



Maniilaq Association Workforce Development General Assistance Application

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. Applicants must be Alaska Native or American Indian, provide official tribal enrollment, and must reside in one of the following communities: **Ambler, Buckland, Deering, Kiana, Kivalina, Kobuk, Noatak, Noorvik, Selawik, or Shungnak**. Residents of Kotzebue and Point Hope must apply with their respective IRA.

In order to determine your eligibility for General Assistance you must submit these documents along with a complete application:

- ☐ Tribal Enrollment verification from Tribe, or Certificate of Indian Blood from the Bureau of Indian Affairs (must include tribal enrolled into), for all household members on the grant.
- ☐ Government issued photo identification, for all countable **adult** household members.
- ☐ Proof of Residency within the Maniilaq Service area for the past thirty consecutive days.
- ☐ Proof of ALL INCOME (earned and unearned) which must also include bank statements for all countable household members for the month in which you are applying for assistance.
- ☐ Proof of applying for all other available resources, i.e. State of Alaska, Native Corporation, Veterans Affairs, Tribe, Local and Federal entities (Including Unemployment Insurance Benefits).
- ☐ If currently employed, provide an Employment Verification form signed by the employer.
- ☐ If unemployed, provide completed work searches/work-related activities sheets for each countable adult household member.
- ☐ Most recent statements/invoices (bills) and receipts showing payments made for all shelter and utility costs that apply to your household. Shelter/Utility bills must be in applicant or spouse's name.
- ☐ If you have children, you must provide proof that you have applied for ATAP/TANF and if you are not eligible for ATAP/TANF you must provide proof of denial.
- ☐ If applicable, provide proof of guardianship of non-biological children in your custody, (i.e. grandchild, niece/nephew, etc.).
- ☐ Birth Certificates for all countable minor dependent children in the household.
- ☐ Other documentation to determine eligibility or exemption from GA requirements (i.e. medical, disability, social security status, etc.)
- ☐ If applicable must provide proof of guardianship of non-biological children in your custody.

A decision will be made within 30 days of your application date and you will be notified in writing within 45 days of your application date. If you are eligible and employable, you will need to schedule an appointment with me to develop an Individual Self-Sufficiency Plan (ISP) before payment can be made. If you are eligible and unemployable with a verified medical excuse from work/work activity, you will need to schedule an appointment with me to develop a Case Plan before payment can be made.

You will be required to apply for other financial assistance programs – State/Federal/Tribal for which you are eligible. However, please note that if you are already receiving ATAP/TANF, Adult Public Assistance, Disability or any other State, Federal or Tribal financial assistance you may be determined ineligible for General Assistance under the federal regulations.

Contact WFD, if you have any questions or concerns regarding the General Assistance application process.

It is the applicant's responsibility to contact the Maniilaq Workforce Development office to ensure an application has been received and is complete.



Maniilaq Association Workforce Development General Assistance Application

Applicant Name (First, Middle, Last)		Social Security Number	
Maiden Name/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	Email Address	
Veteran: No Yes, Discharge Date:		Selective Services Registration: Yes No N/A	
Marital Status (Please circle one)	Single	Married	Separated Divorced Widowed
Have you applied for financial assistance from all available resources (state, tribal, city, local, and federal agencies)?		If you answered NO, STOP here, you must apply for other resources prior to submitting this application. If you answered YES, please list where you have applied:	
Last day of Employment:	Reason you left your previous position:		
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must attach a Health Status Report Form. (Ask a WFD staff for a form)			
How many persons live in your house:	Adults:	Children:	
Type of Service Applying for: <input type="checkbox"/> General Assistance <input type="checkbox"/> Emergency * for home burnout, flooding, etc. Not for eviction/shutoff notices, medical travel, funeral travel, etc. per 25 CFR Part 20 §20.329.			
Where do you live now? <input type="checkbox"/> Own Home <input type="checkbox"/> Rent House/Apartment <input type="checkbox"/> Rent Room <input type="checkbox"/> With Relatives <input type="checkbox"/> With Friends <input type="checkbox"/> Other _____			

List ALL MEMBERS of the Household. Enter an asterisk (*) in the box at left of the name for each person NOT INCLUDED in General Assistance application budget.						
*	NAME First and Last	RELATION TO HEAD OF HH	DOB	LAST 4 # of SOCIAL SECURITY #	TRIBE ENROLLMENT	NATIVE CORPORATION & # OF SHARES
*		Self				



Maniilaq Association Workforce Development General Assistance Application

Have you received ATAP or TANF in the last month: ☐ Yes ☐ No If yes, how much: \$ _____

Has your ATAP/TANF been reduced due to penalties: ☐ Yes ☐ No Reason: _____

Have you been terminated from ATAP/TANF: ☐ Yes ☐ No Date of termination: ____/____/____

Have you been determined ineligible for ATAP/TANF: ☐ Yes ☐ No Reason: _____

Have you been denied ATAP/TANF: ☐ Yes ☐ No Reason: _____

Are you eligible to reapply for ATAP/TANF: ☐ Yes ☐ No Date able to reapply: ____/____/____

What TANF office did you receive assistance from: Please list: _____

Do you have an Individual Indian Money (IIM) account? ☐ Yes ☐ No

RECORD OF INCOME AND RESOURCES

Does anyone in your household have income from any source? ☐ Yes ☐ No
If yes, list the name of household member(s), source of income and amounts below.

****YOU ARE REQUIRED TO REPORT INCOME RECEIVED FROM THE FOLLOWING****

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 (SSA Retirement)	\$	
Supplemental Security Income (SSI)	\$	
Disability Insurance (SSDI or private insurance)	\$	
Alaska State Permanent Fund (PFD)	\$	
Cash outs of Retirement or Pension Plans	\$	
State Longevity	\$	
Veteran's Benefit	\$	
Unemployment Insurance Benefits	\$	
Worker's Compensation	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Native Corporation Dividends	\$	
Checking Account (provide statement showing balance)	\$	
Savings Account (provide statement showing balance)	\$	
Student Loans/Grants/Scholarships	\$	
Bingo or Pull Tab Winnings	\$	
Other Income	\$	
TOTAL MONTHLY INCOME	\$	

HOUSEHOLD MONTHLY EXPENSES

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

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



Maniilaq Association Workforce Development General Assistance Application

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.

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 them explained to us, and understand the provisions of Federal Law governing fraud.

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.

I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. General Assistance 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)

- | | |
|---|--|
| <input type="checkbox"/> Disabled-Attach medical documents signed by Doctor | <input type="checkbox"/> Reason not working:_____ |
| <input type="checkbox"/> Working/Employed- Attach last month of paystubs | <input type="checkbox"/> Starting a new job(date)_____ |
| <input type="checkbox"/> Last date worked:_____ | <input type="checkbox"/> Applied for Public Assistance Programs |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Receiving Public Assistance (Food stamps, ATAP) |
| <input type="checkbox"/> Collecting unemployment benefits-Attach stubs | Other agencies I applied with:_____ |



Maniilaq Association Workforce Development General Assistance Application

INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Name of Applicant _____ Date of Plan _____

Are you currently employed? Yes No If yes, where? _____ How long? _____

Highest grade level completed (please circle) 1 2 3 4 5 6 7 8 9 10 11 12 GED CERT College/Vocational

Date Graduated _____ Date of GED or Cert _____ Date last attended school _____

What are your short-term employment goal(s) to reach self-sufficiency?

What are your long-term employment goal(s) to become self-sufficient?

Barriers to you and/or your family (check all that apply)

<input type="checkbox"/> Currently employed/low income <input type="checkbox"/> Living in Rural Area <input type="checkbox"/> Lack of work in Village/Town <input type="checkbox"/> High school dropout/no GED <input type="checkbox"/> Unemployment (15 or more weeks) <input type="checkbox"/> Long Term Public Assistance (30 or more months) <input type="checkbox"/> In treatment (Substance, Grief, other)	<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Disabled <input type="checkbox"/> Lack of degree <input type="checkbox"/> No Driver's License <input type="checkbox"/> Foster Care <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Homelessness	<input type="checkbox"/> Public Assistance <input type="checkbox"/> Criminal History <input type="checkbox"/> Domestic Violence <input type="checkbox"/> 477 Participant <input type="checkbox"/> Teen Pregnancy/Parenting <input type="checkbox"/> In correction facility/Third-party Release date: _____
Goal # 1 (Example: Get Driver's License)		Date you plan to complete this goal/step?
Step 1 (Example: Study DMV manual)		
Step 2 (Example: Take written test)		
Step 3 (Example: Take driving test)		
Goal # 2 (Example: Update Resume)		Date you plan to complete this goal/step?
Step 1 (Example: Get employment history added to resume)		
Step 2 (Example: Find a computer to update resume)		
Step 3 (Example: Upload/email to potential employers)		

I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment, education, & related activities through steps that I am required to follow to remain compliant for 477 services. I must participate in employment, training, or related activities, and referrals developed in the plan that will promote my self-sufficiency. Failure to do so may constitute suspension from 477 Services for a period of 60 days but not more than 90 days. I also understand that if there are changes to be made, I will contact my Caseworker in a timely manner.

Signature of Applicant _____ Date _____ Workforce Development Staff _____ Date _____

Caseworker ONLY - To be completed 30 - 180 days after plan date. Follow up date _____ Staff Initials _____
Outcome: _____



Maniilaq Association Workforce Development General Assistance Application

UNIFORM GRIEVANCE & APPEALS PROCEDURE: The Tribe has established a uniform grievance and appeals procedure applicable to all participants and tribal staff within the 477 program engaged in any type of activity included under the 477 Plan and Employment & Training Program. The procedure ensures due process and establishes a series of levels, starting with informal resolution at the staff level. The final level of appeal is to a committee including the Department Director and two other senior-level tribal administrative staff. Appeals to the final level must be in writing and submitted within ten 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). The levels are as follows:

Step 1: Informal/Verbal Complaint-Resolve informally at the staff level.

Step 2: Written Complaint: Time and Date received noted, staff relays to Director. The participant is contacted directly. The director investigates/reviews complaints. Once determination is made the participant is advised.

Step 3: Final Formal Complaint: If unable to resolve or the participant is not satisfied with the Director's determination, a written request for Final review may be made by the participant. The Department Director will relay all pertinent written documentation to senior-level tribal administrative staff that includes one or more of the following as applicable: Human Resource Director, Deputy Administrator, Vice-Chairman, or Tribal Chairman.

Step 4: Only when the grievance specifically involves an elected official, will Step 4 apply. All written grievances will be reviewed following the Tribe's by-laws.

RELEASE OF INFORMATION: I certify the information given in this application is correct and true to the best of my knowledge and subject to verification. Falsification of facts is grounds for immediate termination and may result in prosecution under the law.

I also hereby authorize WFD staff to obtain or release information included in this application and my participant file as it pertains to my eligibility for services, assistance sought on my behalf from other social services programs, for verification of information that I have provided, and/or for reporting purposes.

Applicant Signature _____ Last 4 of SS# _____ Date: _____

Other Adult in Household Signature _____ Last 4 of SS# _____ Date: _____

INDIVIDUALIZED PLAN OF SERVICE: I further understand that a ***determination of eligibility does*** not guarantee services and that not all services will be financial in nature. I also understand that I am required to complete a formal. I agree to work together with my assigned Case Worker/Manager to develop and prepare an ***Individual or Family Self-Sufficiency Plan (ISP or FSSP)*** which details my individual needs and the steps I will take to achieve my goals. I understand priority is given to those who help themselves and have not previously received services. By my signature below, I indicate my agreement to abide by the policies and procedures set forth and release of information as necessary to verify my information and provide and/or obtain services on my behalf.

Applicant Signature

Date

Other Household Member Signature

Date

Parent or Legal Guardian Signature IF Applicant is Under 18

Date



Maniilaq Association Workforce Development General Assistance Application

WORK SEARCH/WORK RELATED/TRAINING/VOLUNTEER ACTIVITY SHEET

*****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*****

NAME of Applicant (Adult 1): _____ DOB: ____/____/____

NAME of other Adult (Adult 2): _____ DOB: ____/____/____

Applicant: Please read carefully and **initial next to each statement, acknowledging you understand these responsibilities.** If you do not understand the requirements, contact the WFD office and speak to a staff member)

1. All employable adults in your household are required to apply/complete a minimum of twelve (12) different jobs per month that you have applied for General Assistance, you can also volunteer work or complete other work related activities.

____ Adult 1 Initial ____ Adult 2 Initial (if applicable)

2. You must complete six (6) work searches within two weeks from the date of your application.

____ Adult 1 Initial ____ Adult 2 Initial (if applicable)

3. The remaining six (6) work searches must be completed before the end of the month in which you applied.

____ Adult 1 Initial ____ Adult 2 Initial (if applicable)

4. You must be actively seeking work if you are deemed able to work; this will be your main goal.

____ Adult 1 Initial ____ Adult 2 Initial (if applicable)

5. To complete a work search, take your work search form to various businesses and submit an application for employment. The potential 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, Alaskajobs, etc.).

____ Adult 1 Initial ____ Adult 2 Initial (if applicable)

6. 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)

7. 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)



Maniilaq Association Workforce Development General Assistance Application

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.

NAME OF APPLICANT: _____

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:	



Maniilaq Association Workforce Development General Assistance Application

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.

NAME OF APPLICANT: _____

WORK SEARCH/WORK RELATED/VOLUNTEER ACTIVITIES: ACTIVITY #5	
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 #6	
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 #7	
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 #8	
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:	



Maniilaq Association Workforce Development General Assistance Application

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.

NAME OF APPLICANT: _____

WORK SEARCH/WORK RELATED/VOLUNTEER ACTIVITIES: ACTIVITY #9	
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 #10	
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 #11	
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 #12	
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:	