



Ninilchik Traditional Council
Tribal Services Department
P.O. Box 39444

Ninilchik, Alaska 99639
Phone: 907 567-3313 / Fax: 907 567-3354
E-mail: amorris@ninilchiktribe-nsn.gov

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.	

NTC Caseworker Requirements:	Comments:
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	

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

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

MEMBERS OF HOUSEHOLD WITH PHYSICAL OR MENTAL HANDICAP				
NAME	NATURE OF PROBLEM	TEMPORARY or PERMANENT	MINOR or MAJOR	VERIFIED

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

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: _____

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. **Failure to complete this section will render this application incomplete & therefore will not be processed.**

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'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	\$	
Alaska State Permanent Fund (PFD)	\$	
Cashouts 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	\$	
Savings Account	\$	
Student Loans/Grants/Scholarships	\$	
Bingo or Pull Tab Winnings	\$	
Other Income	\$	
TOTAL MONTHLY INCOME	\$	

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	\$

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_____

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:___/___/___



Ninilchik Traditional Council
Tribal Services Department
P.O. Box 39444
Ninilchik, Alaska 99639
Phone: 907 567-3313 / Fax: 907 567-3354
E-mail: amorris@ninilchiktribe-nsn.gov

DATE: _____

I, _____, hereby authorize the release of information requested by the Ninilchik Tribe, General Assistance Program. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person or agency outside the General Assistance Program or its agents. I hereby authorize the Ninilchik Tribe to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related activities. This release of information shall be in effect while I am an applicant or recipient of General Assistance, and for any later investigations pertaining to my eligibility and receipt of General Assistance 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 & Game, the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Ninilchik Tribe.

FRAUD NOTICE: Under 18 U.S.C. §1001, the Federal Law concerning fraud states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

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"

Social Security Number

Date of Witness Signature

Date of Applicant Signature

WORK SEARCH/WORK RELATED ACTIVITY #

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 #

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 #

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 #

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 #**Date:****Job Title/Work Activity:****Employer or Business Phone #:****Employer or Business Name:****Employer or Business Address:**Submitted a Complete Application ☐ Yes ☐ NoWas Applicant Offered Employment ☐ Yes ☐ NoSubmitted a Resume ☐ Yes ☐ NoDid Applicant Accept Employment ☐ Yes ☐ NoWas Applicant Interviewed for Job ☐ Yes ☐ NoDid Applicant Refuse Employment ☐ Yes ☐ No**Employer/Supervisor Signature:****Printed Name:****COMMENTS:****WORK SEARCH/WORK RELATED ACTIVITY #****Date:****Job Title/Work Activity:****Employer or Business Phone #:****Employer or Business Name:****Employer or Business Address:**Submitted a Complete Application ☐ Yes ☐ NoWas Applicant Offered Employment ☐ Yes ☐ NoSubmitted a Resume ☐ Yes ☐ NoDid Applicant Accept Employment ☐ Yes ☐ NoWas Applicant Interviewed for Job ☐ Yes ☐ NoDid Applicant Refuse Employment ☐ Yes ☐ No**Employer/Supervisor Signature:****Printed Name:****COMMENTS:**

WORK SEARCH/WORK RELATED ACTIVITY #**Date:****Job Title/Work Activity:****Employer or Business Phone #:****Employer or Business Name:****Employer or Business Address:**Submitted a Complete Application ☐ Yes ☐ NoWas Applicant Offered Employment ☐ Yes ☐ NoSubmitted a Resume ☐ Yes ☐ NoDid Applicant Accept Employment ☐ Yes ☐ NoWas Applicant Interviewed for Job ☐ Yes ☐ NoDid Applicant Refuse Employment ☐ Yes ☐ No**Employer/Supervisor Signature:****Printed Name:****COMMENTS:****WORK SEARCH/WORK RELATED ACTIVITY #****Date:****Job Title/Work Activity:****Employer or Business Phone #:****Employer or Business Name:****Employer or Business Address:**Submitted a Complete Application ☐ Yes ☐ NoWas Applicant Offered Employment ☐ Yes ☐ NoSubmitted a Resume ☐ Yes ☐ NoDid Applicant Accept Employment ☐ Yes ☐ NoWas Applicant Interviewed for Job ☐ Yes ☐ NoDid Applicant Refuse Employment ☐ Yes ☐ No**Employer/Supervisor Signature:****Printed Name:****COMMENTS:**

WORK SEARCH/WORK RELATED ACTIVITY #**Date:****Job Title/Work Activity:****Employer or Business Phone #:****Employer or Business Name:****Employer or Business Address:**Submitted a Complete Application ☐ Yes ☐ NoWas Applicant Offered Employment ☐ Yes ☐ NoSubmitted a Resume ☐ Yes ☐ NoDid Applicant Accept Employment ☐ Yes ☐ NoWas Applicant Interviewed for Job ☐ Yes ☐ NoDid Applicant Refuse Employment ☐ Yes ☐ No**Employer/Supervisor Signature:****Printed Name:****COMMENTS:****WORK SEARCH/WORK RELATED ACTIVITY #****Date:****Job Title/Work Activity:****Employer or Business Phone #:****Employer or Business Name:****Employer or Business Address:**Submitted a Complete Application ☐ Yes ☐ NoWas Applicant Offered Employment ☐ Yes ☐ NoSubmitted a Resume ☐ Yes ☐ NoDid Applicant Accept Employment ☐ Yes ☐ NoWas Applicant Interviewed for Job ☐ Yes ☐ NoDid Applicant Refuse Employment ☐ Yes ☐ No**Employer/Supervisor Signature:****Printed Name:****COMMENTS:**



Ninilchik Traditional Council
Tribal Services Department
P.O. Box 39444
Ninilchik, Alaska 99639
Phone: 907 567-3313 / Fax: 907 567-3354
E-mail: amorris@ninilchiktribe-nsn.gov

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

Are Special Work Clothes Required? ☐ Yes ☐ No

If Yes, please list type of clothes needed: _____

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 Alicia Morris
by fax (907) 567-3354 or by mail/email at the above listed addresses
If you have any questions please call Alicia Morris at (907) 567-3313



Ninilchik Traditional Council
Tribal Services Department
P.O. Box 39444
Ninilchik, Alaska 99639
Phone: 907 567-3313 / Fax: 907 567-3354
E-mail: amorris@ninilchiktribe-nsn.gov

END OF EMPLOYMENT STATEMENT

◆◆◆Employer must complete this form◆◆◆

Dear _____:
Employer Name

GA Applicant: _____ is applying for services from the Ninilchik Tribe. 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 ☐ Seasonal

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 the number above.

Sincerely,

Alicia Morris
GA Program Manager
Ninilchik Tribe



Ninilchik Traditional Council
Tribal Services Department
P.O. Box 39444
Ninilchik, Alaska 99639
Phone: 907 567-3313 / Fax: 907 567-3354
E-mail: amorris@ninilchiktribe-nsn.gov

Dear Care Provider:

The individual listed below is applying for services from the Ninilchik Tribe Social Services Department. We need you to complete this form and return the completed form via fax or mail to the number/address above.

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

Patient: _____ DOB: _____

Practitioner: _____ Phone # _____
(Practitioner printed name)

The individual listed above has been evaluated on _____. The practitioner 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
- ☐ Other, explain _____
- ☐ 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 _____

Referral for Disability Determination Services (SSDI) 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.**

Practitioner Signature

Date



Ninilchik Traditional Council
Tribal Services Department
P.O. Box 39444
Ninilchik, Alaska 99639
Phone: 907 567-3313 / Fax: 907 567-3354
E-mail: amorris@ninilchiktribe-nsn.gov

LANDLORD/SHELTER STATEMENT

This form certifies that: _____ resides at the following address:

Name of Tennant

RENTAL

ADDRESS: _____

And pays \$ _____ per month for rent. ***must attach proof of payment**

Utilities are

☐

Included in rent amount above

☐

NOT included in rent amount above, and must share costs:

\$ _____ Electricity
\$ _____ Telephone
\$ _____ Heat/Oil/Fuel
\$ _____ Water/Sewer

Under 18 U.S.C. §1001, the Federal Law concerning fraud states: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devise a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

Signature of Landlord/Manager OR

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

Date

Landlord/Manager contact phone number _____

Landlord/Manager mailing/street address _____

LANDLORD, PLEASE FAX OR MAIL DIRECTLY TO N.T.C. USING THE ABOVE CONTACT INFORMATION.



Ninilchik Traditional Council
Tribal Services Department
P.O. Box 39444
Ninilchik, Alaska 99639
Phone: 907 567-3313 / Fax: 907 567-3354
E-mail: amorris@ninilchiktribe-nsn.gov

Date: _____

ANCSA OR NATIVE CORPORATION CONTACT FAX OR EMAIL _____

Dear ANCSA Corporation or NATIVE CORPORATION: _____

The individual(s) listed below is applying for services from the Ninilchik Tribe 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 the number/address above.

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

Record of Native Corporation Dividends for the following individual(s) for the current year is requested:

Name: _____ SSN: _____
Name: _____ SSN: _____
(Use the 2nd line if there is a spouse/2nd countable adult household member.)

Date	Name	Amount

If more space is needed please attach a separate page or use the back of this form.

Native Corporation Authorized Signature _____

Date: _____

CLIENT RIGHTS & RESPONSIBILITIES

The client has the right to: be treated with respect; to be treated without regard to race, color, creed, national origin, religion, sex, sexual preference age or disability. Understand that all personal information be held confidential. Be fully informed of all fees associated with his/her services received from NTC. And have access and review of his/her file with NTC staff member present.

The client has the responsibility to: treat NTC staff with respect, be accurate and complete as possible when providing information to the Ninilchik Traditional Council. Carry out NTC Program rules and regulations. Inform NTC staff of any changes in address, income etc. Actively participate in the decision-making process and follow through with associated processes.

CLIENT GRIEVANCE PROCEDURE

A procedure has been established and maintained by the Ninilchik Traditional Council to assist clients in resolving any complaints or grievances arising from any real or perceived violations of client rights.

No specific form is necessary to file a grievance. However a grievance must be in writing and must state clearly that this inquiry is in regards to a grievance. You must clearly state the problem(s) by detailing the action taken or not taken by NTC staff and outline possible solutions and/or resolutions.

An earnest effort will be made by NTC staff to resolve problems in a prompt and professional manner. The following steps outline the procedure for grievance resolution

- Step 1. Submit a complaint in writing to the General Assistance Program Manager. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Child Care Specialist shall, within 10 days issue a written decision.

- Step 2. If unsatisfied with the written decision by the General Assistance Program Manager, the client can submit an appeal, in writing to the NTC Quality Care Management Committee, C/O Executive Director, P.O. Box 39070, Ninilchik, AK 99639. A hearing will be scheduled within 30 days of receipt of the appeal. The Executive Director will issue a written response within 10 days of the hearing with the Quality Care Management Committee.