



Ninilchik Traditional Council  
Tribal Services Department  
P.O. Box 39444  
Ninilchik, Alaska 99639  
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Date \_\_\_\_\_

Dear \_\_\_\_\_,

Ninilchik Tribe's General Assistance Program is temporary aid for Alaska Native and American Indians for basic essential needs when no other Federal, State or local resources are available.

Attached is the General Assistance Program application. It is the applicant's responsibility to provide all supporting documentation required in the application. It is the applicant's responsibility to set an appointment with the case manager to create an Individual Self-Sufficiency Plan (ISP) which is needed to complete the application.

If you have additional questions about the program or the General Assistance application, please contact me at the phone number(s) or email address above.

Sincerely,

Alicia Morris  
General Assistance Program Manager  
Ninilchik Tribe

Enc: GA application

## General Assistance Application Checklist

Requirement	NOTES:
Application fully completed, signed with all supporting documentation.	
Proof of Tribal Enrollment, CIB or Tribal enrollment card.	
State of Alaska ID or ADL	
Release of Information – signed.	
Proof of Residence in Service Area, invoice, bill with physical address.	
Work Search Document, 12 work searches completed with documentation.	
Employment Verification	
End of Employment Statement	
Medical Exempt Form – completed by physician	
Unemployment Determination – APPLICANT OBTAINS THIS DOCUMENT.	
Proof of Insufficient Resources – rent/utility receipts, pay stubs, UE denial, phone receipts.	
Copy of most recent bank statement.	
Landlord Shelter Statement signed and dated by landlord.	
Native Dividend Verification – applicant provides fax & contact numbers.	
Right to Appeal	
Individual Self Sufficiency Plan or Case Plan created for each household member with NTC caseworker.	

<b>NTC Caseworker Requirements:</b>	<b>Comments:</b>
Fax Public Assistance Verification	
Fax Native Corp Verification	
Child Support Confirmation – CSSD	
Call/verify work searches	
General Assistance Calc Worksheet	
Check Request & Check Request Memo	
Copy of GA Check w/signed receipt of check	
Contact Log Updated	

**U.S DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN AFFAIRS  
APPLICATION FOR WELFARE ASSISTANCE**

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

**Name:** \_\_\_\_\_ **SS#:** \_\_\_\_\_

**Maiden Name or Other Names Used:** \_\_\_\_\_ **Date of Birth:** / /

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

**Physical Address:**  
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

**How many persons live in the house:**     \_\_\_\_\_ Adults     \_\_\_\_\_ Children

**Type of Service Applying for:**      General Assistance      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?**    Own Home    Rent House/Apartment    Rent Room    With Relatives  
    With Friend(s)                                    Other: \_\_\_\_\_

**Are you or any member of your household a shareholder in a Native Corporation?**      Yes      No  
**If yes, list the name of household member and Corporation(s) here: (use backside of form if necessary)**

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