

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 ☐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: _____ & 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)	☐ Obtain or Improve a Job	☐ Relocation Assistance for Employment
☐ Alaskan Native	☐ Retain Current Job	☐ Housing Assistance
☐ American Indian	☐ Self-employment	☐ Transportation To/From Training or Job
☐ Other (specify): _____	☐ Earn a High School Diploma or GED	☐ Enter Postsecondary Education or Job Training
Marital Status:	☐ Enter Postsecondary Education or Job Training	☐ Child Care
☐ Married	☐ Educational Gain	☐ Training Fees or Tuition
☐ Single/Separated	☐ Obtain Driver's License ☐ Commercial Driver's License	☐ Work Attire or On The Job Clothing
☐ Living with Partner	☐ Subsistence Activities (carving, beading, sewing, etc.)	☐ Other (Specify): _____
☐ Divorced/Widowed	☐ Other (Specify): _____	

Applicant Status and Program Enrollment

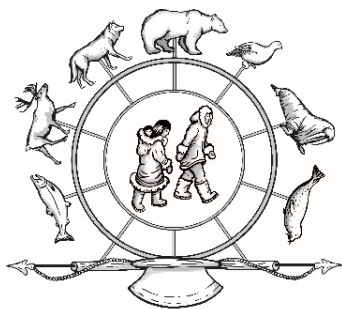
Applicant Primary Status	Barriers to Education/Employment	Institutional Programs
(Check All That Apply)	(Check All That Apply)	(Check All That Apply)
☐ Disabled	☐ Employed – Low Income	☐ In Correctional Facilities (AMCC, Seaside, etc.)
☐ Employed	☐ Living in a Rural Area	Release date _____
☐ Worked 90 days or more - this calendar year	☐ Homemaker	☐ In Other Institutional Settings (A.P.I., Substance Treatment, etc.)
☐ Unemployed →	☐ Convicted of a Crime	Release date _____
☐ Collecting Unemployment	☐ Single Parent	☐ None of the above
☐ Not in the Labor Force	☐ Homeless	
☐ On Public Assistance ← (ATAP, TANF, food stamps, tribal welfare assistance)	☐ Has a Learning Disability	
	☐ Substance or Alcohol Use	
	☐ English is a Second Language	

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



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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 if you or family members listed above receive any of the following

- | | |
|--|--|
| ☐ State of Alaska ATAP/TANF | ☐ Heating Assistance (LIHEAP) |
| ☐ Tribal Welfare Assistance | ☐ Military Income (Veterans Benefits) |
| ☐ Food Stamps/SNAP | ☐ Child Support |
| ☐ Supplemental Security Income (SSI) | ☐ Seniors Assistance |
| ☐ Social Security Disability Insurance (SSDI) | ☐ 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: _____



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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.

I hereby authorize the use or disclosure of my personal and protected information described below. This information will only be used for Kawerak Vocational Training Scholarship purposes:

☒ Verification of Tribal Enrollment ☒ Verification of Selective Service Registration

☒ Verification of Education ☒ Scholarship/financial information for Training within 1 year of this signed document

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