



Ninilchik Traditional Council
Tribal Services Department
P.O. Box 39444
Ninilchik, Alaska 99639
Phone: 907-206-2740 / Fax: 907-567-3354
E-mail: eweber@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. The applicant's responsible for setting an appointment with the case manager to create an Individual Self-Sufficiency Plan (ISP) needed to complete the application.

If you have additional questions about the program or the General Assistance application, don't hesitate to get in touch with me at the phone number(s) or email address above.

Sincerely,

Elise Weber
ICWA Specialist
Ninilchik Tribe

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 | |

**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 |
|---|------|------------------|---------------|-----|-------------------|----------------|----------------|
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| 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 |
| | | |
| | | |
| | | |

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: ____/____/____



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DATE: _____

I, _____, hereby authorize the release of information requested by the Ninilchik Village 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 Village 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 inquiries 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 Labor, the Department of Military Affairs, Alaska State Housing Authority, Regional Housing Authorities, Social Security Administration, local and tribal governments, State of Alaska ATAP, Tribal TANF or other public assistance program contractors and grantees, health care providers, tax assessors, banks and credit unions, Native corporations, landlords (including family/friends who are renting to applicant), employers, school authorities, and all departments and programs administered by the Ninilchik Village 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 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."

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



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WORK SEARCH/WORK RELATED ACTIVITY SHEET

NAME OF APPLICANT: _____ SSN: ***/**/____ DOB: ____/____/____

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 your Application:

First 6 worksheets due:

Last 6 worksheets due:

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

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

NAME OF APPLICANT: _____

| 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 # 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: | | | |
| | | | |
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| 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 # 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 # 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

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 Elise Weber
by fax (907) 567-3354 or by mail at the above listed address
If you have any questions please call Elise Weber at (907) 567-2740



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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

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,

Elise Weber
ICWA Specialist



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Dear Health Care Provider:

The individual listed below is applying for services from the Ninilchik Village 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 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



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LANDLORD/SHELTER STATEMENT

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

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

Printed Name

Phone Number

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.



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Ninilchik, Alaska 99639
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E-mail: eweber@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 |
|------|------|--------|
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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.