



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

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***This Cover Page for Applicant Reference Only* Do Not Fax Back to WFD Office**

Eligibility: Each Maniilaq Workforce Development program has its own specific eligibility requirements. Each Intake Assessment will be thoroughly screened to determine eligibility and identify which programs will be the most beneficial based on your needs and goals.

- Be Tribally enrolled in a Federally Recognized Tribe
- Reside in the Maniilaq Service Area
- Adults males, 18 years and older, Selective Service Registration
- Provide Social Security Number
- Be income eligible under program income guidelines

Goals and Objectives of our Program:

The goal of Maniilaq's 477 Workforce Development Department 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.

Programs offered:

- Higher Education Scholarship
- Adult Vocational Training (AVT)
- Workforce Innovation Opportunity Act (WIOA)
 - Child Care Assistance (CCDF)
 - General Assistance (GA)
- Job Placement & Training (JPT)
- Tribal Temporary Assistance to Needy Families (TANF)
 - FY18 Supportive Service

After completing and submitting a 477 Intake Assessment and if you are eligible for services, one of our staff will contact you to inform you of what programs you may qualify and 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 Intake Assessment and any program applications have been received** by or office.

If your Intake Assessment is incomplete, we will contact you by phone and/or email within 14-days to require you to complete to determine which 477 program services you may be eligible for.

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.



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Please remember that each program below has its own eligibility requirements and depending on which tribe you are enrolled, we will determine which ones you are eligible for.

477 Intake Assessment Information – Mark Services you are interested in

<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"/> Tribal TANF	<input type="checkbox"/> Job Placement & Training
<input type="checkbox"/> FY18 Supportive Service (Must be tied to employment or training)	
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/Cell Phone: Work Phone:
E-mail Address:	
Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Discharge: / /	Registered with Selective Service (males 18+ only) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

Tribal Enrollment (Please circle where you are enrolled or write in "other.")

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

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

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

What was your last hourly wage with this most recent/present employment? _____ (required)

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: _____



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Authorization for Release of Information

I, _____, hereby authorize the release of information requested by the Maniilaq Association Workforce Development Department. The requested information shall be used solely in the administration of Workforce Development and will not be released 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. This release of information shall be in effect while I am an applicant or recipient of Maniilaq Association 477 Services.

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.

Print Head of Household Name

Print Name of Other Adult Household Member

Signature of Head of Household

Signature of Other Adult Household Member

Social Security Number

Social Security Number

Date

Date

This release authorization is valid as long as my 477 enrollment remains open from the date of my signature.

Certification and Agreement:

I (we) certify to the best of my (our) knowledge that the information and documentation contained in this 477 assessment 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 S1001, 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) also understand that if I (we) receive services as a result of falsified information, I (we) will have to repay Maniilaq Association WFD for those services.

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

Head of Household Adult Signature

Print Name

Date

Other Adult Signature

Print Name

Date

Parent/Guardian Signature (if applicable)

Print Name

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. Maniilaq Association 477 Programs 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.

477 APPLICANT APPEAL/ GRIEVANCE PROCESS

Maniilaq P.L 102.477 program has established a uniform appeal and grievance procedure applicable to all participants within our 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 for Maniilaq 102.477 programs is presented and resolved by the Maniilaq Association Tribal Government Administrator. The final appeal process for Maniilaq's Tribal TANF is resolved through the State of Alaska, Department of Public Assistance. 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). An 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 or payment 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.** **TRIBAL TANF-** If the Tribal Government Administrator determination does not settle the matter to the grievant's satisfaction, the grievant may appeal to the State of Alaska, Department of Public Assistance. The participant will put their complaint in writing and submit it to Director, Department of Public Assistance, State of Alaska, and P.O. Box 110640, Juneau, Alaska 99811-0640
477 Program- The final tribal level of appeal for Maniilaq 102.477 programs is presented and resolved by the Maniilaq Association Tribal Government Administrator.