



Sun'aq Tribe of Kodiak

312 West Marine Way

Kodiak, Alaska 99615

TEL: (907) 531-5009

E-mail: 477services@sunaq.org

Application for Cash Assistance, Child Care Assistance and Supportive Services

Application and assistance process:

1. Complete the entire application.
2. Turn in the application with all required documents listed below.
3. Program Staff will assess application completion within 10 business days.
 1. Incomplete applications will be denied if they are not completed within 30 days of application.
4. Program Staff will contact you to schedule an intake meeting with you. You may be required to submit additional information.
5. Bring all required supplemental documents to the intake meeting.

*****FOR OFFICE USE ONLY*****

Date application received: _____ Application received by: _____

Decision of application: Approved Denied Date: _____

Residency documentation provided: _____

Comments/notes: _____

Case Manager signature: _____ Date: _____

Cash Assistance, Childcare, and Supportive Services

Required for Initial Eligibility:

- _____ Complete, signed, and dated application (all sections of this document)
- _____ Proof of Tribal Enrollment or a Certificate of Indian Blood (CIB)
 Child Care Assistance based on child status and tribal enrollment
- _____ Reside in the Kodiak
- _____ Selective Services registration (for male applicants 18 years or over)
- _____ Copy of State Identification or Driver's License

Proof of Income:

- _____ Pay stubs for all members of household for the last two months if currently employed
 Self-employed individuals may provide a copy of taxes or fishing settlement statements
- _____ Copy of bank statements for each adult household member for the prior two months. If there are no bank statements, please provide a written explanation.

- _____ Native Corporation Dividend income verification for dividends over \$2,000

Proof of Expenses:

- _____ Rental Agreement *if requested by Case Manager*
- _____ Heating Fuel *if requested by Case Manager*
- _____ Electricity *if requested by Case Manager*

Additional documents may be needed for program-specific assistance.

Cash assistance only provided to individuals and families with income at or below the Alaska Poverty rate. Exceptions may be given, in emergent situations, for those families making up to 150% of the poverty level. There may be slightly more flexibility for supportive services. Childcare income requirements are not listed in this table.

We may also assist individuals and families affected by COVID-19 that are making up to 200% of the poverty level.

Alaska Poverty levels based on household (Annual)			
Persons in Household	100%	150%	200%
1	\$15,950	\$23,925	\$31,900
2	\$21,550	\$32,325	\$43,100
3	\$27,150	\$40,725	\$54,300
4	\$32,750	\$49,125	\$65,500
5	\$38,350	\$57,525	\$76,700
6	\$43,950	\$65,925	\$87,900

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Name: _____ Date of Birth: _____ / _____ / _____

Maiden Name or other names used: _____

Mailing Address: _____

P.O. Box or Street Address _____ City _____ State _____ Zip _____

Physical Address: _____

Street Address _____ City _____ State _____ Zip _____

Phone#: _____ Email: _____

Employment Status: Employed _____ Unemployed _____ Not seeking work _____ F/T school _____

Most recent hourly wage \$ _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Have you registered for Selective Service? _____ Have you ever served in the military? _____

Which best describes your level of education?

- _____ Did not complete high school
- _____ Earned GED or Diploma
- _____ Additional training or schooling after high school

Have you received services from Sun'aq Tribe of Kodiak Employment and Training Services before? _____

What are your future educational and/or career plans? _____

How can we help you with your plan? _____

If you are only applying for Childcare Assistance, you can skip the following question.

Explain how you have supported yourself during the past three months and what has changed in your situation to cause you to apply for assistance.

List all members of the household

Name	Relation to applicant	Date of birth	Sex	AK Native/ American Indian?

Are there any members of your household with documented physical or mental handicaps?
 Please explain.

Name of the Tribe you are enrolled in: _____ Enrollment Number: _____

List all members of household who own shares in a Native Corporation

Name	Native corporation	# shares owned

You are required to report income received in the last **year** 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)	\$	
Cash Outs of Retirement or Pension Plans	\$	
State Longevity	\$	
Veteran's Benefit	\$	
Unemployment Insurance Benefits	\$	
Worker's Compensation	\$	
SNAP (Food Stamps)	\$	
Native Corporation Dividends	\$	
Grants/Scholarships	\$	
Bingo or Pull-Tab Winnings	\$	
Other Income	\$	

MONTHLY COSTS

Provide all expenses for the current month

Rent	\$	Telephone	\$
Space Rent	\$	Water	\$
Mortgage Payment	\$	Sewer	\$
Electricity	\$	Household Oil/Fuel/Wood	\$
Heating	\$	Other	\$

Have you received Temporary Assistance to Needy Families (TANF) in the last month:

Yes No If yes, how much: \$ _____

Has your TANF been reduced due to penalties:

Yes No Reason: _____

Have you been terminated from TANF:

Yes No Date of termination: ____/____/____

Have you been determined ineligible for TANF:

Yes No Reason: _____

Have you been denied TANF:

Yes No Reason: _____

Are you eligible to reapply for TANF:

Yes No Date able to reapply: ____/____/____

What TANF office did you receive assistance from: _____

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READ BEFORE SIGNING

I/We apply for financial assistance/ services 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.**

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.

I/We have been provided the Grievance Procedure for the Employment and Training Program.

Applicant Signature

Signature of Another Adult Household Member

Printed Name

Printed Name

Date

Date

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Release and Exchange of Information

Information requested from: _____
(Sun'aq will complete this portion)

I, _____, hereby authorize the release of information requested by the **Sun'aq Tribe of Kodiak**. The requested information shall be used solely in the administration of **Employment & Training** offered by the Sun'aq Tribe of Kodiak and will not be released to any other person or agency outside the Sun'aq Tribe of Kodiak. I hereby authorize the Sun'aq Tribe of Kodiak to obtain and exchange information related to my applications to participate in their programs. This release of information shall be in effect while I'm an applicant or recipient of The Sun'aq Tribe of Kodiak Employment & Training Services which may include:

General Assistance, Community Service Block Grant, Liitukut Scholarships, Job Placement and Training, Child Care Assistance, Johnson O'Malley, or other services.

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, educational institutions, private individuals and all departments and programs within and administered by the Sun'aq Tribe of Kodiak.

Specific information being requested by Sun'aq Tribe: _____

Applicant Signature

Date

Printed Name of Applicant

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

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Employment & Training Services Programs Participant Code of Conduct

In order to remain eligible for employment and training services, I agree to the following:

- I will treat Sun'aq Tribe of Kodiak staff with respect to ensure personal safety of all. Threats of any kind, discriminatory jokes and language, personal insults, especially those using racist or sexist terms, and unwelcome sexual attention or information will not be tolerated.
- I will complete the Employment & Training Programs application accurately and honestly, and provide all available supporting documentation.
- I will take an active part in the development of my Individualized Self-Sufficiency Plan (ISP).
- I will take part in regular reviews of my ISP.
- I will maintain satisfactory progress toward completing the goals set in my ISSP.
- I will keep the Employment & Training staff informed of changes in address, phone number, financial status or other program-related changes.

Please **initial** the following statements, then sign and date this document.

_____ I have reviewed the Sun'aq Tribe Employment & Training programs participant code of conduct.

_____ My case worker has answered all questions I have about the code of conduct, though I know I may ask questions at any time while receiving services.

_____ I understand that if I fail to comply with the statements above, it will result in review of my case and that the Sun'aq Tribe of Kodiak retains the right to refuse, sanction and/or terminate Employment & Training services due to my non-compliance.

Applicant Signature

Date

Case Manager Signature

Date