website: www.kawerak.org

LANDLORD VERIFICATION FORM

Name: _____
First
Middle Initial
Last

Social Security Number: _____ Date of Birth: _____

I hereby authorize the following Landlord or Lessor to release information about rental information status.

Signature of Applicant

Date

TO BE COMPLETED BY LANDLORD OR LEASING OFFICE:

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

Landlord Name: _____

Landlord Address: _____

Phone Number: _____ Fax number: _____

Email Address: _____

Name(s) on the lease: _____

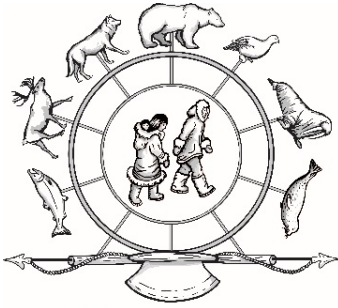
Beginning Lease Date: _____ End of Lease Date: _____

Cost of Deposit: \$ _____ Monthly Rent: \$ _____

Make Check Payable to: _____
Address _____

SIGNATURE OF LANDLORD OR LEASING OFFICE

DATE



KAWERAK, INC.

KAWERAK, INC.

Education, Employment, and Supportive Services

P.O. Box 948, Nome, AK 99762

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 Certification 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.

Signature of Applicant

Date

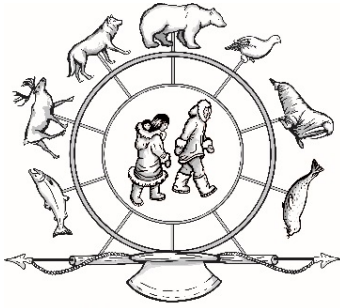
Print Name

Date of Birth

IF UNDER 17 Years of Age: Signature of Parent or Guardian

Date

Print Name



KAWERAK, INC.

KAWERAK, INC.

Education, Employment, and Supportive Services

P.O. Box 948, Nome, AK 99762

Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485

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

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 (15) 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 Division Vice-President of Kawerak, Inc. requesting a hearing and explaining the reasons for which the hearing is requested. The hearing will be held within ten (5) days. The Division Vice-President of Kawerak, Inc. shall notify the applicant in writing of the date and time of the hearing.

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

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. Arrangements 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 available written information. Individuals filing an appeal shall be informed of the Vice-President's decision within five (5) days of the hearing and any further avenues of appeal.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (10) 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 President of Kawerak, Inc. of the requesting a hearing and explaining the reasons for which the hearing is requested.

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

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. Arrangements 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 available written information. Individuals filing an appeal shall be informed of the President's decision within five (5) days of the hearing and any further avenues of appeal.

At any time during the appeals process, the applicant has the right to be represented by someone of his/her choice, including an attorney at his/her expense. Hearings may be re-scheduled under extenuating circumstances. Applicant grievances shall take no longer and be resolved within 60 days.

If the applicant continues to be dissatisfied, the grievant may appeal at the Federal level. Questions about or complaints alleging a violation of the nondiscrimination provisions of WIA section 188 may be directed or mailed directly to: the Director, Civil Rights Center, U.S. Department of Labor, Room N-4123, 200 Constitution Avenue, NW, Washington, D.C. 20210