# Supplemental Information Forms

<table>
<thead>
<tr>
<th>First Name:</th>
<th>MI:</th>
<th>Last Name:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Name:</th>
<th>Relationship:</th>
<th>Date of Birth</th>
<th>Social Security #:</th>
<th>Employed (circle one)</th>
<th>Monthly Income, Including Unemployment Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Y/N</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL INCOME**

**HOUSEHOLD TYPE:**
- Own
- Mortgaged
- Rental
- Relatives
- Other

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

- State of Alaska ATAP/TANF
- Tribal Welfare Assistance
- Food Stamps/SNAP
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Heating Assistance (LIHEAP)
- Military Income (Veterans Benefits)
- Child Support
- Seniors Assistance
- Subsidized Employment
## LIST TOTAL MONTHLY EXPENSES: (Proof of Expenses may be Requested of Applicant)

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
<td>$</td>
<td>Home Phone</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td>Cell Phone</td>
<td>$</td>
</tr>
<tr>
<td>Electricity/Utilities</td>
<td>$</td>
<td>Cable</td>
<td>$</td>
</tr>
<tr>
<td>Water/Sewer</td>
<td>$</td>
<td>Internet</td>
<td>$</td>
</tr>
<tr>
<td>Heating Fuel</td>
<td>$</td>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td>Propane</td>
<td>$</td>
<td>Other</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td><strong>Total</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

## EMPLOYMENT HISTORY or SELF-EMPLOYMENT

<table>
<thead>
<tr>
<th>Job Title:</th>
<th>Start Date:</th>
<th>End Date:</th>
<th>Employer:</th>
<th>Phone #:</th>
<th>Wage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reason for Leaving:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duties:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job Title:</td>
<td>Start Date:</td>
<td>End Date:</td>
<td>Employer:</td>
<td>Phone #:</td>
<td>Wage:</td>
</tr>
<tr>
<td>Reason for Leaving:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duties:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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:  

Revised 05/8/2018
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.

_________________________________________________________________________________________________

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
## 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

__________________________________________________  ______________________ _________
Print Name

Revised 05/8/2018
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