



Central Council of the Tlingit and Haida Indian Tribes of Alaska

477 Division • Temporary Assistance for Needy Families Department

3075 Vintage Boulevard, Suite 200 • Juneau, Alaska 99801

Toll Free: 1.800.344.1432 ext. 7313 • 907.463.7313 • jchapman@ccthita-nsn.gov

BACK TO SCHOOL BACKPACK APPLICATION

APPLICATION DEADLINE EXTENDED: AUGUST 7, 2020

The Central Council of the Tlingit & Haida Indian Tribes of Alaska's (Tlingit & Haida) 477 Division, in partnership with Southeast Alaska village tribes, will be distributing backpacks to eligible Alaska Native/American Indian students (Head Start - 12th Grade) who reside within Tlingit & Haida's service area.

How to Submit the Application:

Mail:

TANF Department
3075 Vintage Blvd., Ste. 200
Juneau, AK 99801

Email: 477tanf@ccthita-nsn.gov

OR

Fax: 907.885.0038

Drop Off:

- Local Village Tribe's Office
- Andrew Hope Building or TANF Office in Juneau

Parent/Legal Guardian Name: **DOB:**

Mailing Address:

Email Address: **Phone:**

Tribal Affiliation:

Please select the community you reside in that is within Tlingit & Haida's service area:

- | | | |
|--------------------------------|---|---|
| <input type="radio"/> Angoon | <input type="radio"/> Kake | <input type="radio"/> Saxman |
| <input type="radio"/> Craig | <input type="radio"/> Kasaan | <input type="radio"/> Sitka (TANF Clients Only) |
| <input type="radio"/> Gustavus | <input type="radio"/> Ketchikan (TANF Clients Only) | <input type="radio"/> Skagway |
| <input type="radio"/> Haines | <input type="radio"/> Klawock | <input type="radio"/> Tenakee |
| <input type="radio"/> Hoonah | <input type="radio"/> Klukwan | <input type="radio"/> Thorne Bay |
| <input type="radio"/> Hydaburg | <input type="radio"/> Pelican | <input type="radio"/> Wrangell |
| <input type="radio"/> Juneau | <input type="radio"/> Petersburg | <input type="radio"/> Yakutat |

Yes **Do you receive Temporary Assistance for Needy Families, Emergency Assistance or General Assistance?** (Note: This information is gathered for internal statistical purposes only.)

Yes **Do you receive Supplemental Nutrition Assistance Program (aka Food Stamps)?**

No (Note: This information is gathered for internal statistical purposes only.)

By signing this form, I certify that I am the parent or legal guardian of the student(s) listed on the application, my child(ren) are enrolled and will be attending school for the 2020-2021 school year, and we are enrolled with a federally-recognized tribe.

Parent/Legal Guardian Signature

Date

STUDENT INFORMATION

1. Student's Name: Age: DOB:

Boy Girl School: Grade:

2. Student's Name: Age: DOB:

Boy Girl School: Grade:

3. Student's Name: Age: DOB:

Boy Girl School: Grade:

4. Student's Name: Age: DOB:

Boy Girl School: Grade:

5. Student's Name: Age: DOB:

Boy Girl School: Grade:

6. Student's Name: Age: DOB:

Boy Girl School: Grade:

7. Student's Name: Age: DOB:

Boy Girl School: Grade: