



MANIILAQ ASSOCIATION WORKFORCE DEVELOPMENT EMERGENCY ASSISTANCE APPLICATION

Emergency Assistance

Assistance is provided to those tribes who have an authorizing BIA resolution to Maniilaq. Current tribes under this agreement are Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Noatak, Noorvik, Selawik, and Shungnak.

- ❖ Emergency Assistance payments can be provided to individuals or families who suffer from a home burnout, flood, or other destruction of their home and loss or damage to personal possessions.
- ❖ Emergency Assistance funds are for essential needs and non-medical necessities.
- ❖ Emergency Assistance funds cannot be used for transportation, home evictions and /or cut off of fuel or utilities.
- ❖ If approved the payment will not exceed the Emergency Assistance payment standard of \$1000 per household, per BIA CFR§20.329 & 20.330.

Prior to applying for Maniilaq Association Emergency Assistance, you may contact the Red Cross of Alaska at 1.800.451.8267 and request assistance.

To qualify you must:

- ❖ Be a resident of the Maniilaq service area for 90 days with the intent to remain in the region;
- ❖ Not currently receiving any other public assistance (ATAP, SSI, TANF); and
- ❖ Be income eligible, with unmet need(s) for essential items, after applying for other resources.

Eligibility Required Documents

- Complete, signed Emergency Assistance application
- Tribal enrollment verification (IRA)
- Proof of all sources of Income
- Include a Statement of need in writing;
- Proof of Emergency situation from City or IRA official describing the incident;
- Proof of residency, must reside in the Maniilaq Service Area
- Applied for other assistance such as: Alaska Red Cross, General Relief Assistance, Native Corporations, IRA, Veterans benefits and any other agencies

Responsibility

If your application is incomplete, we will contact you to inform you of what's needed, and you will have 30 days to get the required information back to us. After the initial contact, it is the applicant's responsibility to contact the Maniilaq Employment & Training office to ensure his/her application is complete.

Goals and Objectives

The goal of the Emergency Assistance Program is to provide relief and support to families who are not supported by their own means, other public funds, or assistance programs.

Notice

Maniilaq Association Emergency Assistance Program, is not automatic and is not an entitlement. You must apply, and provide all documentation required. Applications are processed immediately upon receipt of all required information.



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If all required documentation is not received within 30 days your application will be denied.

Applicant Information

Name: First Middle Last			Social Security Number:	
Maiden Name: Or other Names Used:			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:	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Discharge: / /
Email Address:				

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	Other: _____			

Marital Status:
 Single Living as a couple Married Separated Divorced Widowed

Family Status:
 Single Individual 1 Parent Family 2 Parent Family Teen Parent Pregnant

Current Residency:
 Own Home Rent Home With Relatives/friend Rent Room Other: _____

List All Household Members

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

Explain in detail: How are you supporting yourself and what has changed in your situation to cause you to apply for Emergency Assistance? Please include any information you feel would help us better assist you.

Leaving this area blank will result in an incomplete application and will not be able to be processed.

Must read and initial:

- ❖ Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. 1001, the Federal Law concerning fraud which carries a fine of not more than \$10,000 or imprisonment of not more than five years or both.

Initials of applicant _____

- ❖ I/We agree to supply information regarding resources and income and to notify Maniilaq E&T of any changes in my (our) situation.

Initials of applicant _____



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AGREEMENT

If your household receives assistance, you must agree to the statement below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled to will be required to pay back the benefits received under false information.

- I certify that I have checked the information on the application carefully and it is true and has complete facts according to the best of my knowledge and belief.
- I understand that it is against the law to make false statements and that I am subject to prosecution if I do so.
- I understand that a Maniilaq E&T case worker may call my home and may contact other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other agencies.
- I authorize the Alaska Department of Labor to release to Maniilaq E&T information about my eligibility for unemployment insurance and work credits.
- I certify that all my income for this application month has been reported on this application.

Applicant Signature

Date

Co-Applicant Signature

Date

Printed Name of Applicant

Printed Name of Co-Applicant

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

Applicant Signature

Date

Printed Name of Co-Applicant

Co-Applicant Signature

Date