Central Council of the Tlingit & Haida Indian Tribes of Alaska
TANF Department | Edward K. Thomas Building
PO Box 25500 | Juneau, Alaska | 99802

Application for Services

If you need help filling out this form or have any questions, please let us know and we will do what we can to assist you.

How to Apply for Services

On the following page you will find a group of check boxes for services that are available to enrolled tribal citizens and provided by Central Council Tlingit & Haida Indian Tribes of Alaska (Tlingit & Haida). Place a checkmark next to the service that you feel will best meet your needs by clicking in the box to the left of the service. Please be sure to check all the services that you feel will meet your needs. If you are not sure, don't worry, this application is designed to help us determine which service would work best for your specific needs.

What you should do after selecting your desired services

Once you check all the services that you need, enter the information in the "Required Personal Information" section directly below the checkbox area. This information will be utilized to begin the intake process for your application. After you have provided all the information requested, an Eligibility Technician will review the information and determine if we need anything else from you to help determine your eligibility. Many times this will require you to fill out a couple more forms, but please be patient. This information is required to enable us to provide a service that best fits your needs.

How long will it take?

Completed applications are processed in the order in which they are received. The application provides places for you to identify your unique situation. If a caseworker has not contacted you within five business days, please call _____ at _____.

Let's get started by selecting the services you need and filing out the required information.

Intake Staff:		Application Date:		Application Complete:	
Appointment Date:		If application complete, you should receive a call by no later than			

What type of assistance do you need? (CHECK ALL THAT APPLY)

☐ **Food**	☐ **Finding Work**	☐ **Classroom Training**
☐ **Rent**	☐ **Child Care**	☐ **Vocational Rehabilitation**
☐ **Utilities**	☐ **Child Support**	☐ **Post-Secondary Education**
☐ **Oil/Heat**	☐ **GED Classes**	☐ **Other:**
☐ **Transportation**	☐ **Adult Basic Education**	☐ **Other:**
☐ **Burial Assistance**	☐ **Vocational Training**	☐ **Other:**

Required Personal Information

(If it does not apply to you write N/A in the field)

Name: (Last, First MI)	Social Security #:		Date of Birth:
Home Address:	City:	State:	Zip Code:
Mailing Address: ☐ (Check Here if Same as Home Address)	City:	State:	Zip Code:

Home Phone:	Cell Phone:	Message Phone:

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced	To Which Tribe are you Enrolled?:	Tribal Enrollment #:

Are you able to work? ☐ Yes ☐ No | Is anyone in the household pregnant? ☐ Yes ☐ No

Household Members

List ALL PERSONS living in the household – if you need more space use additional page

Name:	Relationship: (see below)	Date of Birth:	SSN:	Education: (see below)	Sex: (M/F)	Race: (see below)	US Citizen: Yes/No
	HoH-Self						

Relationship: Child=C, Foster Child=FC, Grandchild=GC, Non-Custodial Parent=NCP, Other related person=R, Partner=P, Stepchild=SC, Unrelated Adult=UA, Unrelated Child=UC
Education: High School Diploma=HSD, GED=GED, College Undergraduate=CU, College Graduate=CG, Vocational Training=VT
Race: Alaska Native=AN, American Indian=AI, White=WH, Black=BL, Asian=AS, Native Hawaiian or Pacific Islander=PI

Expedited Food Stamps Eligibility

Answer these questions to see if you can get food stamps within seven days:

Do you have more than $100 in the bank? ☐ Yes ☐ No

Is your household monthly gross income (income before deductions less than $150?) ☐ Yes ☐ No

Are your costs for rent/mortgage/utilities more than your monthly gross income, cash and money in the bank? ☐ Yes ☐ No

Household Income

Includes ALL income received this month or that will be received next month from all jobs and all household members. This includes but is not limited to tips, self-employment, contract income, vacation pay, etc.

Household Member (First Name, MI, Last Initial)	Employer	Full-time=FT, Part-time=PT, or Seasonal=S	Hrs/Wk	Hrly Wage or Mo.Salary	Amount Paid this Month	Amount paid next Month	How Often (Weekly, Bi-Weekly, Monthly)

Has anyone in your household had a job end in the last 60 days ☐ Yes ☐ No
If yes, who?_____

Do you or anyone who lives with you receive funds from any other source that is not work related income? ☐ Yes ☐ No
(i.e., TANF, Food Stamps, SSI, Unemployment, Pension/Retirement, Bingo/Pulltab Winnings, PFD, Scholarships, etc.)
If so, please list all that apply to you. Use additional paper if necessary.

Who receives money	Type of Resource (i.e., TANF, SSI, etc.)	Amount this month	Amount next month	How often

Household Assets

List funds your household has in cash and in bank/credit union (CU) accounts.

Cash	Bank/CU	Name on Acct.	Bank/CU Name	Acct Number	Acct Type
$	$				
$	$				
$	$				

List all property of all persons in your household including but limited to houses, land, mobile home, condo, etc.

Who Owns the Property	Type of Property	Estimated Value	Amount Owed

List all vehicles owned by anybody in the household including but limited to cars, trucks, motorcycles, boats, snowmobiles, recreational vehicles, all-terrain vehicles, etc.

Vehicle Owner	Vehicle Type, Model, and Year	How is the vehicle used?	Estimated Value	Amount Owed
			$	$
			$	$
			$	$
			$	$

List all other assets (i.e., things of monetary value) that are owned by persons in your household including but not limited to land, fishing permits, stocks, bonds, etc.

Owner	Type of Asset	Value/Amt. of Shares
		$
		$
		$
		$

Yes	No	Household Questions: Check Yes or No and If yes Answer the questions below
☐	☐	Have you or anyone in your household received ATAP or TANF? If yes, when and from what Office: When: Where:
☐	☐	Have you or anyone in your household received ATAP or TANF in the last month? If yes, how much?
☐	☐	Has anyone in your household had ATAP or TANF benefits reduced due to penalties? If yes, please explain:
☐	☐	Have you been terminated from ATAP or TANF? If yes, Date of Termination
☐	☐	Have you been determined ineligible for ATAP or TANF? If yes, please explain
☐	☐	Have you been denied ATAP or TANF? Reason:
☐	☐	Are you eligible to reapply for ATAP or TANF? Date able to reapply:
☐	☐	Are you requesting assistance for anyone in your household who is pregnant: If yes, who: When is the baby due:
☐	☐	Have you or anyone living in your household been convicted of a felony? If yes, who, when, and where: Probation Officer name and phone number:
☐	☐	Is any adult in your household fleeing from prosecution, custody or confinement for a Felony or Class A Misdemeanor from any State? If yes, who:
☐	☐	Is anyone in your household attending college or university? If yes, who:
☐	☐	Do you have a valid driver's license? If yes, License Number: Expiration:
☐	☐	If you are male between the ages of 18-25, have you registered with the Selective Service? If yes, Registration Number: Date Verified:
☐	☐	Are you a Veteran of the Armed Services? If yes, Enlistment Date: Branch:
☐	☐	Do you have a physical or mental disability? If yes, Explain: Is it a service related disability? If yes, VA Disability Rating:

Education												
Highest Grade Completed: (Circle One)			6	7	8	9	10	11	12	13	14	15	16+
High School: High School Graduate: GED			Vocational Training: Enrolled in Vocational Training: Vocational Training Graduate:					College: Enrolled in College: College Graduate:					
School Name:			School Name:					School Name:					
Date Completed	GPA:		Type of Degree:					Type of Degree:					
Community of Origin:			Date Completed		GPA			Date Completed:		GPA:			

Monthly Expenses					
Rent/Mortgage/Space Rent		Car Insurance		Transportation	
Electricity		Garbage		Gas	
Oil/Fuel		Water/Sewer		Other:	
Telephone		Groceries		Other:	

Certification & Agreement

I (we) certify to the best of my (our) 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 (our) 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 5 years, or both. I (we) also understand that if I (we) receive services as a result of falsified information, I (we) will have to repay the Tribe for those services.

I (we) understand 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

_____ _____

Parent/Guardian Signature (if applicable) Date

Applicant/Client Appeal Procedure

A client who is denied or received a reduction of services or benefits has the right to file a written appeal by following these procedures. Determination of client services or benefits are made based on a review of program policies, procedures and the required official documentation.

Step 1 – Client

- A client has ten (10) working days from the date of receipt of a decision to submit a written appeal to the Program Supervisor or his/her designee.
- A client outside of Juneau must have their written appeal postmarked within ten (10) working days from the date of receipt of a decision.
- A client may request another person to be present at meetings or interviews. The client must notify the Program Manager or designee who this person is, contact information, and their role.[2]

Step 2 – Program Director/Manager

- The Program Director/Manager or his/her designee, in consultation with subordinate staff, will make every effort to review documentation and make a decision in the shortest amount of time possible and not to exceed five (5) working days from the date of receipt of the appeal.
- A client not satisfied with the department or program's decision may submit a written request within five (5) working days from the date of receipt of the decision to the Program Compliance Manager or his/her designee to have their appeal reviewed by the Appeals Committee.

Step 3 - Appeals Committee

- A client must complete Step 1 before the Program Compliance Manager will consider a referral to the Appeals Committee.
- The Appeals Committee will review appeals within five (5) working days of receipt.
- The client will be notified of the Appeals Committee's decision within one (2) working days after the date of its meeting.
- All decisions of the Appeals Committee are final.

Step 4 - Appeals WIA/WIOA Clients

- Only applies to clients applying for WIA/WIOA funds. Questions about our complaints alleging a violation of the nondiscrimination provisions of WIA 181 may be directed or mailed directly to the Director, Civil Rights Center, U.S. Department of Labor, Room N-4123, 200 Constitution Avenue, NW, Washington, D.C. 20210 for processing.

_____ _____

Applicant Signature Date

_____ _____

Applicant Signature Date

_____ _____

Parent/Guardian Signature (if applicable) Date

General Authorization for Release of Information

I_____authorize the release of information requested by the Central Council of the Tlingit & Haida Indian Tribes of Alaska program service office or its agents; hereunto referred to as Tlingit & Haida. The requested information will only be used in the administration of Tlingit & Haida programs, and will not be released to any other person or agency outside of Tlingit & Haida. This release of information will be in effect while I am an applicant or recipient of Tlingit & Haida program services, 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.

This release expires on_____.

A copy of this release is as valid as the original

_____	_____
Your Signature (Head of household)	Signature of Other Adult Household
_____	_____
Member Printed Name (Head of household)	Printed Name of Other Adult
_____	_____
Household Member Social Security Number	Social Security Number
_____	_____
Address	Address
_____	_____
Phone Number	Phone Number
_____	_____
Date	Date

Central Council of the Tlingit & Haida Indian Tribes of Alaska

Tribal Citizen/Client & Business Account Setup Form

(This form is used in lieu of the W9 form published by the Internal Revenue service for the creation of accounts for payment processing.) **All forms must be completed, signed and sent to thap@tlingitandhaida.gov before payment can be issued.**

☐ **New account** ☐ **Update to account**	
Legal Name (as shown on your tax return)	**Social Security Number** (for individuals)
Business Name (if different from above)	**EIN** (for businesses)
Mailing Address:_____ **City:** _____ **State:** _____ **Zip:** _____	**Telephone Number:** (____) _____ **Email Address:**

Payee Type (Check All That Apply)

☐ Tribal Citizen/Client	☐ Council Delegate	☐ Non-Profit	☐ Government
☐ Employee	☐ Corporation	☐ Landlord	☐ Daycare Provider
☐ Medical Provider	☐ Attorney	☐ Partnership	☐ Sole Proprietor
☐ LLC: C or S Corp	☐ LLC: Partnership	☐ Other (Specify)	

Certification
Under penalties of perjury, I certify that:

1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me and
2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
3) I am a US person (including a US Resident alien)

Certification instructions: You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ **Date** _____

Penalties:
Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.
Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500.00 penalty.
Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.
Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Finance Only	
Debarment Certification:	Date