



Emergency Assistance Program

Maniilaq Association | Workforce Development | P.O. Box 256 | Kotzebue, AK 99752

Phone: (907)442-7021 | Fax: 1-866-832-9350 | email: etprogram@maniilaq.org

Emergency Assistance payments can be provided to individuals or families who suffer from a burnout, flood, or other destruction of their home and loss or damage to personal possessions. The Bureau authorizes payments only for essential needs and other non-medical necessities, which is defined as means of shelter, food, clothing and utilities, as included in the standard of assistance in the state where the eligible applicant lives.

Authorized BIA Resolutions include the following Tribes: Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Noatak, Noorvik, Selawik, and Shungnak. If your Tribe is not listed, please reach out to them directly.

Required Document Checklist:

- Proof of all sources of income and bank statement
- Proof of Emergency Situation from the City, IRA, Fire Department, or corresponding business
- Must apply for Red Cross (1-800-451-8267) and any other available agencies**
- Tribal IRA Verification

Applicant Information

Full Name:		Other Name/Alias:	
Email Address:			
Mailing Address:			
Physical 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: (Please check one)	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed
Household Type: (Please check one)	<input type="radio"/> Single Parent	<input type="radio"/> 2 Parent Family	<input type="radio"/> Foster Family <input type="radio"/> Adoptive Family

Household Information - List all persons residing permanently in your household. If you need additional space use another sheet of paper.

Name	Relationship	DOB	IRA Tribal Enrollment	SSN	Income
	Self				

Please describe incident:

Assistance requesting:



Emergency Assistance Program

Maniilaq Association | Workforce Development | P.O. Box 256 | Kotzebue, AK 99752

Phone: (907)442-7021 | Fax: 1-866-832-9350 | email: etprogram@maniilaq.org

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.

All appeals and grievances must be in writing and submitted within twenty (20) business days of the action being appealed. Applicants 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 WFD Programs who believe that a violation has occurred with the applicants' final determination.

The following procedure shall be used as the means of settling such appeal and/or grievances:

- **Step 1.** The applicant will first make their complaint known to the caseworker within 20 days of the complaint.
- **Step 2.** If the matter is not resolved to the satisfaction of the applicant, they will immediately put such complaint in writing and submit the caseworker's decision for review to the Employment & Training Lead Case Corker at P.O. Box 256 Kotzebue, AK 99752.
- **Step 3.** If the matter is not resolved to the satisfaction of the applicant, the applicant will immediately request a hearing for the complaint to be reviewed by the Workforce Development Director.
- **Step 4.** If the matter is not resolved to the satisfaction of the applicant, they will immediately request a hearing for the complaint and Workforce Development Directors decision to be reviewed by the Tribal Government Services Administrator.
- **Step 5.** The final decision of the appeals for Maniilaq 102.477 programs is resolved by the Maniilaq Association Tribal Government Administrator.

I read and understand the statements:

1. I certify that the information on the Emergency Assistance Application is true to the best of my knowledge and belief;

2. I understand that falsifying the application subjects to possible repayment of any payment(s) made on my behalf;

3. I understand that Workforce Development may contact other people and businesses to verify any information needed for my Emergency Assistance Application with the Release of Information.

Printed Name of Applicant

Date

Name of Co-Applicant

Date

Signature of Applicant

Signature of Co-Applicant



Emergency Assistance Program

Maniilaq Association | Workforce Development | P.O. Box 256 | Kotzebue, AK 99752

Phone: (907)442-7021 | Fax: 1-866-832-9350 | email: etprogram@maniilaq.org

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.

- Tribal Enrollment
- Income
- Native Corporation Shares and Distributions
- Verification of home destruction or loss
- Other: _____

Printed Name of Applicant Date Printed Name of Co-Applicant Date

Signature of Applicant Signature of Co-Applicant

MANIILAQ
ASSOCIATION