



**The Native Village of Eyak 477 Department**

**APPLICATION FOR SERVICES**

**GENERAL ASSISTANCE**

**The Native Village of Eyak**  
710 1<sup>st</sup> Street  
P. O Box 1388  
Cordova Alaska 99574-1388  
477 Director's Office Phone: (907) 424-2227

**Please scan and email applications to:**  
[477@eyak-nsn.gov](mailto:477@eyak-nsn.gov)

## The Native Village of Eyak's 477 Program

The Native Village of Eyak's Education & Training, Scholarship, Employment, General Assistance, and Child Care services are components of The Native Village of Eyak 477 Department. These programs are available for eligible Alaska Natives and American Indians living within The Native Village of Eyak's traditional boundaries.

### Eligibility Requirements for The Native Village of Eyak services:

Eligibility is based on:

- Be an enrolled member of The Native Village of Eyak living within the Traditional Boundaries of The Native Village of Eyak
- Submit a copy of your BIA Certificate of Degree of Indian Blood or Tribal enrollment card.
- Meet **all** eligibility requirements for the program(s) to which you are applying.

### Application Instructions:

1. **Everyone must complete pages 2-6 of this application.**
2. **Complete the application section** for the service(s) you are requesting (see sections and page numbers on front page).
3. Fill in **all** the blanks in the application. If a blank does not apply to you, please write "NA" for not applicable.
4. Gather the following documents to submit with your application. **Your application will be considered incomplete without these documents and will not be processed:**
  - Tribal enrollment card or Certificate of Degree of Indian Blood for everyone in your household.
  - Birth Certificate of children (Child Care Assistance only)
  - Copy of Driver's License or other State or Federal identification.
  - Copy of Social Security card or number.
5. Make sure you've signed and dated your application on the day it is submitted.

**Please note: The Native Village of Eyak cannot proceed with processing incomplete applications until we have received all the necessary information and documentation required to finalize the application.**

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

477 Director Phone: (907) 424-2227

**Please scan and email applications to:**

477@eyak-nsn.gov

## Native Village of Eyak Application for Services

Mailing Address: P.O. Box 1388, Cordova, Alaska 99574 – Email: 477@eyak-nsn.gov – Phone: (907) 424-2227

### Initial Intake & Short Education or Employment Development Plan

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_  
 (First) (Middle) (Last) (Also Known As – or Maiden Name)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

Present Mailing Address: \_\_\_\_\_  
 (Street Address or P.O. Box) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Veteran?**  Yes  No If yes, Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_ **Registered with Selective Service?**  Yes  No

**Educational Status:**

High School Diploma-Year Graduated: \_\_\_\_\_  GED-Year obtained: \_\_\_\_\_ OR Highest Grade Completed: \_\_\_\_\_  
 College/Vocational Graduate-Type of Degree:  Certificate  AA/AAS  BA/BS  MA/MS  Other: \_\_\_\_\_ Year: \_\_\_\_\_

Most NVE EESS programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?**  Yes  No

Applicant Ethnicity	Applicant Primary Goal (check one)	Education/Employment Service Needs List
(check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other (specify) _____  <b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single/Separated <input type="checkbox"/> Living with Partner <input type="checkbox"/> Divorced/Widowed	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Self-Employment <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Educational Gain <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Relocation Assistance for Employment <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Transportation To/From Training or Job <input type="checkbox"/> Enter Postsecondary Education or Job Training/Scholarships <input type="checkbox"/> Child Care <input type="checkbox"/> Training Fees or Tuition <input type="checkbox"/> Work Attire or On the Job Clothing <input type="checkbox"/> Mini Grant <input type="checkbox"/> Educational Housing Scholarship <input type="checkbox"/> Other (specify) _____

#### Applicant Status and Program Enrollment

Applicant Primary Status	Barriers to Education/Employment	Institutional Programs
(check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more this calendar year <input type="checkbox"/> Unemployed → <input type="checkbox"/> Collecting Unemployment <input type="checkbox"/> Not in the Labor Force <input type="checkbox"/> On Public Assistance ← (ATAP, TANF, food stamps, tribal welfare assistance)	(Must Complete)  Last or Current hourly wage: \$ _____  Unemployed since: ____/____/____  (currently on or received in last six months)	(check all that apply) <input type="checkbox"/> In Correctional Facilities (AMCC, Seaside, etc.) Release date: _____ <input type="checkbox"/> In Other Institutional Settings (A.P.I., Substance Treatment, etc.) <input type="checkbox"/> None of the above

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES.

## Family Income and Available Funds

**Family Income and Available Funds** – List ALL sources of income that you have received during the last 30 days and current available funds. *You must provide copies of pay stub(s) for the last 30 days as verification of income.*

Source of Income	Amount Monthly/Yearly	Comments
Applicant’s net salary (attach pay stub)	\$	
Spouse’s net salary (attach pay stub)	\$	
Tips or gratuities	\$	
ATAP, TANF, ASAP	\$	
General Relief (GR)	\$	
General Assistance (GA)	\$	
Housing assistance (AHFC, NPRHA)	\$	
Child support and alimony	\$	
Foster care payments	\$	
Child Care assistance	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA)	\$	
Supplemental Security Income (SSI)	\$	
Disability insurance	\$	
Cash-out of retirement or pension plan	\$	
Alaska Longevity Bonus	\$	
Veteran’s benefits	\$	
Unemployment insurance benefits	\$	
Worker’s Compensation	\$	
Checking account (current balance)	\$	
Savings account (current balance)	\$	
Student loans/grants/scholarships	\$	
Other income (specify)	\$	
Other income (specify)	\$	
<b>Total Income for Last 30 Days</b>	<b>\$</b>	

<b>Total Household Income for the last 30 days</b>	<b>\$</b>
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I (We) certify that all information I (we) have provided on all sections of this application is true and correct to the best of my (our) ability and knowledge. I (We) understand that if I (we) knowingly or willfully provide false or fraudulent information in any part of this application, then I (we) are subject to prosecution which carries a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

Applicant Signature	Date	
Applicant Signature	Date	

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# INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

**Client 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 than 90 days.

**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  
 Certificate of Achievement  GED  College or Vocational Training

**Date Graduated:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date received GED or Certificate of Achievement:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date last attended school:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**What are your short-term goal(s)?** \_\_\_\_\_

**What are your long-term goal(s)?** \_\_\_\_\_

## 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

### Education/Training

- High School Diploma
- GED
- Certificate of Achievement
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling
- ESL (English as a 2<sup>nd</sup> language)

### Other Activities

- Life Skills Instruction
- Parenting Skills
- Child Care Assistance
- Child Support
- Substance Abuse Assessment
- Substance Abuse Treatment
- other: \_\_\_\_\_

## SELF-SUFFICIENCY ACTIVITY PLAN AND GOALS

START DATE	GOAL #1	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

START DATE	GOAL #2	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

START DATE	GOAL #3	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# THE NATIVE VILLAGE OF EYAK SOCIAL SERVICES PROGRAMS RELEASE OF INFORMATION

I \_\_\_\_\_ hereby authorize the release of information requested by The Native Village of Eyak Social Services Program. The requested information shall be used solely in the administration 447 department to determine eligibility and to coordinate services. Released information will not be re-released to any other person or agency outside the 477 Department or its agents. I hereby authorize The Native Village of Eyak to obtain and exchange information related to my application to participate in their programs.

Please initial and mark the boxes for persons or organizations that may be contacted below.

- Alaska Employment Office       Adult Temporary Assistance Program (ATAP)       State Employment Agencies
- Alaska Court System     Landlord or Hotel Manager/Other: \_\_\_\_\_  Tribal Council: \_\_\_\_\_
- Referring agencies: \_\_\_\_\_  Past/Present Employer: \_\_\_\_\_
- Relative(s): \_\_\_\_\_       Housing Agencies     Native Villages/Corporations
- Social Security Administration       Insurance Provider       Military/Veterans Administration
- Bank/Other Financial Institutions       Retirement Systems     Child Support Alimony
- Health/Welfare Agencies       Medical       Other \_\_\_\_\_

This information is released for the purpose(s) of:

**A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

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

\_\_\_\_\_  
Signature of Witness if signed with an "X"

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

\_\_\_\_\_  
Printed Name of Witness if signed with an "X"

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

\_\_\_\_\_  
Date of Witness Signature

This release of information shall be in effect while I am an applicant or recipient of The Native Village of Eyak 477 department, or for one year, whichever is shorter, and I understand that I have the right to revoke this release of information at any time and for any reason by calling by phone or by contacting the 477 Department in writing. (I also understand that revocation can affect my eligibility for services and my receipt of benefits as 477 Department funding sources require verification of my disclosed information.)

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# The Native Village of Eyak 477 Programs Client Rights and Responsibilities

The client has a right to:

- Be treated with respect without regard to creed, national origin, religion, sex, sexual preference, or age.
- Be treated without regard to disability unless activity involved creates a hardship.
- Have all personal information treated in a confidential manner.
- Review his or her file with appropriate staff present.
- Be fully informed regarding any and all fees associated with the service client receives from The Native Village of Eyak.
- Be given clear information regarding participation in all program activities, e.g., attendance and completion requirements.

The client has the responsibility to:

- Be accurate and complete when providing information.
- Carry out program rules and requirements related to the services he or she is applying for.
- Actively participate in the creation of a personal employability development plan to receive The Native Village of Eyak services.
- Inform The Native Village of Eyak staff of any changes in name, address, or other personal information.
- Ask for clarification regarding any instructions, guidelines or services requirements that the client does not fully understand.

## **Denial or Discontinuation of Services**

Each applicant or recipient of direct assistance will be given a written, detailed explanation regarding the ultimate denial or discontinuation of services. This explanation will include action needed or issues to be resolved for successful reapplication or reinstatement, if applicable.

## **Client Grievance and Appeals Process**

This procedure has been established by The Native Village of Eyak to assist clients in resolving any complaints or grievances arising from any real or perceived violations of clients' rights. No specific printed form is necessary to file a grievance; however, a grievance must be in writing. The document must clearly state the problem(s) by describing the actions taken or not taken by The Native Village of Eyak staff and it must also outline possible solutions and/or resolutions.

An earnest effort will be made by The Native Village of Eyak staff and administration to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for resolution of complaints or grievances regarding the service components of The Native Village of Eyak.

### **Grievance Process**

Submit a complaint in writing to The Native Village of Eyak. An informal meeting with the 477 Director will be scheduled to discuss the complaint and an informal decision regarding the complaint will be made.

### **Appeals Process**

If you are unsatisfied with the informal decision, you may submit a written request, within twenty (20) days of the informal decision, for a formal review of your complaint by the 477 Program staff member's supervisor. The supervisor will review the complaint and all supporting documentation and will make a formal decision as to the appropriate actions to be taken. The supervisor will then issue a written response within twenty (20) days of the formal decision. If you are not satisfied with the decision, you can appeal again as per The Native Village of Eyak 447 Department Policies and Procedures.

I have read and I fully understand my rights and responsibilities, and the grievance process available to me as a The Native Village of Eyak program participant.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

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## Section D

### APPLICATION FOR GENERAL ASSISTANCE

General Assistance (GA) is temporary funding offered by The Native Village of Eyak to provide financial assistance for the following essential needs only: food, shelter, clothing, and basic necessary utilities. General Assistance is not an emergency assistance fund. The goal of General Assistance is to increase self-sufficiency. General Assistance is only available when no other resources are available to you. **PLEASE READ THE FOLLOWING CAREFULLY!**

**Applicants with Dependent Children:** All applicants with dependent children are required to apply for Temporary Assistance for Needy Families (TANF) and provide verification of application before applying for GA. You must also apply for other State assistance including Adult Public Assistance (ATAP), General Relief Assistance (GR), Food Stamps, and unemployment insurance benefits if you have had prior employment.

**Employment Services:** General Assistance recipients are required to apply for employment services by filling out Section A – Application for Employment Services. Unemployed applicants must be actively seeking employment to receive financial assistance through the General Assistance program.

### General Assistance Checklist

**Typically, we require a minimum of 2 weeks to process applications.  
Please be aware that incomplete applications may result in processing delays.**

#### Read and initial each item

- I live within **The Native Village of Eyak Traditional Boundaries**.
- (For families with children) **I have applied** for ATAP/TANF and have provided my case number before applying for General Assistance.
- I **have not** received cash assistance from ATAP/TANF, General Relief (GR), or Social Security Income within the last 60 days.
- I have attached **proof of eligibility** - *Certificate of Degree of Indian Blood* or a Tribal enrollment card for **everyone** in my household.
- I have attached **proof of all earned and unearned income for the month of application** (pay stubs, unemployment insurance checks, corporation dividends, etc.) and/or a statement from my employer as to my income for the month of application.
- I have attached **proof of monthly shelter costs** – rent, phone, utility bills, and any other monthly bills listed under Monthly Shelter Costs.
- I have attached **proof of insufficient resources** to meet essential needs – copies of current bank statements, financial records, and bills.
- I have attached **verification that I have applied for other services**. (For example: TANF case number if you have dependent children or food stamps or unemployment insurance benefits if you have recently left a job.)
- I will complete an **Individual Self-Sufficiency Plan** with Education & Training staff and will review it if I am approved for General Assistance.
- I **have completed** a Work Search/Work Related Activity Sheet, if needed.

**Why are you applying for General Assistance? Please explain:**

(1) How you have supported yourself for the past three months, and (2) What has changed in your situation to cause you to apply for assistance? Be sure to include all other information you feel would help us better assist you. Please be as specific as possible. If you need more writing space, please use the back of this sheet.




## Application for General Assistance

ATAP/TANF Status – Please circle and complete.			
Have you applied for ATAP or TANF in the last month?	Yes	No	<b>What is the status of your application?</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pending <b>Case Number</b> _____
Have you received ATAP or TANF benefits in the last month?	Yes	No	If yes, how much: \$
Has your ATAP/TANF been reduced due to penalties?	Yes	No	If yes, reason:
Have you been terminated from ATAP/TANF?	Yes	No	Date of termination:
Have you been determined ineligible for ATAP/TANF?	Yes	No	If yes, reason:
Are you eligible to reapply for ATAP/TANF?	Yes	No	Date able to reapply:
At what ATAP/TANF office did you apply?	Office Location:		

Household Members Living with you - Continue on the back of this sheet, if needed.				
Name	Birth Date and Age	SSN	Relationship	Tribal Affiliation

Monthly Shelter Costs – You must provide verification of all expenses for the current month. Example: copies of utility bills. <b>Do not include bills for cable, satellite TV or Internet service. Also, do not include Past Due bills as we cannot pay these.</b> If renting the Landlord/Shelter Statement must be completed and attached to this form.			
Expense	Cost	Expense	Cost
Rent	\$	Telephone	\$
Mortgage Payment	\$	Water/Sewage	\$
Electricity	\$	Household Oil/Fuel/Wood	\$
Heating	\$	Other (specify)	\$
<b>Total Monthly Shelter Costs</b>			<b>\$</b>

Please read the paragraph below **before** signing:  
 I (We) apply for financial assistance for the listed members of my (our) household who are in need. I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. The 477 Department staff is authorized to obtain information necessary to establish eligibility for assistance. I (We) have read, or had explained to us, the provision under the Paperwork Reduction Act and the Privacy Act.

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Applicant Signature Printed Name Date

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Applicant Signature Printed Name Date



# LANDLORD/SHELTER STATEMENT

This form certifies that (applicant name) \_\_\_\_\_ resides (lives at the home or hotel full time) at the following physical address (do not enter a post office box number):

ADDRESS: \_\_\_\_\_

and pays \$ \_\_\_\_\_ per month for rent.

Utilities are  Included in the rent amount above  
 Not included in the rent amount above, and must share costs:  
(if there is a charge for the items below, an invoice must be attached)

\$ \_\_\_\_\_ 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 or Hotel Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Physical and Mailing Address of Landlord or Hotel Manager

(Note: The Native Village of Eyak 477 Department reserves the right to reduce or eliminate the General Assistance funds this program provides where and when the following apply: (1) submitted rent exceeds the predominant rental rates of the community, (2) the rental far exceeds the basic needs of the applicant, (3) all utilities are being paid for by the applicant where multiple residents are consuming the services- i.e.: heat, electricity, etc., (4) the program is failing to provide incentives to self-sufficiency, (5) the applicant has been on General Assistance too long without showing progress as determined by the 477 Department Staff, (6) where other conditions exist that run contrary to the intentions of the program, and/or (7) there are insufficient program funds.)