



MANIILAQ ASSOCIATION 477 WORKFORCE DEVELOPMENT

P.O. BOX 256 | MANIILAQ PHN BUILDING | KOTZEBUE, AK 99752

1-800-478-3312 EXT: 7021 OR 442-7021 | FAX: 1-866-832-9350

GENERAL ASSISTANCE APPLICATION

General Assistance-New Applicant

Temporary financial assistance is provided to meet **essential basic** needs. Maniilaq General Assistance is provided to those tribes who have an authorizing BIA resolution with Maniilaq. Clients must provide official tribal enrollment and must also reside in **Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Noatak, Noorvik, Selawik, and Shungnak**. (Kotzebue and Point Hope residents will need to apply with their respective IRA). Applicants must not currently be receiving financial assistance from TANF, SSI, SSDI, or any Public Assistance programs (excluding food stamps) or other BIA assistance funds. **GA is meant to assist families and individuals with unmet needs of food, clothing, shelter, utilities and other costs when no other resources are available.** Benefit Standards are calculated according to the General Assistance worksheet using the Needs Standards for the Alaska Region.

Required Documents (First Time Applicants)

- Complete, signed **GA Application** with 4 work searches or volunteer activities completed
- Tribal Enrollment Verification** for each household member included in the GA grant
- Proof of Residency** (mail, bills, State ID, etc.)
- Provide **Social Security Number** on Application for Persons on GA Grant (Must provide card when SS # is questionable)
- Proof from other Federal, State, Tribal, or Local programs to verify that you have **applied for other resources**, such as food stamps or cash welfare assistance for basic, essential needs
- Verification of Employment** and last day of hire- can use last paystub
- All **Bank Account Statements** for previous month
- Proof of **All Sources of Income**
- Current **PAID bills** (heating fuel, utilities, rent, etc.)
- Landlord/Shelter Statement** or Rental Agreement
- If *permanently or temporarily disabled* or unable to work **GA- Health Status Report Form**
- Must have applied for **Unemployment** and provide verification from UI approval or denial status

Notice to Applicant

Maniilaq Association 477 Workforce Development General Assistance Program is not automatic and is not an entitlement. You must apply, provide all documentation, and actively seek work all month. 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.

Applicants Responsibility

It is the applicant's responsibility to contact the Maniilaq 477 Workforce Development office to ensure his/her application has been received and is being processed.

If your application is incomplete, we will inform you of what's needed, and you will have 30 days from submitting your application to get the required information back to us. After the initial contact, it is the applicant's responsibility to ensure his/her application is complete. If you have not contacted us after that time period, your application will be denied.

Goals and Objectives

The goal of the General Assistance Program is to increase self-sufficiency and is designed to provide relief and support to indigent adults who are not supported by their own means, other public funds, or assistance programs. Each General Assistance recipient must work with their case worker to:

- 1) Develop and sign an Individual Self-Sufficiency Plan (ISP). The plan must outline the specific steps the individual will take to increase independence by meeting the goal of employment.
- 2) Applicant must be ready and available to seek and accept employment. Persons can be exempt from the employment policy if specific criteria are met.
- 3) If you had employment in the **past 12 months**, you must apply for **Unemployment Benefits**, and provide proof that you have applied.

Applicants with children must first apply with the Tribal TANF program, if eligible for TANF, you may only be eligible for one month of GA.

****Returning Applicants ONLY****

Required Documents:

- Completed GA Application
- Proof of Income
- Current Bank Statement
- Provide documentation that you applied for other resources to assist with your basic needs
- 4 Work Searches/Volunteer/Training Activities from prior month
- Monthly Report Form from prior month
- Updated ISP completed with your caseworker



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If all required documentation is not received within 30-days from submittal of your GA application, it will be denied.

Applicant Information:

Name: First		Middle	Last	Social Security Number	
Maiden Name: Or other Names Used:			Date of Birth:	Male <input type="radio"/>	Female <input type="radio"/>
Mailing Address:			City:	State:	Zip:
Home Phone:		Message Phone:		Email Address:	
Last day of Employment:			Reason you left your previous position:		
Have you applied for financial assistance from the state, tribal, city, local or any other federal agencies? YES <input type="radio"/> NO <input type="radio"/> IF YES, Please list where you applied?					

How many persons live in the house (count **all** household members)? _____ Adults _____ Children

Are you disabled? Yes No If yes, you must attach a Health Status Report Form. (Ask a WFD caseworker to provide it to you)

Household Information:

List **all** persons currently living permanently in the household with the information requested for each person (you, spouse/significant other, children, parents, grandparents, aunts, uncles, etc.). Please put an **asterisk *** by each household member who you are **including** in your **GA grant**.

Included in GA Grant? Put an asterisk * if included in grant	Name: First and Last	Relation to Head of Household:	Birth Date:	Native Corporation Belongs to and # of Shares:	Social Security #
*		Self			

References:

Name:	Phone #:
Address:	Village: State: Zip:

Name:	Phone #:
Address:	Village: State: Zip:



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RECORD OF INCOME AND RESOURCES

****YOU ARE REQUIRED TO REPORT INCOME RECEIVED FROM THE FOLLOWING****
PROOF of income MUST be attached to application

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	\$	
Adult Public Assistance	\$	
Social Security	\$	
Supplemental Security Income	\$	
Disability Insurance	\$	
Alaska State Permanent Fund	\$	
Cash outs of Retirement or Pension Plan	\$	
State Longevity	\$	
Veteran’s Benefit	\$	
Unemployment Insurance	\$	
Worker’s Compensation	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Native Corporation Dividends	\$	
Checking Account	\$	
Savings Account	\$	
Student Loans/Grants/Scholarships	\$	
Bingo or Pull Tab Winnings	\$	
Other Income	\$	
Other Income (crafts, carvings, baskets, crocheting, etc.)	\$	
TOTAL MONTHLY INCOME	\$	

HOUSEHOLD MONTHLY EXPENSES

*****YOU MUST PROVIDE PROOF FOR ALL EXPESES FOR THE CURRENT MONTH*****

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

Where do you and/or your partner live now? Own Home Rent House/Apartment
 Rent a Room With Family With Friends Other: _____



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Explain in detail: How have you supported yourself during the past three months and what has changed in your situation to cause you to apply for assistance? Please include all other information you feel would help us better assist you. Leaving this area blank will result in an incomplete application and will not be processed.

What would you be using General Assistance for? _____

READ BEFORE SIGNING!!

I/We apply for financial assistance/services for the listed members of my (our) household who are in need. I/We have received a copy of my rights and responsibilities as a GA client and have had explained to us, and understand the provisions of Federal Law governing fraud. _____ **Initial stating you read and understand**

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. _____ **Initial stating you read and understand**

I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. GA applications that are incomplete will be kept for 30 days. If all required documentation is not received within that time period your application will be denied.

Applicant Signature

Date

Co-Applicant Signature

Date

Printed Name

Printed Name

OFFICE USE ONLY - APPLICANT STATUS AND PROGRAM ENROLLMENT (Check all that apply)

- Disabled-Attach medical documents signed by Doctor
- Working/Employed- Attach last month of paystubs
- Last date worked: _____
- Unemployed
- Collecting unemployment benefits-Attach stubs

- Reason not working: _____
- Starting a new job(date) _____
- Applied for Public Assistance Programs
- Receiving Public Assistance (Food stamps, ATAP)
- Other agencies I applied with: _____

*****FOR 477 WFD OFFICE USE ONLY*****

Date Stamp Received:

Application Received By: _____

Approved: **Denied:**

By: _____ **Date:** _____

Next Date can Reapply: _____



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*****If 2 adults on GA case, other adult must make copy of the work search forms or request a copy from Maniilaq WFD Intake Coordinator or Caseworker*****

WORK SEARCH/WORK RELATED/TRAINING/VOLUNTEER ACTIVITY SHEET

NAME OF Head of Household: _____ DOB: ___/___/___

NAME OF Adult 2: _____ DOB: ___/___/___

Applicant: Please read carefully and **initial stating you understand your client responsibility.** Ask your caseworker to clarify if you do not understand these requirements.

1. All **employable** adults on your GA grant are required to **apply/complete for a minimum of four (4) different jobs (one per week) per month you are approved to receive assistance or you can volunteer work or work related activities** for the months you are approved eligible for General Assistance. ___ **Adult 1 Initial** ___ **Adult 2 Initial (if applicable)**

2. You must complete 4 work searches or volunteer activities when submitting your GA application, this will cover your first 4 activities/work searches if you are deemed income eligible at application.
 ___ **Adult 1 Initial** ___ **Adult 2 Initial (if applicable)**

3. You must be actively seeking work if you are deemed able to work.
 ___ **Adult 1 Initial** ___ **Adult 2 Initial (if applicable)**

4. To complete a work search, take your work search form to various businesses and submit an application for employment. The employer must sign and date the work search form which verifies that you have applied for work. If you are applying online, print out verification of job application from employer site (example NANA, Maniilaq, ALEXsys, etc.).
 ___ **Adult 1 Initial** ___ **Adult 2 Initial (if applicable)**

5. You are expected to participate in volunteer activities in your village if no work is available. You must also show proof that you are **actively participating in work related activities** such as **obtaining a GED; doing consistent volunteer work; working with your caseworker to develop your resume (work history).** The proof is a document from the place where you are doing these work related activities.
 ___ **Adult 1 Initial** ___ **Adult 2 Initial (if applicable)**

6. If you are unable to participate in work/volunteer activities, I understand I must have my provider complete a Health Status Form to exempt me from these activities.
 ___ **Adult 1 Initial** ___ **Adult 2 Initial (if applicable)**



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Employer/Instructor/Volunteer Organization: Please complete the information below for the applicant who is pursuing employment, training, or volunteer activities with your organization or business. **If you are assisting the applicant in verifying they have applied for jobs online, print and sign to verify.**

WORK SEARCH/WORK RELATED/VOLUNTEER ACTIVITIES: ACTIVITY #1	
Date:	Job Title/Work-Volunteer-Training Activity:
Employer or Business Phone #:	Employer or Business Name:
Submitted a Complete Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Submitted a Resume <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Instructor Signature:	Printed Name:
COMMENTS:	

WORK SEARCH/WORK RELATED/VOLUNTEER ACTIVITIES: ACTIVITY #1	
Date:	Job Title/Work-Volunteer-Training Activity:
Employer or Business Phone #:	Employer or Business Name:
Submitted a Complete Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Submitted a Resume <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Instructor Signature:	Printed Name:
COMMENTS:	

WORK SEARCH/WORK RELATED/VOLUNTEER ACTIVITIES: ACTIVITY #1	
Date:	Job Title/Work-Volunteer-Training Activity:
Employer or Business Phone #:	Employer or Business Name:
Submitted a Complete Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Submitted a Resume <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Instructor Signature:	Printed Name:
COMMENTS:	

WORK SEARCH/WORK RELATED/VOLUNTEER ACTIVITIES: ACTIVITY #1	
Date:	Job Title/Work-Volunteer-Training Activity:
Employer or Business Phone #:	Employer or Business Name:
Submitted a Complete Application <input type="checkbox"/> Yes <input type="checkbox"/> No	Submitted a Resume <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Instructor Signature:	Printed Name:
COMMENTS:	