



ALASKA'S PEOPLE CAREER CENTER

Application for Services

**Walk-ins for Intake/ Assessment Specialist- 1st come 1st served.
Monday thru Friday 9:00-12:00 or at 1:00-4:00 pm**

You must have a completed application, updated resume, photo ID, SS card, CIB
(If you are returning participant, you do not need to make copies of credentials)
After Intake/Assessment you will see your assigned Employment Specialist

If you have any questions regarding this application, please call (907) 793-3372

Alaska's People Supplemental Intake Form

Last Name	First Name	Middle Initial

1. ***Do you have a Driver's License?*** Yes No

If yes, Expiration Date ___/___/___ *State* _____

2. ***Do you have a Commercial Driver's License?*** Yes No

If yes, which endorsements do you have? _____

Expiration Date ___/___/___

3. ***What type of work are you looking for?***

4. ***How did you hear about Alaska's People?*** Please circle

a. Advertising b. Referral c. Word of Mouth d. Other

OCCUPATION TITLE/ EXPERIENCE	YEARS
1.	
2.	
3.	
4.	
5.	
6.	
7.	

CITC 477 INTAKE

EDUCATION STATUS:

Highest Education Level Completed

- Dropout
- Student (K-12)
- High School Grad/ GED
- Post High School (Certificate/ Degree)

CASH ASSISTANCE:

Participant received “Cash Assistance” at anytime during enrollment or 60 days prior? No Yes

* **Cash Assistance includes-** ATAP/ TANF Benefit, General Relief (GR), Social Security Income (SSI)
General Assistance (GA)

GOALS/ ACTION PLAN

Goal Category- Please circle goal(s)

1. Employment 2. Educational 3. Miscellaneous 4. Other/ Service Referral

My goal is: _____

In order to achieve this goal I will:

- A. _____
- B. _____
- C. _____
- D. _____

OUTCOME (To be completed by STAFF)

Date ___/___/___

Staff Signature _____

- Entered Unsubsidized Employment
- Other Employment Outcomes
- Misc. Objective Achieved
- Degree/ Certificate Attained
- Other Education Outcome

Income & Expense Verification

Income & Expense Sources for the last Six (6) months

Income Source	Date(s)	Amount Received
<input type="checkbox"/> Permanent Fund Dividend	_____	\$ _____
<input type="checkbox"/> Native Corporation Dividend	_____	\$ _____
<input type="checkbox"/> Pay stubs	_____	\$ _____
<input type="checkbox"/> Bank Statement** (need to bring in)	_____	\$ _____
<input type="checkbox"/> Income Tax information	_____	\$ _____
<input type="checkbox"/> TANF, APA, SSI/SSDI** (Printout)	_____	\$ _____
<input type="checkbox"/> Unemployment check stub	_____	\$ _____
<input type="checkbox"/> Child Support	_____	\$ _____
<input type="checkbox"/> General Assistance**	_____	\$ _____
<input type="checkbox"/> Inheritance	_____	\$ _____
<input type="checkbox"/> Workers Compensation payment*	_____	\$ _____

Expenses by Month

Number in household: _____

Poverty Guidelines

* Shelter Cost: \$ _____
 Rent: \$ _____
 Utilities: \$ _____
 Telephone: \$ _____
 Other: \$ _____

Family size	Income Limit
--1--	\$16,336.
--2--	\$26,770.
--3--	\$36,743.
--4--	\$45,356.
--5--	\$53,530.
--6--	\$62,593.

Total Expenses: \$ _____

Heat Subsidized: Y / N

Vehicle: Y / N (If participant has a vehicle then they are ineligible for a bus pass.)

* If participant has income (i.e. UIB, SSN, Child Support) and there are no expenses or minimal shelter cost that would prevent them from purchasing a bus pass they are ineligible.

** Some proof of income is required

Application Printed Name

Date

Application Signature

Date

Intake/ Assessment Specialist Signature

Date