

# General Assistance Application

Maniilaq Association | Workforce Development | P.O. Box 256 | Kotzebue, AK 99752  
 Phone: (907)442-7021 | Fax: 1-866-832-9350 | email: [etprogram@maniilaq.org](mailto:etprogram@maniilaq.org)

The General Assistance Program provides financial assistance to help individuals who are residing within the Maniilaq Services Area with unmet needs of food, clothing, shelter, utilities, and other costs where no other resources are available.

Applicant must provide Tribal IRA Enrollment and must reside in one of the following communities: Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Noatak, Noorvik, Selawik, and Shungnak. *If you community is not listed, please reach out to the IRA directly.*

## Required Document Checklist:

- Income- Earned and unearned
- Shelter/utility bills and/or receipts
- Employment verification
- Bank Statement
- 4 work searches

## Required if not on file:

- Tribal IRA Enrollment
- Birth Certificates for children, if applicable
- Disability statement/verification, if applicable

**\*Please follow up with WFD to complete the application process to avoid any delay or denial of services.\***

## Applicant Information

Full Name:		Maiden Name/Alias:	
Email Address:			
Mailing Address:			
Permanent Address:			
Phone Number: (H)		(W)	(C)
Veteran: <input type="radio"/> No <input type="radio"/> Yes, Discharge Date:		Selective Services Registration: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Marital Status: <small>(Please check one)</small>		<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed	
Household Type: <small>(Please check one)</small>		<input type="radio"/> Single Parent <input type="radio"/> 2 Parent Family <input type="radio"/> Foster Family <input type="radio"/> Adoptive Family	
Have you applied for other financial assistance from the state, tribal, city, local, or other federal agencies? If yes, please list where you've applied. <input type="radio"/> No <input type="radio"/> Yes:			
Last employment date:		Wage:	Reason left:
Are you disabled? <input type="radio"/> No <input type="radio"/> Yes- <b>Please provide proof</b> <b>Do you receive disability?</b> <input type="radio"/> No <input type="radio"/> Yes- <b>Please provide proof</b>		Do you receive TANF or ATAP? <input type="radio"/> No <input type="radio"/> Yes	
Please provide 2 references:			
Reference Name:		Phone Number: (C)	(M)
Reference Name:		Phone Number: (C)	(M)

**Please explain how you have supported yourself during the last 3 months and what has changed in your situation to cause you to apply for assistance:**

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**Household Information** - List all persons residing permanently in your household included on application. If you need additional space use another sheet of paper. PLEASE INDICATE WHICH HOUSEHOLD MEMBERS NEED ASSISTANCE BY MARKING THE BOX ON THE LEFT.

*	Name	Relationship	DOB	IRA Tribal Enrollment	SSN	Highest Grade Completed
		Self				

**Record of Income and Resources** List all persons residing permanently in your household's income.

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.)	\$	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	

**Household Monthly Expenses** Please provide proof.

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	\$	
<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>	

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**Work searches** Employable adults in your household are required to apply for a minimum of four (4) work different jobs each month you are on General Assistance. Actively looking for work is one of the goals in your Individual Self-Sufficiency Plan (ISP). You may also show proof that you are actively participating in work related activities, such as obtaining your GED, volunteer work, building your resume. **Please ask for additional work search sheets, if needed.**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

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 #2	
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 #3	
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 #4	
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:	

The goal of the General Assistance program is to increase self-sufficiency. Each General Assistance recipient must work with the Caseworker to 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.

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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.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

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## Authorization for Release of Information

I (applicant) \_\_\_\_\_, and (co-applicant) \_\_\_\_\_, hereby authorize the release of information requested by Maniilaq Association Workforce Development. I authorize Workforce Development to obtain and exchange information related to my application. This release of information shall be in effect while I am an applicant or recipient of Workforce Development Services.

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, and Tribal Government Services.

- Birth certificate
- Tribal IRA Enrollment
- Income
- Native Corporation Shares and Distributions
- Immunization Records
- Employment or School Information
- Office of Children Services
- Disability Verification
- Other: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant