



# MANIILAQ ASSOCIATION WORKFORCE DEVELOPMENT

## FY18 SUPPORTIVE SERVICES APPLICATION

### COMPLETING THIS APPLICATION DOES NOT GUARANTEE SERVICES

All sources of alternative funding will be exhausted *before* program funds will be expended. All Workforce Development Department Services are **supplemental** resources. All applicants are required to apply for financial assistance from other State, Federal and Private Resources first.

All services are dependent upon available funding. The Director of Workforce Development makes the final decision. Services will be provided on a case-by-case need basis.

### **PURPOSE:**

The purpose of the Workforce Development Support Services is to assist eligible Tribal members of the Maniilaq Service Area, to obtain and retain employment and maintain self-sufficiency.

Funding can only be awarded in cases where the support service is directly linked to employment or self-sufficiency.

### **To be eligible for financial assistance, an applicant must:**

- ◇ Complete an application and intake packet
- ◇ Provide proof of Tribal enrollment
- ◇ Show financial need (be unemployed or underemployed)
- ◇ Be actively pursuing job acquisition or self-sufficiency activities
- ◇ Be Alaska Native/American Indian
- ◇ Reside in the Maniilaq Service Area

### **Required Documents: (to attach to application)**

- Verification of residency** (Mail, Utility Bills, State ID, etc.)
- Tribal IRA Enrollment** Verification (NANA ID Cards are **not** acceptable tribal verification)
- Last 60 days of income** stubs (employment income, social security, public assistance, TANF, etc....)
- Copy of Prior and Current Month's **Bank Statement**
- Males 18+, Proof of **Registration of Selective Service**

### **Goals and Objectives of our Program:**

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

**Tribal 477 Programs are designed to promote self-sufficiency and to reduce joblessness within the Maniilaq Service area.**

### **Responsibility of Applicant:**

It is the applicant's responsibility to contact our office to ensure an application has been received and is being processed. **PLEASE NOTE: Always call after faxing document(s) to our office to ensure receipt of fax.**

If your application is incomplete, we will contact you by mail and/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.



# MANIILAQ ASSOCIATION WORKFORCE DEVELOPMENT

## FY18 SUPPORTIVE SERVICES APPLICATION

<input type="checkbox"/> Books and school supplies	<input type="checkbox"/> Transportation	<input type="checkbox"/> Meals or groceries
<input type="checkbox"/> Work Equipment	<input type="checkbox"/> Work clothes/Gear	<input type="checkbox"/> Basic Essential Needs
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Eye Glasses:	<input type="checkbox"/> Other:

### APPLICANT INFORMATION:

Name: First	Middle	Last	Other Names Used
Home Phone:	Message Phone:	Work Phone:	
<b>*E-mail Address:</b>		<b>*check your email as well for correspondence from Maniilaq WFD Staff</b>	

Are you or any member of your household a shareholder of a Native Corporation?  Yes  No

If yes, list the names of **all** household members and Corporation(s):

Name:	Native Corporation	# of Shares

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

\_\_\_\_\_

\_\_\_\_\_

### MILITARY SELECTIVE SERVICES SELF CERTIFICATION

Section 3(a) of the Military Selective Services Act requires that male citizens of the United States, who are born after 12-31-59 AND are between the ages of eighteen (18) and twenty-six (26) MUST register for the Selective Service. Section 504 of the Workforce Innovation Opportunity Act (WIOA) requires that all participants under WIOA be in compliance with the military Selective Service Act registration requirements.

#### Determination:

Born before 12/31/59     Yes, I have registered     No, I have not registered     n/a, I am female

#### Self Certification:

I understand I cannot be served under federal funded programs unless I have registered for the military Selective Service. I further understand that Maniilaq Workforce Development, as a federal grantee, can verify my registration with the Selective Services System and if I am found not to be registered, I will be terminated from the program. If I am terminated from the program as a result of falsifying information on my eligibility, I may be prosecuted for fraud.

Print Full Name: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



# MANIILAQ ASSOCIATION WORKFORCE DEVELOPMENT

## FY18 SUPPORTIVE SERVICES APPLICATION

### Verification of Support Need

**-To be filled out by Employer or School Official (if applicable)- Please  if not applicable  N/A**

*The individual named below has applied for services through Maniilaq Association's Employment & Training Program. Please provide the following information for verification.*

Applicant's Name:	
Employer or School Name:	
Employer or School Address:	
Phone Number:	Fax Number:

**FROM THE BOXES BELOW, CHOOSE EITHER OPTION THAT APPLIES TO THE APPLICANT:  
Please indicate applicant's employment status**

Applicant's Job Title:		
Employment Start Date:	Date of first check:	
Date of Hire:	Hourly Salary:	Hours Per Week:
<input type="checkbox"/> Pre-employment interview/orientation dates:		
<input type="checkbox"/> Full-time, permanent		
<input type="checkbox"/> Full-time, temporary. What is the duration of employment?		
<input type="checkbox"/> Part-time, permanent		
<input type="checkbox"/> Part-time, temporary. What is the duration of employment?		
<input type="checkbox"/> Other, explain:		
Does position offer fringe benefits? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	Is this a career ladder position? <input type="checkbox"/> Yes/ <input type="checkbox"/> No	
If so, please list the training that the applicant will need to advance in his/her higher position:		
Does the job description require training or certification not provided by employer? If so, please list:		
Employer , please list any required work related items:		
_____		

**Please indicate applicant's enrollment and/or training status**

Applicant's Training Title:		
Training Start Date:	Training End Date:	
<input type="checkbox"/> Orientation or training dates:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

Signature of Employer/Faculty Staff \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

<b>Maniilaq 102-477 Staff Use Only</b>		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Supervisor Signature: _____	Date: _____
Comments: _____		
_____		