"Yee gu.aa yax x'wan."

CHILKAT INDIAN VILLAGE
AN INDIAN REORGANIZATION ACT VILLAGE UNDER ACT OF CONGRESS JUNE 15, 1935
32 Chilkat Ave, Klukwan, Alaska
P.O. Box 210, Haines, AK 99827
PHONE: 907-767-5505
FAX: 907-767-5518
email: klukwan@wytbear.com

Welfare Assistance (General Assistance) Changes And / or Guidelines as of 1/1/04

- General Assistance is program that provides financial assistance payments to / for Alaska Natives and American Indians for essential needs, which are food, clothing, utilities, and shelter. These funds cannot be used for anything else. GA is a secondary resource and is provided only when no other resources are available. These program services are not the primary provider, which means that the client must also apply for TANF, Public Assistance, SSI or other programs that the may be eligible for.

Eligibility Information

- The client must be a member of an Alaska Native or American Indian Tribe;
- Must not have sufficient income and resources to meet essential needs for food, clothing, utilities and shelter;
- Live in the service area (your community);

Client (s) Need to Provide

- Proof of Tribal enrollment of all family members;
- Proof of residency (rent receipt, utility bill, etc.);
- Income (earned and unearned) – check stub receipts, dividends, unemployment benefits, veterans, retirement, bingo winnings, pull-tab winnings, bank statement, and in some cases the IRS statements;
- New Permanent Fund Calculation Policy effective October 1, 2004. We have a new matrix chart that you can refer to and find out what month's you will not qualify for General Assistance. We have a chart in every packet. And if you do not understand this chart you can call the CIV office and talk to Liz or Alice and we will help you. And if your PFD has been garnished, proof will have to be provided.
- Rent receipt, utility bill, etc. must be provided or the calculation may not provide the qualified amount, as we are only able to use the current / actual we have receipts for;
- Work with the GA worker to develop a self sufficiency plan that includes but is not limited to work / volunteer activities, training activities to acquire a job, or education for a GED or Diploma etc; this must show adequate accomplishments (following the plan) or the case can be suspended or denied indefinitely;
- Release of information is to Verify All Information;
- 3 and / or 6 months reviews of client cases will be with the GA worker;

When approved the client must provide a work search activity sheet / search sheet before any assistance can be approved, the work search is looking, applying, and interviewing with

- **Release of information is to Verify All Information;**
- **3 and / or 6 months reviews of client cases will be with the GA worker;**

When approved the client must provide a work search activity sheet / search sheet before any assistance can be approved, the work search is looking, applying, and interviewing with at least 2 different, employers a week, not repeating employer at all, or the GA case be suspended or denied indefinitely;

Misc. Information

- Families with dependent children are required to apply for TANF and follow TANF regulations;
- All clients who are able to work must actively seek and accept work;
- All clients who are able to work must sign and follow an individual self-sufficiency plan (ISP)
- During the months of July, August, September two parent household who are able to work, the calculated amount the recipient is eligible to receive is reduced by 50 %.
- Child Only: Ineligible caretaker / Relative assistance and the client must apply for other resources.
- A GA overpayment amount will also now be deducted from the GA calculation, in such cases as unreported income that should have been calculated, or a GA worker mistake.
- GA amounts depend on family units, income, and deductions;

The application must be approved or denied within 30 days and written notice within 45 of application date.

Burial Assistance, Emergency Assistance, Disaster Assistance

- Burial assistance is provided when no other resources are available. Other resources include, State General Relief burial assistance; Tribal or Native Corporation assistance. Assistance is available only in absents of other resources. If the deceased has resources, the resources are deducted from the $2500.

Funeral Feast: The funeral feast amount is $400, which is not in addition to the $2500.

These are federal regulations that all BIA & Tribal offices must follow. The regulations are the same for every office & client. All suspensions & denials fall on a case by case basis of what is or is not accomplished.
If you have any questions please Call Elizabeth or Alice at the village office. These are active regulations as of today.

I have read the above guidelines, understand them, and agree to them as a Welfare assistance applicant.

_____ _____

Client signature **Date**

_____ _____

Tribal services Worker Date

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THIS IS A NEW UPDATED GENERAL ASSISTANCE (GA) APPLICATION

PLEASE READ ALL FORMS CAREFULLY AND SIGN ALL DOCUMENTS. THE ISP SECTION IS AN IMPORTANT DOCUMENT AND MUST BE FILLED AND SIGNED.ALL APPLICATIONS ARE ACCEPTED, **BUT DOES NOT GUARANTEE APPROVAL**. YOU MUST COMPLY WITH ALL FEDERAL BIA GUIDELINES.

ALL INFORMATION MUST BE PROVIDED, AS WELL AS PROOF THAT YOU ARE SEEKING HELP WITH OTHER PUBLIC ASSISTANT AGENCY. PROOF OF INCOME, YOU MUST SHOW PROOF ALSO THAT YOU ARE SEEKING EMPLOYMENT, AND MAKING AN EFFORT OF IMPROVING YOUR SITUATION.

GENERAL ASSISTANCE IS ONLY A TEMPERORY ASSISTANCE PROGRAM, WHILE YOU SEEK EMPLOYMENT, IT IS NOT SET UP TO BE USED AS A MONTHLY INCOME. GENERAL ASSISTANCE PAYMENTS TO CLIENTS MUST BE FOR ESSENTIAL NEEDS ONLY-FOOD, CLOTHING, SHELTER AND UTILITIES. GA PAYMENTS ARE NOT INTENDED TO PAY OFF BILLS, CREDIT CARD DEBTS, VEHICLE/SNOW MACHINE, LOAN, ETC. GA PAYMENTS ARE ONLY TO BE USED TO PAY VERIFIED ACTUAL/MONTH

EXPENSE AMOUNTS. CHECKS AND FOOD VOUCHERS ARE SENT TO THE VENDORS FOR PAYMENT, NOT TO GA CLIENTS.

AS OF THIS DAY JULY 1, 2004, ALL GA APPLICATIONS MUST BE TURNED IN TO THE CIV OFFICE BY THE 15 TH OF THE MONTH, SO ALL YOUR UTILITIES SHOULD HAVE BEEN MAILED TO YOU BY THIS TIME.

LANDLORD/SHELTER STATEMENT

Chilkat Indian Village
P.O. Box 210
Haines, Alaska
PHONE: (907) 767-5505 FAX: (907) 767-5408
E-MAIL: lstrong@chilkatindianvillage.org

LANDLORD/SHELTER STATEMENT

This form certifies that *Name of Applicant* resides at the following address:

ADDRESS: _____

_____

_____

and pays $_____ per month for rent.

Utilities are ☐ Included in rent amount above
☐ NOT included in rent amount above, and must share costs:

$_____ Electricity

$_____ Telephone

$_____ Heat/Oil/Fuel

$_____ Water/Sewer

I certify that the above information is correct and true to the best of my knowledge under penalty of perjury or un-sworn falsification.

_____ _____
Signature of Landlord/Manager or Primary Tenant *(if "renting a room" or "living with family/friends")* **Date**

_____ _____
Printed Name **Phone**

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BIA REGULATIONS

REGULATION 20.603 HOW IS AN APPLICATION APPROVED OR DENIED?

C. The social services worker must approve or deny an application Within **30 days of application date.** The local Social service worker must issue written notice of the Approval or denial within **45 days of application date.**

The CIV office must receive all information, documents before we can process Your application to make sure you meet eligibility criteria. CIV office will not process a check unless you qualify and checks will not be made within two days or within a week of receiving your application. We have 30 days in which to process an application. PLEASE DO NOT CALL OR STOP BY AND REQUEST YOUR CHECK OR FOOD VOUCHER. WE WILL CONTACT YOU WHEN YOUR FOOD VOUCHER IS READY.

CIV office tries to accommodate our clients as quickly as we can. With the constant phones and stopping in about the GA/childcare applications, causes interruptions in processing applications and other business that is going on. The CIV office has many other Business situations going on besides GA/childcare applications. When processing checks it takes two signatures and the persons that sign these checks are not always available when it is time to sign checks. So it takes several persons to process the application, it is not just a one person job. Please understand this process is done with all applicants who fill out an application.

I have read this regulation and understand that it takes 30 days to process my application from the date on my application. I do understand that calling or stopping by regarding my application will not speed things along.

Signature_____

date_____

CHILKAT INDIAN VILLAGE
P.O. BOX 210
HAINES, ALASKA 99827

PHONE: (907) 767-5505 FAX: (907) 767-5408
E-MAIL: lstrong@chilkatindianvillage.org

END OF EMPLOYMENT STATEMENT

Employer must complete this form

Dear *Employer Name:*

*Name*_____ is applying for services from the *Chilkat Indian Village*. Your assistance is needed in order to complete the application process. Please report the requested information below.

Job Title:_____ **Last Day of Work:**_____/_____/_____

Date of Final Paycheck:___/___/_____ **Gross Amount of Final Paycheck: $**_____

Reason for End of Employment: **Termination** **Lay-Off** **Quit**

If Termination or lay-off, please state reason for action:_____

_____

_____

_____

_____

Would you or your company consider this person for re-hire? **Yes** **No**

Name & Title of Supervisor:_____

Company Name:_____

Address:_____

P.O. BOX or STREET ADDRESS CITY STATE ZIP

Phone:_____ **Fax:**_____ **E-mail:**_____

If you have questions or concerns regarding this form, please do not hesitate to call me at the number above.

Sincerely,

Elizabeth Strong
Tribal Service Specialist

Chilkat Indian Village

APPLICATION FOR WELFARE ASSISTANCE

Name: SS#:

Maiden Name or
Other Names Used: Date of Birth: / /

Mailing Address:
P.O. Box or Street Address City State Zip

Physical Address:
P.O. Box or Street Address City State Zip

Home Phone#: Message Phone#: Work Phone#:

Marital Status: ☐Single ☐Married ☐Separated ☐Divorced ☐Widowed

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	RELATION TO HEAD	DATE OF BIRTH	SEX	SOCIAL SECURITY #	TRIBE ENROLL #	MONTHLY INCOME

MEMBERS OF HOUSEHOLD WITH PHYSICAL OR MENTAL HANDICAP

NAME	NATURE OF PROBLEM	TEMPORARY or PERMANENT	MINOR or MAJOR	VERIFIED

NAMES OF CHILDREN NOT IN HOME	RELATION	D.O.B	MARITAL STATUS	NO. of DEPENDENTS	ADDRESS

NAMES OF OTHER KEY RELATIVES	CASE #	NUMBER RELATED TO	DEGREE RELATED	ADDRESS

How many persons live in the house: _____ Adults _____ Children

Type of Service Applying for: ☐General Assistance ☐Burial Assistance ☐Emergency

Where do you live now? ☐Own Home ☐Rent House/Apartment ☐Rent Room ☐With Relatives

☐With Friend(s) ☐Other:_____

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:__/__/__

Explain fully, how you have supported yourself during the past three (3) 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.

_____

_____

_____

_____

_____

_____

_____

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.

****Applicant MUST provide verification of ALL income reported & received****

SOURCE OF INCOME	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1: Applicant's Income/Salary	$	
Salary #2: Spouse's Income/Salary	$	
ATAP or TANF	$	
Child Support	$	
Adult Public Assistance (APA)	$	
Social Security	$	
Disability Insurance	$	
Alaska State Permanent Fund (PFD)	$	
Pension or Retirement	$	
State Longevity	$	
Medicare/Medicaid	$	
Food Stamps	$	
Unemployment	$	
Bingo or Pull Tab Winnings	$	
Other Income	$	
Other Income	$	
TOTAL MONTHLY INCOME	$	

MONTHLY SHELTER COSTS

****Applicant MUST provide verification of ALL expenses for current month****

Rent	$	Telephone	$
Space Rent	$	Water	$
Mortgage Payment	$	Sewage	$
Electricity	$	Household Oil/Fuel/Wood	$
Heating	$	Other	$

READ BEFORE SIGNING

I (We) apply for financial assistance for services for the listed members of my (our) household who are in need. I (We) have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Social Services is authorized to obtain information necessary to establish eligibility for assistance. I (We) have read, or had explained to us, the provision of our protection under the Paperwork Reduction Act and the Privacy Act.

Applicant Signature	Signature of Other Adult Household Member
Printed Name	Printed Name
Date	Date

************FOR OFFICE USE ONLY************

Date Application Received:_____ Application Received By:_____

DECISION OF APPLICATION: ☐ Approved ☐ Denied Date:__/__/__

(Review Dates: __/__/__ (1-Month Review) __/__/__ (3-Month Review) __/__/__ (6-month Review))

COMMENTS/NOTES:_____

Caseworker Signature:_____ Date:__/__/__

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email: klukwan@wytbear.com

WORK SEARCH ACTIVITY SHEET 3 Per Week

Applicant: Must apply for a minimum of (3) three different jobs as required to be considered eligible for services.
Employer: Please complete the form below for the applicant who is pursuing employment with your organization or business.

NAME:_____ SS#:_____

ADDRESS:_____
P.O. BOX or STREET ADDRESS CITY STATE ZIP

HOME PHONE:_____ MESSAGE PHONE: _____

Work Search #1

Date:	Job Title:
Employer or Business Phone#:	Employer or Business Name:
Employer or Business Address:	

Submitted a Complete Application	☐ Yes ☐ No	Was Applicant Offered Employment	☐ Yes ☐ No
Submitted a Resume	☐ Yes ☐ No	Did Applicant Accept Employment	☐ Yes ☐ No
Was Applicant Interviewed for Job	☐ Yes ☐ No	Did Applicant Refuse Employment	☐ Yes ☐ No

Employer/Supervisor Signature:	Employer/Supervisor's Printed Name:
COMMENTS:	

Work Search #2

Date:	Job Title:
Employer or Business Phone#:	Employer or Business Name:
Employer or Business Address:	

Submitted a Complete Application	☐ Yes ☐ No	Was Applicant Offered Employment	☐ Yes ☐ No
Submitted a Resume	☐ Yes ☐ No	Did Applicant Accept Employment	☐ Yes ☐ No
Was Applicant Interviewed for Job	☐ Yes ☐ No	Did Applicant Refuse Employment	☐ Yes ☐ No

Employer/Supervisor Signature:	Employer/Supervisor's Printed Name:
COMMENTS:	

Work Search #3

Date:	Job Title:
Employer or Business Phone#:	Employer or Business Name:
Employer or Business Address:	

Submitted a Complete Application	☐ Yes ☐ No	Was Applicant Offered Employment	☐ Yes ☐ No
ıbmitted a Resume	☐ Yes ☐ No	Did Applicant Accept Employment	☐ Yes ☐ No
as Applicant Interviewed for Job	☐ Yes ☐ No	Did Applicant Refuse Employment	☐ Yes ☐ No

Employer/Supervisor Signature:	Employer/Supervisor's Printed Name:
COMMENTS:	

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AUTHORIZATION FOR RELEASE OF INFORMATION

I,_____, authorize the release of information requested by the Chilkat Indian Village or it's representatives within the Tribal Services Program. The requested information shall be used solely in the administration of the Tribal Services Assistance Programs, and will not be released to any other person or agency outside of the Chilkat Indian Village's Tribal Services Program.

Persons or organizations that may be contacted include, but are not limited to: Local governments, Tribal Governments, Regional Health Organizations, Health care providers, Native Corporations, Alaska State Housing Authority, tax assessors, financial institutions, stock brokerage firms, landlords, employers, school authorities, The Department Of Law, The Department Of Fish And Game, The Department Of Labor, the Department of Military Affairs, and private individuals.

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

X _____ _____
Your Signature Witness Signature If Signed With An X

X _____ _____
Printed Name Printed Name of Witness

X _____ X _____
Social Security Number Date

Must Fill Out
& Follow or Can Be Suspended or Denied.

INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Participant Name:_____ **Date of Plan:**__/__/__

I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the General Assistance Program for a period of 60 days, but not more the 90 days. I also understand that if there are any changes to be made that I will contact my Case Worker in a timely manner to ensure my success in the General Assistance Program.

Are you currently employed: ☐Yes ☐No If yes, where?_____How Long?_____

Highest grade completed: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☐GED ☐Voc-Tech ☐ College

Date Graduated:__/__/__Date received GED:__/__/__Date last attended school:__/__/__

What is/are your short-term employment goal(s) to get off General Assistance?

_____

_____

What is/are your long-term employment goal(s) to get off General Assistance?

_____

_____

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities	Education/Training	Other Activities
☐Employment:__Full-time__Part-time	☐High School Diploma	☐Life Skills Instruction
☐Job Search	☐GED	☐Parenting Skills Workshop
☐Volunteer Work Experience	☐ESL (English as a 2nd Language)	☐Childcare Assistance
☐Job Sampling or Job Shadow	☐Adult Vocational Training	☐Child Support
☐On-the-Job Training	☐Literacy Improvement	☐Substance Abuse Assessment
☐Job Readiness	☐Employment Counseling	☐Substance Abuse Treatment
☐Other:_____	☐Other:_____	☐Other:_____

SELF-SUFFICIENCY ACTIVITY PLAN AND GOALS

START DATE	ACTIVITY or GOAL	WHO WILL DO IT?	DATE TO BE ACHIEVED
	Work Goals		

ACTION STEPS TO ACHIEVE GOAL
1.
2.
3.

START DATE	ACTIVITY or GOAL	WHO WILL DO IT?	DATE TO BE ACHIEVED
	Training Goals		

ACTION STEPS TO ACHIEVE GOAL
1.
2.
3.

START DATE	ACTIVITY or GOAL	WHO WILL DO IT?	DATE TO BE ACHIEVED
	Work/Training Activity		

ACTION STEPS TO ACHIEVE GOAL
1.
2.
3.

Re-Determination of Eligibility Review Date: _____/_____/_____

Signature of Applicant:_____ Date:__/__

Case Worker Signature:_____ Date:_____

INDIVI JAL SELF-SUFFICIENC' 'LAN (ISP)

Participant Name: Kathy Smith **Date of Plan:** 03/24/03

I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the General Assistance Program for a period of 60 days, but not more the 90 days. I also understand that if there are any changes to be made that I will contact my Case Worker in a timely manner to ensure my success in the General Assistance Program.

Are you currently employed: ☐Yes ☑No If yes, where?_____ How Long?_____

Highest grade completed: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 ☐11 ☐12 ☑GED ☐Voc-Tech ☐College

Date Graduated: __/__/__ Date received GED: 05/05/1985 Date last attended school: __/__/__

What is/are your short-term employment goal(s) to get off General Assistance?
Go to job center to get employment counseling and attend 2-week work search program.

What is/are your long-term employment goal(s) to get off General Assistance?
Get an administrative assistant job with the State.

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities
- ☐Employment: __Full-time __Part-time
- ☑Job Search
- ☐Volunteer Work Experience
- ☐Job Sampling or Job Shadow
- ☐On-the-Job Training
- ☑Job Readiness
- ☐Other: _____

Education/Training
- ☐High School Diploma
- ☐GED
- ☐ESL (English as a 2nd Language)
- ☐Adult Vocational Training
- ☐Literacy Improvement
- ☑Employment Counseling
- ☐Other: _____

Other Activities
- ☐Life Skills Instruction
- ☐Parenting Skills Workshop
- ☐Childcare Assistance
- ☐Child Support
- ☐Substance Abuse Assessment
- ☐Substance Abuse Treatment
- ☑Other: credit counseling

SELF-SUFFICIENCY ACTIVITY PLAN AND GOALS

START DATE	ACTIVITY or GOAL	WHO WILL DO IT?	DATE TO BE ACHIEVED
04-01-03	Attend empbyment counseling	Kathy	04-07-2003

ACTION STEPS TO ACHIEVE GOAL
1. Attend 1st session w/employment counselor to define work search
2. Make plan to list work activities (ie, develop resumes/workplace alaska portfolio)
3. Prioritize types of jobs to search & apply for in work search program

START DATE	ACTIVITY or GOAL	WHO WILL DO IT?	DATE TO BE ACHIEVED
04-07-03	Attend Work Search Program	Kathy	04-18-2003

ACTION STEPS TO ACHIEVE GOAL
1. Attend orientation
2. learn more employability skills & search/apply for clerical jobs
3. Complete program successfully

START DATE	ACTIVITY or GOAL	WHO WILL DO IT?	DATE TO BE ACHIEVED
04-18-03	Meet w/ credit counselor	Kathy	04-30-2003

ACTION STEPS TO ACHIEVE GOAL
1. Meet w/ credit counselor to develop credit plan to pay delinquent bills
2. Develop budget to keep my finances in order
3. Continue budgeting and establish good credit

Re-Determination of Eligibility Review Date: 05/01/2003

Signature of Applicant: Kathy Smith Date: 3/24/03

Case Worker Signature: Jenny Jones Date: 03/24/03

SAMPLE