



MANIILAQ ASSOCIATION – WORKFORCE DEVELOPMENT

P.O. BOX 256 KOTZEBUE, AK 99752

DIRECT: 907-442-7021 TOLL FREE: 1-800-478-3312 EXT: 7021 FAX: 1-866-832-9350

Intake Application

Eligibility:

- Be Tribally enrolled in one of the villages from the Maniilaq service area
- Be a resident of the Maniilaq service area

Required Documents (to attach to application) *Applications without documentation will not be accepted*

- Complete, Signed Application
- Verification of residency (mail or bills)
- Tribal IRA Enrollment Verification
- Clear Copy of current State ID or Driver's License
- Clear Copy of Social Security Card
- Last 60 days of income stubs (employment income, social security, public assistance, TANF, etc....)

Goals and Objectives of our Program:

The goal of Maniilaq Workforce Development is to assist Tribal members of the Maniilaq Service Area, which includes Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Kotzebue, Noatak, Noorvik, Selawik, Shungnak and Point Hope (some restrictions apply) into gaining employment and reaching economic self-sufficiency.

Tribal 477 programs are designed to promote self-sufficiency and to reduce joblessness within Tribal members in the Maniilaq Service Area that are included in our compact agreement.

Programs offered:

- Higher Education Scholarship
- Adult Vocational Training (AVT)
- Workforce Innovation Opportunity Act (WIOA)
 - Child Care Assistance (CCDF)
 - General Assistance (GA)
 - Direct Employment
 - TANF

After completing and submitting an intake application and if you are eligible for services one of our staff will contact you to inform you of what programs you may apply for, you must complete a supplemental application for each program to be considered for funding, more documentation will be needed depending on what you are applying for.

Responsibility of Applicant:

It is the applicant's responsibility to contact the Maniilaq Workforce Development office to ensure his/her application has been received and is being processed.

If your application is incomplete, we will contact you by mail or email to inform you of what is needed, and you will have 30 days to submit the required information to the WFD office. If you have not contacted us after that time period, your application will be denied, and you will be sent an official denial letter by mail.

Notice to Applicant:

Maniilaq Association Workforce Development Programs, are not automatic and not an entitlement. You must apply, and provide all documentation to be approved. All applications for assistance will be reviewed and acted upon within 14 days of receiving all required documents. If a decision cannot be made within a 14 day period, a letter will be sent to the applicant explaining the reasons for delay.



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Assistance Programs applying for:

<input type="checkbox"/> Higher Education Scholarship	<input type="checkbox"/> Adult Vocational Training (AVT) Funding
<input type="checkbox"/> Workforce Innovation Opportunity Act (WIOA)	<input type="checkbox"/> Child Care Assistance (CCDF)
<input type="checkbox"/> General Assistance	<input type="checkbox"/> Emergency Assistance
<input type="checkbox"/> TANF	<input type="checkbox"/> Direct Employment

Applicant Information

Name: First	Middle	Last	Other Names Used	
Social Security Number		Date of Birth		<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:		City:	State:	Zip:
Physical Address:		City:	State:	Zip:
Home Phone:	Message Phone:	Work Phone:		
E-mail Address:				
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Discharge: / /	Military Selective Services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Tribal Enrollment (Please circle one and attach copy of your enrollment or verification letter)

Ambler	Buckland	Deering	Kiana	Kivalina	Kobuk
Kotzebue	Noatak	Noorvik	Point Hope	Selawik	Shungnak

Family/Living situation

Marital Status:					
<input type="checkbox"/> Single	<input type="checkbox"/> Living as a couple	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
Family Status:					
<input type="checkbox"/> Single Individual	<input type="checkbox"/> 1 Parent Family	<input type="checkbox"/> 2 Parent Family	<input type="checkbox"/> Teen Parent	<input type="checkbox"/> Pregnant	
Current Residency:					
<input type="checkbox"/> Own Home	<input type="checkbox"/> Rent Home	<input type="checkbox"/> With Relatives/friend	<input type="checkbox"/> Rent Room	<input type="checkbox"/> Other: _____	

Educational Background

<input type="checkbox"/> High School Diploma Date _____	<input type="checkbox"/> GED Date _____
<input type="checkbox"/> HS Dropout/No GED: Highest Grade Completed: _____	<input type="checkbox"/> Some College/No Degree
<input type="checkbox"/> College Graduate- Type of Degree	<input type="checkbox"/> AA/AAS <input type="checkbox"/> BA/BS <input type="checkbox"/> MA/MS <input type="checkbox"/> Vocational Training

List All Household Members

Name	Relation to Head	Birth Date	Tribal Enrollment Village	Social Security #
	Self			



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Employment History (most recent or present) When were you last employed? _____

Employer Name:		Job Title:	
Supervisor Name:		Phone:	
Dates Employed: From (month/year)	To (month/year)	Wages/Salary:	
Brief description of duties:			
Reason For Leaving:			

Barriers to Self Sufficiency (Check all that apply)

<input type="checkbox"/> Currently employed/low income <input type="checkbox"/> BIA General Assistance Recipient <input type="checkbox"/> Lack of work in Village <input type="checkbox"/> Lack significant work history <input type="checkbox"/> Living in Rural Area <input type="checkbox"/> Criminal History <input type="checkbox"/> Lack of Child Care <input type="checkbox"/> Domestic Violence <input type="checkbox"/> No Driver's License <input type="checkbox"/> Foster Care <input type="checkbox"/> Child Support Issues <input type="checkbox"/> Public Assistance (Food Stamps, GA, etc.)	<input type="checkbox"/> Long-Term TANF(30 Months)/ATAP Recipient <input type="checkbox"/> TANF Recipient <input type="checkbox"/> Unemployed 15 + weeks <input type="checkbox"/> Substance Abuse Issue <input type="checkbox"/> In Treatment(Substance Abuse, Behavioral) <input type="checkbox"/> Disabled Individual <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> High School Dropout/no GED <input type="checkbox"/> In correction facilities-Release date <input type="checkbox"/> On Third Party custody-Release date <input type="checkbox"/> Homelessness <input type="checkbox"/> Pregnant/Parenting Teen <input type="checkbox"/> Lack of Degree
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Goals (Please check one)

<input type="checkbox"/> Obtain a job	<input type="checkbox"/> Retain current job	<input type="checkbox"/> Advance in current job
<input type="checkbox"/> Obtain Alaska Driver's license/Commercial Driver's License (CDL)	<input type="checkbox"/> Educational Gain	
<input type="checkbox"/> Receive Child Care Assistance	<input type="checkbox"/> Earn High School diploma	<input type="checkbox"/> Obtain GED
<input type="checkbox"/> Earn College Degree	<input type="checkbox"/> Earn Vocational Certificate	<input type="checkbox"/> Other: _____
Employment Goal		Anticipated completion date
Training Goal(Name of School & Program)		
Anticipated start date		Anticipated completion date
Educational Goal(Name of School, type of degree & major)		
Anticipated start date		Anticipated end date
Other Goal(Describe)		
Anticipated start date		Anticipated completion date

Explain in detail: What type of assistance are you seeking? Please include all information you feel would help us better assist you. _____



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RECORD OF INCOME AND RESOURCES (FOR APPLICANT ONLY)

Another Person or Agency helps me pay all or part of my shelter costs: YES NO

If YES, Who? _____ What Expense: _____ Amount Paid: \$ _____

MONTHLY EXPENSES	AMOUNT	WHO PAYS	COMMENTS
Rent/Mortgage/Space Rent	\$		Landlord:
Heating Oil/Fuel/Wood/Propane	\$		Provider:
Electricity	\$		Provider:
Telephone/Cell Phone	\$		Provider:
Water/Sewer/Garbage	\$		Provider:
Food/Household supplies	\$		Provider:
Medical/Dental/Vision	\$		Provider:
Child Care	\$		Provider:
Child Support	\$		Provider:
Other	\$		Provider:
Other	\$		Provider:
TOTAL MONTHLY EXPENSES	\$		

SOURCE OF INCOME & RESOURCES	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1 – Applicant’s Income/Salary	\$	
Salary #2 – Spouse/Significant Others Income/Salary	\$	
Tips or Gratuities	\$	
ATAP-TANF-ASAP	\$	
Child Support or Alimony	\$	
Foster Care Payments	\$	
Social Security	\$	
Supplemental Security Income	\$	
Disability Insurance	\$	
Alaska State Permanent Fund	\$	
Cash outs of Retirement or Pension Plan	\$	
Veteran’s Benefit	\$	
Unemployment Insurance	\$	
Worker’s Compensation	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Native Corporation Dividends	\$	
Student Loans/Grants/Scholarships	\$	
Other Income	\$	
Other Income (crafts, carvings, baskets, crocheting, etc.)	\$	
TOTAL MONTHLY INCOME	\$	

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 ground to denial of services and may lead to prosecution, fines and imprisonment. I understand that my name will never be used in any report and that the data will be kept strictly confidential within Maniilaq Employment & Training. I have read, and understand my rights and responsibilities.

Printed Name _____ Signature _____ Date _____



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Authorization for Release of Information

I, _____, hereby authorize the release of information requested by the Tribal Government Services, Workforce Development Department. The requested information shall be used solely in the administration of Workforce Development and will not be release to any other person or agency outside the Workforce Development Department or its agents. I hereby authorize the Workforce Development Department to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related services and activities. This release of information shall be in effect while I am an applicant or recipient of the program.

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 & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors, stock and grantees, Health Care Providers, Tax Assessors, Financial Institutions, Native Corporations, Stock Brokerage Firms, Landlords, Employers, School Authorities, private individuals and all departments and programs within and administered by the Tribal Government Services.

Printed Name of Applicant

Signature

Social Security Number

Date of Applicant Signature

This release authorization is valid for two years from the date of my signature.



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NOTIFICATION TO CLIENT

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the WFD cannot give out the information you give to the caseworker with the exception of Federal, State, Tribal Offices and other programs who have some responsibility for providing the services for which you are applying. For any other person or program wanting information from your case record file, you must first give your written consent. You also have a right to know what information is inaccurate, ask your caseworker about how to change the information in the case record.

Privacy Act Notice (PL 93-579)

The law requires every federal agency maintaining records about people to inform each person, from whom information is obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by the Maniilaq Association Higher Education and Career Development Department, as we have contracts with the U.S. Department of the Interior, Bureau of Indian Affairs; the U.S. Department of Labor, Division of Indian and Native American Programs; and the Department of Health and Human Services, Administration for Children and Families.

The purpose of the forms and questions asked of you, is to enable us to organize, and provide comprehensive employment and vocational training services to the people we serve. In most instances you may choose not to answer the questions if you so desire, without risk to your rights and entitlements. However, by giving the information requested of you, we will be able to carry out our responsibilities to you more effectively, and render better services.

Information provided by you is held in confidence, and is only available to Maniilaq employees who have a need to know in the performance of their duties. In addition, certain data may be provided to local, state, federal, and other health and welfare facilities and agencies on a need-to-know basis for continuation of services, to provide for a proper evaluation of your case file and for reporting as required by the aforementioned federal agencies.

Data may also be made available to approved accreditation agencies and performance standard review organizations for evaluation of our system; to authorized research personnel with an approved research protocol when no personal identification data is included, and to the Department of Justice or other law enforcement agencies.

I CERTIFY THAT I UNDERSTAND THE AUTHORITY BY WHICH INFORMATION IS ASKED OF ME, AND THE PURPOSE AND USE TO WHICH THAT INFORMATION WILL BE PUT, AND THAT PROVIDING ANY INFORMATION IS VOLUNTARY ON MY PART.

Printed Name _____ Signature _____ Date _____



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CLIENT RIGHTS & RESPONSIBILITIES

Rights:

As a client, you have the right to be treated with respect; to be treated without regard to race, color, creed, national origin, religion, sex, sexual preference, age, disability or income status. E&T will keep your information confidential.

You have the right to discuss any action taken on your application or your case with your case worker or with your case worker's supervisor.

Responsibilities:

You have the responsibility to treat staff with respect; report changes in your household within 10 days which includes but not limited to: end of employment, change of wage rate, change of part-time to full-time or full-time to part-time; changes on address, schools or training locations; type of degree or training program.

I understand that Federal Law concerning fraud states that "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals, or voices up by any trick, scheme or devise a material fact, or makes any false fictions or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both".

I understand that if I acquire services fraudulently, that I am subject to prosecution under 18 U.S.C. 1001 which carries a fine and or imprisonment.

I understand that a home visit may be required for some program services.

APPEAL/ GRIEVANCE PROCESS

Maniilaq Workforce Development has established a uniform appeal and grievance procedure applicable to all participants and tribal staff within our Workforce Development programs engaged in any type of activity included under the 102.477 Plan. The procedure insures due process and establishes a series of levels, starting with informal resolution at the staff level. The final tribal level of appeal is presented to the Maniilaq Association Tribal Government Administrator. All appeals and grievances must be in writing and submitted within twenty (20) business days of the action being appealed. Participants will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). A appeal/ grievance may be sought by any participant within our programs who believe that a violation of the Regulations has occurred or to further research eligibility determination. The following procedure shall be used as the means of settling such appeal and/ or grievances:

- Step 1.** The participant will first make his/her complaint in writing known to his/her case worker, within 20 days of the incident.
- Step 2.** If the matter is not resolved to the satisfaction of the participant, the participant will immediately put such complaint in writing and submit this for review to the Employment & Training Lead Case worker, at P.O. box 256 Kotzebue, AK 99752.
- Step 3.** If the matter is not resolved to the satisfaction of the participant, the participant will immediately request in writing, that the complaint be reviewed by the Workforce Development Director.
- Step 4.** If the matter is not resolved to the satisfaction of the participant, the participant will immediately request, in writing a review by the Tribal Government Services Administrator.
- Step 5.** Resolution of the grievance should not exceed four working weeks from start to finish.

Printed Name _____ Signature _____ Date _____