



"Yee gu.aa yax x'wan."

**An Indian Reorganization Act Village
Under Act of Congress June 15th, 1935**

32 Chilkat Ave. Klukwan, Alaska 99827
HC60 Box 2207 Haines, Alaska 99827
Phone: 907-767-5505
Fax: 907-767-5408
klukwan@chilkat-nsn.gov

Application for 477 Services

What kind of assistance are you requesting?

(CHECK ALL THAT APPLY)

- Child Care
- Job Placement and Training
- General Assistance
- Adult Higher Education

Name of Client: _____ Date of application: _____

Phone # _____

Address: _____

*****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: _____

477 Caseworker Signature: _____ Date: ____ / ____ / ____

Application Instructions:

1. Fill out the 477 application.
2. Complete the additional application for the service(s) you are requesting.
3. Fill in **all** blanks in the application. If a blank does not apply to you, please write "NA".
4. The following documents must be submitted with your application. *Your application will be considered incomplete without these documents and will not be processed:*
 - Tribal enrollment card or Certificate of Indian Blood for everyone in your household.
 - Birth Certificate of child (Child Care Assistance only)
 - Copy of Driver's License or other State or Federal identification.
 - Copy of Social Security card or Social Security number.
5. Make sure you sign and date your application.

Eligibility Requirements for Chilkat Indian Village services:

In order to be eligible, you must:

- Be an enrolled member of a federally recognized tribe and living within our service area. (Higher Education Scholarships do not have a residency requirement but you must be Chilkat Indian Village enrolled member).
- Submit a copy of your BIA Certificate of Indian Blood (CIB) or Chilkat Indian Village Tribal enrollment card verifying Indian Blood Quantum.
- All males 18 to 25 must provide proof of enrollment with Selective Service.
- Meet all eligibility requirements for the program(s) to which you are applying.
- Must be unemployed or underemployed and economically disadvantaged. (Higher Education Scholarships do not have a economical requirement.)
- Demonstrate ability to obtain employment based upon training request. (Higher Education Scholarships and Child Care does not apply.)

Please note:

Incomplete applications cannot be processed until all information and documentation required to complete the application has been received by Chilkat Indian Village.

Who do I contact if I have any questions, need more information, and/or need assistance in completing my application?

For employment services, scholarships, general assistance and child care assistance:

Please call the 477 Case Manager: (907) 767-5505

APPLICANT INFORMATION/PERSONEL DATA

Name (First, Middle, Last)		Sex Male/Female	Date of Birth
Home Address (Physical Location)		City	State/Zip code
Mailing Address		City	State/Zip code
Home Phone		Cell Phone	Message Phone
Emergency Contact/ Relationship		Phone number of emergency contact	Personal Email Address
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Single living with significant other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		Family Status <input type="checkbox"/> Parent in one-parent family <input type="checkbox"/> Parent in two-parent family <input type="checkbox"/> Number of dependents under 18 in household _____ <input type="checkbox"/> Total Number in household _____	Have you applied for Chilkat Indian Village Services before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____
Are you enrolled with the Chilkat Indian Village Yes / No		Tribal Enrollment Number	Social Security Number
Do you have a misdemeanor or a felony record? Y / N If yes please explain:			
If you are a male between the ages of 18 to 25, have you signed up for selective services? Y / N NA			
Have you received ATAP or TANF in the last month: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much: \$ _____			
Have you been determined ineligible for ATAP/TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason: _____			
Are you eligible to reapply for ATAP/TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No Date able to reapply: __/__/__			
Sign Here X			Date

Family Income and Available Funds

List ALL sources of income that you or your family members will receive during the next 30 days and current available funds. You must provide verification of income from your employer.

SOURCE OF INCOME & RESOURCES	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1: Applicant's Income/Salary	\$	
Salary #2: Spouse's Income/Salary	\$	
Tips or Gratuities	\$	
ATAP -TANF-ASAP (State assistance)	\$	
Child Support and Alimony	\$	
Foster Care Payments	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA)	\$	
Supplemental Security Income (SSI)	\$	
Disability Insurance	\$	
Cashouts of Retirement or Pension Plans	\$	
Food Stamps	\$	
Checking Account	\$	
Savings Account	\$	
Native Dividends	\$	
Other	\$	
Other	\$	

Anticipated total income \$ _____

CHILKAT INDIAN VILLAGE



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CERTIFICATION AND AGREEMENT

I (we) certify to the best of my knowledge that the information and documentation contained in this application is accurate and true. I (we) also understand that additional information may be requested to verify what has been submitted.

I (we) understand that my application is subject to verification, and that falsification of information shall be grounds for immediate termination from the program and will subject me to Federal prosecution under 18 U.S.C. § 1001, which carries a fine of not more than \$10,000 or federal imprisonment for not more than years, or both. I (we) also understand that is I (we) receive services as a result of falsified information, I (we) will have to repay the Tribe for those services.

I (we) understand and will comply with Goals and Activities outlined in the family Self-Sufficiency Plan developed with my (our) Program Case Worker.

I (we) understand that there is an Appeal Procedure by which I (we) can challenge a decision with regard to this application. I (we) certify that I (we) have received a copy of this Appeal Procedure, have read it, understand it and will abide by it.

Applicant Signature

Date

Applicant Signature

Date

Printed name of applicant

Print name of applicant

Parent/Guardian Signature

Date

Redetermination Date (3 months: ISP)/ (6 months: Case Plan)
 (mm/dd/yyyy)/ Initials: ____/____/____ / _____

Date Recipient met ALL goals (mm/dd/yyyy)
 (mm/dd/yyyy)/ Initials: ____/____/____ / _____

INDIVIDUAL SELF-SUFFICIENCY (ISP)/ CASE PLAN (25 CFR Part 20)

ISP / Case Plan [Check all that Apply]

Name of Client: (Last, First, Middle): _____ Date of Plan: ____/____/____

What is/are your goals to achieve self-sufficiency?

Short-Term Goals:

Long-Term Goals:

BARRIERS TO CLIENT			STRENGTHS OF CLIENT
<input type="checkbox"/> Health	<input type="checkbox"/> Lack of/ Limited Transportation	<input type="checkbox"/> No Driver's License	<i>Identify strengths the client possesses:</i>
<input type="checkbox"/> Mental Health	<input type="checkbox"/> Lack of/ Limited Education	<input type="checkbox"/> Social Isolation	
<input type="checkbox"/> Substance Abuse Dependency	<input type="checkbox"/> Criminal History	<input type="checkbox"/> Limited/No Jobs Available	
<input type="checkbox"/> Age Factors	<input type="checkbox"/> Limited/ No Work History	<input type="checkbox"/> Homeless	
<input type="checkbox"/> Disabilities	<input type="checkbox"/> No Job Skills	<input type="checkbox"/> Other: _____	

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

WORK ACTIVITIES	EDUCATION/ TRAINING	OTHER ACTIVITIES	CASE PLAN
<input type="checkbox"/> Job Search	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Life Skills Activities	<input type="checkbox"/> SSA Application
<input type="checkbox"/> Volunteer Work Experience	<input type="checkbox"/> GED	<input type="checkbox"/> Parenting Skills	<input type="checkbox"/> Medical Report
<input type="checkbox"/> Job Sampling or Job Shadow	<input type="checkbox"/> ESL (English as 2 nd Language)	<input type="checkbox"/> Childcare Assistance	<input type="checkbox"/> Decision Letters
<input type="checkbox"/> On-the-Job Training	<input type="checkbox"/> Adult Vocational Training	<input type="checkbox"/> Child Support	<input type="checkbox"/> Legal Assistance
<input type="checkbox"/> Employment Counseling	<input type="checkbox"/> Literacy Improvement	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Care for Child Under Age 6
<input type="checkbox"/> Registration with Local Job Service	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Counseling	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Job Readiness	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Driver's License Reinstatement	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Dental/Health Care	
		<input type="checkbox"/> Other: _____	

SELF SUFFICIENCY ACTION PLAN & GOALS

GOAL #1		
Goal #1 Revised		
ACTION STEPS FOR GOAL #1	DATE TO BE ACHIEVED	DATE COMPLETED
1.		
2.		
GOAL #2		
Goal #2 Revised		
ACTION STEPS FOR GOAL #2	DATE TO BE ACHIEVED	DATE COMPLETED
1.		
2.		
SOCIAL SERVICES WORKER'S ACTIVITY WITH TIMEFRAME (25 CFR 20.318)	DATE TO BE ACHIEVED	DATE COMPLETED
1.		
2.		

____ I understand that the purpose of the Individual Self-Sufficiency Plan (ISP) 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. Failure to follow through with the ISP may constitute suspension from the General Assistance Program for a period of at least 60 days but not more than 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.

____ I understand that the purpose of the Case Plan is to follow through with goals listed: (i.e.) Accessing other resource programs, keeping medical appt., etc. Failure to follow through with the steps identified in the Case Plan may constitute suspension from the General Assistance Program.

 Recipient Signature

 Date Signed

 Social Services Worker Signature

 Date Signed

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**AUTHORIZATION
FOR RELEASE OF INFORMATION**

I _____ authorize the release of information requested by the Chilkat Indian Village or its tribal service staff. The requested information will only be used in the administration of the 477 program, and will not be released to any other person or agency outside of the Chilkat Indian Village office or its tribal service staff. This release of information will be in effect while I am an applicant or recipient of the 477 program, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Printed Name	Signature
Address	Social Security Number
Phone Number	Date

Appeal Rights

All applicants of the program have the right to make a written request to appeal all decisions and actions being made on their 477 self sufficiency program services. Each time a client makes a written request for reconsideration in filing an appeal, the request must contain the following:

1. The reason for the dispute and why the client disagrees with the decision, action or findings of the staff that made the decision/action.
2. The issue involved in the dispute.

All written request must be made within twenty (20) working days from the date the letter of notification was written. The request for a formal appeal must be submitted to Tribal Administrator, Chilkat Indian Village, HC 60 2207, Haines, AK, 99827 or it can be hand delivered to the Tribal Administrator. If you do not request within the twenty (20) days, the decision will become final and not subject to appeal under 25 CFR Part 20. If you are dissatisfied with the Tribal Administrator's written decision after the formal hearing then you may submit your request for another formal appeal hearing within twenty (20) days of the tribal formal hearing's written decision. This request should be directed to the Bureau of Indian Affairs, Regional Office of Human Services, P.O. Box 25520, Juneau, Alaska, 99802. You may have representation, at your own expense for either of the formal hearings.

Chilkat Indian Village

GENERAL ASSISTANCE

Please read the following carefully:

An incomplete application will not be processed.

General Assistance is **temporary** funding offered by Chilkat Indian Village to provide financial assistance for the following essential needs only: food, shelter, and basic necessary utilities. The goal of General Assistance is to increase self-sufficiency. General Assistance is only available when no other resources are available to you. General Assistance is not an emergency assistance fund. Allow 4 weeks for the processing of applications. General Assistance is not for eviction/shutoff notices, medical travel, funeral travel, etc, per 25 CFR part 20 20.329.

Applicants: *All applicants with dependent children are required to apply for Temporary Assistance for Needy Families (TANF) with the State of Alaska and provide verification of application (case number) before applying for General Assistance. Applicants without children are requested to apply for other State of Alaska Assistance including Adult Public Assistance (ATAP), General Relief Assistance (GR), Unemployment Insurance or Food Stamps.*

- **Employment Services:** General Assistance (G.A.) recipients who are unemployed must be actively seeking employment in order to receive financial assistance through the General Assistance program. Some applicants may be required to complete the **"Worksearch/Work Related Activity Sheet"**. This form lists a minimum of Twelve (12) different jobs that you must apply for during the month you are receiving G.A. Failure to do so may constitute suspension from the General Assistance Program.
- **Individual Self-Sufficiency Plan:** Individuals who are approved for General Assistance are required to complete an **Individual Self-Sufficiency Plan** with the assistance of Training & Education staff. The Plan outlines the specific steps the applicant will take to increase independence by meeting the goal of employment. The applicant is required to participate in work and/or other activities and referrals, as outlined in the Self-Sufficiency Plan, which will promote self-sufficiency. Failure to do so may constitute suspension from the General Assistance program.

*****INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED*****

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.

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

*	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

Are you or any member of your household a shareholder in a Native Corporation? Yes No

MEMBERS OF HOUSEHOLD WHO OWN SHARES IN A NATIVE CORPORATION		
NAME	NATIVE CORPORATION	# SHARES OWNED

MONTHLY SHELTER COSTS

*****PROVIDE ALL EXPENSES FOR THE CURRENT MONTH*****

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

Chilkat Indian Village
HC-60 Box 2207
Haines, Alaska 99827
Phone (907) 767-5505 Fax (907) 767-5518
Email: Klukwan@chilkat-nsn.gov

WORK SEARCH/WORK RELATED ACTIVITY SHEET

Name of Applicant: _____

Applicant:

Please read carefully. Ask your Welfare Assistance Case Worker to clarify if you do not understand these requirements.

1. All employable adults in your household are required to apply for a minimum of twelve (12) different jobs for the month that you have applied for welfare assistance.
2. You must complete six (6) work searches within two weeks from the date of your application.
3. The remaining six (6) work searches must be completed before the end of the month in which you applied.
4. Actively looking for work is one of the goals in your Individual Self-Sufficiency Plan (ISP).
5. Take the 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. Return the Work Search forms to the Welfare Assistance Worker.
6. You may also show proof that you are actively participating in work related activities such as obtaining a GED; doing consistent volunteer work; working with Job Service to develop your resume (work history). Provide proof to your Welfare Assistance Case Worker of these activities within two weeks of the date of your application. The proof is a document from the place where you are doing these work related activities.

Date of Application: _____

First 6 worksheets due: _____

Last 6 worksheets due: _____

If you do not complete the work searches, you will not receive GA.

WORK SEARCH/WORK RELATED ACTIVITY SHEET

NAME OF APPLICANT: _____

Employer: Please complete the information below for the applicant who is pursuing employment with your organization or business.

WORK SEARCH/WORK RELATED ACTIVITY # 1			
Date:		Job Title/Work Activity:	
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 2			
Date:		Job Title/Work Activity:	
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 3			
Date:		Job Title/Work Activity:	
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY SHEET

NAME OF APPLICANT: _____

Employer: Please complete the information below for the applicant who is pursuing employment with your organization or business.

WORK SEARCH/WORK RELATED ACTIVITY # 4			
Date:		Job Title/Work Activity:	
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 5			
Date:		Job Title/Work Activity:	
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 6			
Date:		Job Title/Work Activity:	
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY SHEET

NAME OF APPLICANT: _____

Employer: Please complete the information below for the applicant who is pursuing employment with your organization or business.

WORK SEARCH/WORK RELATED ACTIVITY # 7			
Date:		Job Title/Work Activity:	
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 8			
Date:		Job Title/Work Activity:	
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 9			
Date:		Job Title/Work Activity:	
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY SHEET

NAME OF APPLICANT: _____

Employer: Please complete the information below for the applicant who is pursuing employment with your organization or business.

WORK SEARCH/WORK RELATED ACTIVITY # 10			
Date:	Job Title/Work Activity:		
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 11			
Date:	Job Title/Work Activity:		
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 12			
Date:	Job Title/Work Activity:		
Employer or Business Phone #:		Employer or Business Name:	
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			



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VERIFICATION OF EMPLOYMENT

Applicant Name: _____

Mailing Address: _____

City: _____, Alaska Zip Code _____

Phone: _____ SSN: _____ DOB _____

◆◆ YOUR EMPLOYER MUST COMPLETE THE FOLLOWING INFORMATION BELOW ◆◆

Employee's Job Position/Title: _____

Hourly Wage: \$ _____ Bi-Weekly Salary: \$ _____ Monthly Salary: \$ _____

Date to Start Work: ___/___/___ Hours Per Week: _____ Days Per Week _____

Work Days: (please circle) Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Date of First Pay Day: ___/___/___ Date of First Full Pay Day: ___/___/___

Is this a Part-Time or Seasonal Job? [] Yes [] No

If Seasonal, what are the seasonal dates of employment?

Start of Season: ___/___/___ End of Season: ___/___/___

Is this a Full-Time Permanent Job? [] Yes [] No

Supervisor's Name (please print): _____

Supervisor's Title/Position: _____ Phone #: _____

Employer or Company Name: _____

Mailing Address: _____

P.O. Box or Street Address City State Zip

Employer Signature

Date

Please return form to Carrie Durr by fax (907) 767-5408 or by mail at the above listed address If you have any questions please call Carrie Durr at (907) 767-5505

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LANDLORD/SHELTER STATEMENT

This form certifies that _____ resides at the following address:
Name of applicant

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 _____ *Date*

Primary Tenant (if "renting a room" or "living with family/friends")

Signature of tenant _____ *Date*

Please return form to Carrie Durr
by fax (907) 767-5408 or by mail at the above listed address
If you have any questions please call Carrie Durr at (907) 767-5505

END OF EMPLOYMENT STATEMENT

Employer must complete this form

CHILKAT INDIAN VILLAGE



"Yee gu.aa yax x'wan."

Dear _____

Mr. / Mrs. _____ 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: _____

Phone: _____ Fax: _____ E-Mail: _____

If you have questions or concerns regarding this form, please do not hesitate to call me at 907-767-5505.

Sincerely,

Carrie Durr

Fax# 907-767-5408

477 Case Manager

Dear Health Care Provider:

The individual listed below is applying for services from the (Chilkat Indian Village, Klukwan) Social Services Department.

In order to complete the application process for the client, please complete the form below and return to this office – you may fax or mail to Attention: Carrie Durr Fax 907-767-5408. Chilkat Indian Village HC-60 Box 2207 Haines, Alaska 99827

A Release of Information form signed by the client is included with this form. Your timely response is appreciated.

Patient: _____ DOB: _____

Physician: _____ Phone # _____
(Physician printed name)

The individual listed above has been evaluated on _____. The physician has instructed the individual concerning further work as described below:

WORK/WORK RELATED ACTIVITY STATUS:

- Can return to work/work related activity NOW
- OFF work/work related activity, scheduled to return to work/work related activity on _____
- OFF work/work related activity, *return date unknown
- Will require light duty as follows:
 - No water solvent exposure
 - Sitting work only, NO walking or prolonged standing
 - Limited walking, not more than 100 feet per hour
 - NO lifting
 - LIGHT lifting only, not more than 50 lbs.

Estimated Duration of Light Duty: _____

Re-evaluation scheduled on _____.

***In accordance with 25 CFR Part 20, §20.315, a person suffering from a temporary medical injury or illness may be excused from work or work related activities if the illness or injury is serious enough to temporarily prevent employment. He/she must be referred to SSI if the disability status exceeds 3 months.**

Physician Signature

Date

<p>CHILKAT INDIAN VILLAGE</p>  <p>"Yee gu.aa yax x' wan."</p>	<p>An Indian Reorganization Act Village Under Act of Congress June 15th, 1935</p> <p>32 Chilkat Ave. Klukwan, Alaska 99827 HC60 Box 2207 Haines, Alaska 99827 Phone: 907-767-5505 Fax: 907-767-5408</p> <p style="text-align: right;">klukwan@chilkat-nsn.gov</p>
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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 and have had 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. Initials of applicant _____

I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Release of Information: Human Services is authorized to obtain/exchange information necessary to establish eligibility for assistance. I (We) have read, or had explained to me/us, the provision of our protection under the Paperwork Reduction Act and the Privacy Act. Initials of applicant _____

 Printed name of applicant

 Signature of applicant

 Printed name of applicant

 Signature of applicant