



CENTRAL COUNCIL

Tlingit and Haida Indian Tribes of Alaska

Tribal Employment Services • Andrew P. Hope Building

320 W Willoughby Avenue, Suite 300 • Juneau, Alaska 99801

Fax Number (907)-885-0038

Application for Services

If you need help filling out this form or have any questions, please let us know and we will do what we can to assist you.

How to Apply for Services

On the following page you will find a group of check boxes for services that are available to enrolled Tribal *Ōłłłłłł* and provided by Central Council Tlingit & Haida Indian Tribes of Alaska (CCTHITA). Place a checkmark next to the service that you feel will best meet your needs by clicking in the box to the left of the service. Please be sure to check all the services that you feel will meet your needs. If you are not sure, don't worry, this application is designed to help us determine which service would work best for your specific needs.

What you should do after selecting your desired services

Once you check all the services that you need, enter the information in the "Required Personal Information" section directly below the checkbox area. This information will be utilized to begin the intake process for your application. After you have provided all the information requested, an *Ōłłłłłł* Technician will review the information and determine if we need anything else from you to help determine your eligibility. Many times this will require you to fill out a couple more forms, but please be patient. This information is required to enable us to provide a service that best fits your needs.

How long will it take?

Completed applications are processed in the order in which they are received. The application provides places for you to identify your unique situation. If a caseworker has not contacted you within five business days, please call _____ at _____ .

Let's get started by selecting the services you need and filing out the required information.

**What type of assistance do you need?
(CHECK ALL THAT APPLY)**

Food	Finding Work	Classroom Training
Rent	Child Care	Vocational Rehabilitation
Utilities	Child Support	Post-Secondary Education
Oil/Heat	GED Classes	Other:
Transportation	Adult Basic Education	Other:
Burial Assistance	Vocational Training	Other:

Required Personal Information

(If it does not apply to you write N/A in the field)

Name: (Last, First MI)		Social Security #:		Date of Birth:
Home Address:		City:	State:	Zip Code:
Mailing Address: (Check Here if Same as Home Address)		City:	State:	Zip Code:
Home Phone:		Cell Phone:	Message Phone:	
Marital Status: Single Married Separated Divorced		To Which Tribe are you Enrolled?:		Tribal Enrollment #:
<input type="checkbox"/> Yes <input type="checkbox"/> No		Is anyone in the household pregnant?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Household Members

List ALL PERSONS living in the household – if you need more space use additional page

Name:	Relationship: (see below)	Date of Birth:	SSN:	Education: (see below)	Sex: (M/F)	Race: (see below)	US Citizen: Yes/No

Relationship: Child=C, Foster Child=FC, Grandchild=GC, Non-Custodial Parent=NCP, Other related person=R, Partner=P, Stepchild=SC, Unrelated Adult=UA, Unrelated Child=UC

Education: High School Diploma=HSD, GED=GED, College Undergraduate=CU, College Graduate=CG, Vocational Training=VT

Race: Alaska Native=AN, American Indian=AI, White=WH, Black=BL, Asian=AS, Native Hawaiian or Pacific Islander=PI

Expedited Food Stamps Eligibility

Answer these questions to see if you can get food stamps within seven days:

Do you have more than \$100 in the bank?

Yes No

Is your household monthly gross income (income before deductions less than \$150?)

Yes No

Are your costs for rent/mortgage/utilities more than your monthly gross income, cash and money in the bank?

Yes No

Household Income

Includes ALL income received this month or that will be received next month from all jobs and all household members. This includes but is not limited to tips, self-employment, contract income, vacation pay, etc.

Household Member (First Name, MI, Last Initial)	Employer	Full-time=FT, Part-time=PT, or Seasonal=S	Hrs/Wk	Hrly Wage or Mo.Salary	Amount Paid this Month	Amount paid next Month	How Often (Weekly, Bi-Weekly, Monthly)

Has anyone in your household had a job end in the last 60 days

Yes No

If yes, who? _____

Do you or anyone who lives with you receive funds from any other source that is not work related income?

Yes No

(i.e., TANF, Food Stamps, SSI, Unemployment, Pension/Retirement, Bingo/Pulltab Winnings, PFD, Scholarships, etc.)

If so, please list all that apply to you. Use additional paper if necessary.

Who receives money	Type of Resource (i.e., TANF, SSI, etc.)	Amount this month	Amount next month	How often

Household Assets

List funds your household has in cash and in bank/credit union (CU) accounts.

Cash	Bank/CU	Name on Acct.	Bank/CU Name	Acct Number	Acct Type
\$	\$				
\$	\$				
\$	\$				

List all property of all persons in your household including but limited to houses, land, mobile home, condo, etc.

Who Owns the Property	Type of Property	Estimated Value	Amount Owed

List all vehicles owned by anybody in the household including but limited to cars, trucks, motorcycles, boats, snowmobiles, recreational vehicles, all-terrain vehicles, etc.

Vehicle Owner	Vehicle Type, Model, and Year	How is the vehicle used?	Estimated Value	Amount Owed
			\$	\$
			\$	\$
			\$	\$
			\$	\$

List all other assets (i.e., things of monetary value) that are owned by persons in your household including but not limited to land, fishing permits, stocks, bonds, etc.

Owner	Type of Asset	Value/Amt. of Shares
		\$
		\$
		\$
		\$

Education												
Highest Grade Completed: (Circle One)		6	7	8	9	10	11	12	13	14	15	16+
High School: High School Graduate GED		Vocational Training: Enrolled in Vocational Training Vocational Training Graduate					College: Enrolled in College College Graduate					
School Name:		School Name:					School Name:					
Date Completed:	GPA:	Type of Degree:					Type of Degree:					
Community of Origin:		Date Completed:	GPA:			Date Completed:			GPA:			
Monthly Expense Summary												
Rent/Mortgage/Space Rent	\$	Car Insurance	\$	Transportation		\$						
Electricity	\$	Garbage	\$	Gas		\$						
Oil/Fuel	\$	Water/Sewer	\$	Other		\$						
Telephone	\$	Groceries	\$	Other		\$						

CERTIFICATION AND AGREEMENT

I (we) certify to the best of my/our knowledge that the information and documentation contained in this application is accurate and true. I (we) also understand that additional information may be requested to verify what has been submitted.

I (we) understand that my/our application is subject to verification, and that falsification of information shall be grounds for immediate termination from the program and will subject me to Federal prosecution under 18 U.S.C. §1001, which carries a fine of not more than \$10,000 or federal imprisonment for not more than 5 years, or both. I (we) also understand that if I (we) receive services as a result of falsified information, I (we) will have to repay the Tribe for those services.

I (we) understand that there is an Appeal Procedure by which I (we) can challenge a decision with regard to this application. I (we) certify that I (we) have received a copy of this Appeal Procedure, have read it, understand it and will abide by it.

Applicant Signature

Date

Applicant Signature

Date

Parent/Guardian Signature (if applicable)

Date



Central Council
Tlingit & Haida Indian Tribes of Alaska
320 W. Willoughby Ave., Suite 300
Juneau, Alaska 99801
800-586-1432 • 586-1432 • FAX 907-885-0052

Applicant/Client Appeal Procedure

A client who is denied or received a reduction of services or benefits has the right to file a written appeal by following these procedures. Determination of client services or benefits are made based on a review of program policies, procedures and the required official documentation.

Step 1 – Client

- A client has ten (10) working days from the date of receipt of a decision to submit a written appeal to the Program Supervisor or his/her designee.
- A client outside of Juneau must have their written appeal postmarked within ten (10) working days from the date of receipt of a decision.
- A client may request another person to be present at meetings or interviews. The client must notify the Program Manager or designee who this person is, contact information, and their role.²

Step 2 – Program Director/Manager

- The Program Director/Manager or his/her designee, in consultation with subordinate staff, will make every effort to review documentation and make a decision in the shortest amount of time possible and not to exceed five (5) working days from the date of receipt of the appeal.
- A client not satisfied with the department or program's decision may submit a written request within five (5) working days from the date of receipt of the decision to the Program Compliance Manager or his/her designee to have their appeal reviewed by the Appeals Committee.

Step 3 - Appeals Committee

- A client must complete Step 1 before the Program Compliance Manager will consider a referral to the Appeals Committee.
- The Appeals Committee will review appeals within five (5) working days of receipt.
- The client will be notified of the Appeals Committee's decision within one (2) working days after the date of its meeting.
- All decisions of the Appeals Committee are final.

Step 4 - Appeals WIA/WIOA Clients

- Only applies to clients applying for WIA/WIOA funds. Questions about our complaints alleging a violation of the nondiscrimination provisions of WIA 181 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 for processing.

Applicant Signature

Date

Applicant Signature

Date

Parent/Guardian Signature (if applicable)

Date



CENTRAL COUNCIL

Tlingit and Haida Indian Tribes of Alaska

Tribal Citizen Services

320 W. Willoughby Ave., Suite 300 Juneau, Alaska 99801

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**GENERAL
AUTHORIZATION
FOR RELEASE OF INFORMATION**

I _____ authorize the release of information requested by the Central Council Tlingit & Haida Indian Tribes of Alaska program service office or its agents; hereunto referred to as (CCTHITA). The requested information will only be used in the administration of CCTHITA programs, and will not be released to any other person or agency outside of CCTHITA. This release of information will be in effect while I am an applicant or recipient of CCTHITA program services, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

This release expires on _____.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Your Signature (Head of household)

Signature of Other Adult Household Member

Printed Name (Head of household)

Printed Name of Other Adult Household Member

Social Security Number

Social Security Number

Address

Address

Phone Number

Phone Number

Date

Date