



**Cook Inlet Tribal Council  
Employment Training & Services Department  
APPLICATION FOR SERVICES**

**WHAT KIND OF HELP DO YOU NEED? PLEASE CHECK**

**Cook Inlet Tribal Council delivers the following services: / For State of Alaska services please check below.**

<input type="checkbox"/> Tribal Temporary Assistance <input type="checkbox"/> Supportive Services <input type="checkbox"/> BIA General Assistance <input type="checkbox"/> Employment Services <input type="checkbox"/> Heating Assistance* <input type="checkbox"/> Youth Services <input type="checkbox"/> Child Care* <p><i>*supplemental application will be required</i></p>	<p><b>State of Alaska Services:</b></p> <input type="checkbox"/> Food Stamp <input type="checkbox"/> Chronic & Acute Medical <input type="checkbox"/> Adult Public Assistance : __ blind or disabled or __ elderly assistance <input type="checkbox"/> General Relief: __ Rent/Utilities or __ Burial <input type="checkbox"/> Health Insurance (includes Medicaid, Denali Care, Denali KidCare, tax credit, private health insurance)
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**INFORMATION ABOUT YOU:**

Name		Social Security Number		Other Names Used	
Marital Status: Circle One Single   Married   Divorced   Widowed   Separated		Registered for Selective Service? Yes   No   N/A		Veteran?   Email Address Yes   or   No	
Regional Corporation Affiliation: Type   S= Shareholder   ___ Ahтна   ___ Aleut   ___ ASRC   ___ BSNC F= Family Member   ___ BBNC   ___ Calista   ___ Chugach   ___ CIRI D= Descendant of   ___ Doyon   ___ Koniag   ___ NANA   ___ Sealaska ___ 13 <sup>th</sup> Regional   ___ None				Emergency Contact: Name: _____ Phone number: _____ Email: _____	
Home Address or Directions to Your Home				City	State   Zip
Mailing Address				City	State   Zip
Phone Number		Other Phone			

**Answer these questions to see if you get food stamps within seven days.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Is cash and money in bank \$100 or less?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is your household's monthly gross income less than \$150?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are your household's monthly rent/mortgage and utility payments more than your combined monthly gross income and liquid assets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

<b>SIGN HERE</b>	Date
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**NOTE:** If more space is needed, please write the information on page 6 or attach another piece of paper.

# INFORMATION ABOUT YOU AND THE PEOPLE WHO LIVE WITH YOU

PLEASE PRINT

Name First M.I. Last		Relation to you  If not related write NR.	Birth Date	Sex  M-Male F-Female	Provide the information requested below for the people for whom you want benefits.		Education Level	Ethnicity (Optional)  Hispanic Or Latino?	Race (Optional) Select one or more: AN - Alaska Native AI - American Indian AS - Asian BL - Black/African-Am C - Chinese F - Filipino J - Japanese K - Korean S - Samoan PI - Native Hawaiian/ Pacific Islander V - Vietnamese WH - White	
					Social Security Number	U.S. Citizen Or National ?	Write in highest grade completed in school, Vocational School, or College Degree			
		Self						YES NO	YES NO	AN AI AS BL PI WH _____
								YES NO	YES NO	AN AI AS BL PI WH _____
								YES NO	YES NO	AN AI AS BL PI WH _____
								YES NO	YES NO	AN AI AS BL PI WH _____
								YES NO	YES NO	AN AI AS BL PI WH _____
								YES NO	YES NO	AN AI AS BL PI WH _____
								YES NO	YES NO	AN AI AS BL PI WH _____

**Note:** Disclosure of your Race and Ethnicity information is voluntary and will not affect your eligibility or level of benefits. This information will be used to assure that program benefits are distributed without regard to race, color or national origin.

**1. Has anyone received or is expected to receive money from a job or self-employment?**  Yes  No *If yes, complete the information below.*

person employed	employer	# hours worked	hourly wage	how often paid?
		/week		
		/week		
		/week		

**2. Has anyone received or is expected to receive any money from any other sources (not including income listed above)?**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> None                             | <input type="checkbox"/> Alimony                | <input type="checkbox"/> Unemployment  |
| <input type="checkbox"/> Tribal Temporary Assistance/ATAP | <input type="checkbox"/> Pension/Retirement     | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> BIA General Assistance           | <input type="checkbox"/> Social Security Income | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Child Support                    | <input type="checkbox"/> Veteran's Benefits     | <input type="checkbox"/> Other: _____  |

For the checked items above, please fill out the below information

owner/source/amount	owner/source/amount	owner/source/amount

**3. Do you have any of the below items?**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> None                    | <input type="checkbox"/> Checking Account          | <input type="checkbox"/> Mineral Rights            | <input type="checkbox"/> Savings Account |
| <input type="checkbox"/> Annuities               | <input type="checkbox"/> College Savings Plan      | <input type="checkbox"/> Native Corporation Shares | <input type="checkbox"/> Stocks/Bonds    |
| <input type="checkbox"/> Burial Policy Agreement | <input type="checkbox"/> Commercial Fishing Permit | <input type="checkbox"/> Pension Plan              | <input type="checkbox"/> Trust Funds     |
| <input type="checkbox"/> Cash on Hand            | <input type="checkbox"/> IRA Account               | <input type="checkbox"/> Retirement Funds          | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Certificate of Deposit  | <input type="checkbox"/> Life Insurance Policy     | <input type="checkbox"/> Safe Deposit box          |  |

For the above checked items please fill out the below

Who Owns the Item?	Type of Item	Where Held	Account Number	Total Value/Balance

**4. List any land or buildings, fishing permits, stocks, bonds, or other items of value owned by you or anyone in your household.**

owner	type of property/asset	value	owner	type of property/asset	value	owner	type of property/asset	value
		\$			\$			\$
		\$			\$			\$

**5. List all vehicles owned by you or anyone in your household (cars, trucks, motorcycles, boats, RVs, snowmobiles, etc.).**

owner	type of vehicle/model	year	how is vehicle used?	value	amount owed
				\$	\$
				\$	\$
				\$	\$
				\$	\$

**6. Have you moved to Anchorage in the last 3 years?**  Yes  No

**7. Do you own or rent your home?**  Own  Rent  Stay w/Relatives  Homeless

**8. Do you pay for your home heating costs?**  Yes  No

**9. List how much your family pays each month for rent/mortgage and utilities.**

	Rent/Mortgage Amount	Utilities Amount
	\$	\$

**10. Does anyone in your household pay for child care or dependent care expenses?**  Yes  No

amount
\$

**11. Does anyone in your household pay child support?**  Yes  No

*If yes, who?*

amount
\$

**12. Are you requesting assistance for anyone in your household who is pregnant?**  Yes  No

*If yes, who? When is baby due?*

**13. Has anyone in your household received public assistance (Temporary Assistance, cash, food stamps, Medicaid) in Alaska or any other state? *If yes, who, when and where?***  Yes  No

**14. Is any adult in your household fleeing from prosecution, custody, or confinement for a felony or class A misdemeanor? *If yes, who?***  Yes  No

**15. Have you or anyone in your household been convicted of a drug-related felony for an offense that occurred on or after August 22, 1996? *If yes, who?***  Yes  No

**If you are not applying for medical assistance, skip questions 13-16.**

**16. Is anyone in your household eligible for personal or employer-provided health insurance, Public Health Service, Indian Health Service, TRICARE, or VA benefits?**  Yes  No  
*If yes, complete the following:*

names of insured persons	insurance company name, address and phone number	policy and group number
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**17. Does anyone in your household have Medicare coverage?** *If yes, complete the following:*  Yes  No

person's name	Medicare claim number	person's name	Medicare claim number
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**18. Does anyone in your household have unpaid medical bills from the last three months?**  Yes  No  
*If yes, who? What months?*

**19. Does anyone in your household have medical problems or medical costs due to an accident?**  Yes  No  
*If yes, who? Date of the accident*

**AUTHORIZED REPRESENTATIVE**

I have asked this person to help with my public assistance case.

_____	_____
Name of Person	Phone/Message Number

**ALTERNATE PAYEE**

Do not complete this section if you do not want someone else to receive or spend your Tribal Temporary Assistance or Food Stamp assistance.

I want this person to be able to receive and spend my Tribal Temporary Assistance or Food Stamp benefits on behalf of my household.

Which assistance?  Cash  Food

_____	_____
Name of Person	Phone/Message Number

_____	_____	_____	_____
Address	City	State	Zip

## Food Stamps Subsistence Statement--for rural areas only

My household intends to satisfy a substantial portion of our food needs by subsistence hunting and fishing. We do not intend to use these food stamps to buy equipment for commercial hunting and fishing. We understand we may not use the food stamps to buy guns, rifles, traps, fuel, ammunition, or clothing.

\_\_\_\_\_  
Signature of Applicant or Other Adult Household Member

\_\_\_\_\_  
Date

APPLICANT NOTES:

## STATEMENT OF TRUTH

Under penalty of perjury or unsworn falsification, I certify that the statements made on the application and during my interview for assistance regarding the persons in my home, income, resources, property, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

I have read (or had read to me) and understand my rights and responsibilities as described in the "Your Rights and Responsibilities" page that is included in this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Fee Agent or Helper

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness if Signed with an "X"

\_\_\_\_\_  
Date



**Cook Inlet Tribal Council, Incorporated  
CITC ETSD Programs**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize the release of information requested by Cook Inlet Tribal Council, Employment Training & Services (ETSD) program. The requested information shall be used solely in the administration of CITC ETSD programs and shared with the State of Alaska DHHS for the administration of Public Assistance and will not be released to any other programs. The requested information may also be used for the purpose of criminal prosecution for violation of CITC ETSD programs.

Persons or organizations that may be contacted include, but are not limited to: the State of Alaska Department of Health & Social Services, Department of Law, the Department of Fish and Game, the Department of Labor, the Department of Military Affairs, the Department of Revenue, Alaska State Housing Authority, local governments, tax assessors, financial institutions, private corporations, landlords, employers, school authorities, and private individuals.

This authorization expires 12 months from the date of signature

**A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Witness signature if "X" signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

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# COOK INLET TRIBAL COUNCIL

## REQUEST FOR CONTACT PERSONS AND ORGANIZATIONS

We often need to contact persons or organizations that can verify your situation to determine your eligibility for temporary assistance. When we contact these persons or organizations, we tell them our name, title, and that we work for Cook Inlet Tribal Council Tribal TANF Program or the Division of Public Assistance. We are prohibited by law from telling them anything about you or about your Temporary Assistance Case.

The information we most often need to verify is where you live, who lives with you, and your household's income and resources. We may also ask for information about absent parents for Temporary Assistance and Medicaid applicants.

Please provide the information requested below:

NAME OF SOMEONE WHO KNOWS YOU WELL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

NAME OF SOMEONE WHO KNOWS YOU WELL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

NAME OF LANDLORD \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

FINANCIAL INSTITUTION (BANK, CREDIT UNION) \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

DAYTIME TELEPHONE NUMBER \_\_\_\_\_

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You have the right to discuss any action taken on your application or case with your caseworker or with your caseworker's supervisor.

### **PARTICIPANT APPEAL**

If you disagree with an action taken by the CITC Tribal TANF program that affects the benefits, you may file an appeal within 30 days of action. You may continue to receive Tribal TANF benefits until a CITC agency appeal decision is made if you request in writing continuing cash assistance. If the appeal decision is not in your favor, you will be responsible to pay back any extra benefits you received while awaiting the appeal decision.

### **CITC CLIENT GRIEVANCE**

If you disagree with the services offered, or the way you are treated, you must follow the client grievance procedure outlined in CITC Policy #3.100.

The first step in either an appeal or grievance is to contact the staff with whom you have a complaint to attempt to resolve the disputed action.

If you are unable to resolve the disputed action with the staff, you then meet with the staff's supervisor who will work with you to resolve the complaint.

For a grievance, if your complaint remains unresolved, you then provide a written complaint to the CITC CRP Officer at 3600 San Jeronimo Drive, Anchorage, AK 99508. You will work with the CRP officer until a solution is reached.

### **CHANGES IN HOUSEHOLD CIRCUMSTANCES**

You must report changes in your household within 10 days of when you learn of the change. You may do this by contacting the CITC Tribal TANF office by phone, in person or in writing. You are required to report the following changes:

1. Changes in employment-starting or stopping a job, change in wage rate, change from part-time to full-time or full-time to part-time.
2. Changes in the source of unearned income and changes in the amount of total unearned income greater than \$50.00 per month.
3. When someone moves into or out of your home (report within 5 days when a child leaves your home)
4. If you move or get a new mailing address; you need to verify your new shelter costs if you move or we cannot use them in calculating your benefits.
5. If your household gets a vehicle or sells any item to obtain cash.
6. If your household has more than \$2000 in cash and money in bank accounts.
7. Changes in your legal obligations to pay child support

### **WORK/SCHOOL REQUIREMENTS**

Tribal Temporary Assistance is a Work First program. To receive Tribal Temporary Assistance, you may have to participate in work activities. Tribal Temporary Assistance participants must meet with their case manager and develop a family self-sufficiency plan that lists steps you will take to become financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are employed and voluntarily reduce your hours or income without good cause and do not have approval from the case manager, a job quit penalty may be applied to the case. If you are an unmarried minor parent, to receive Tribal Temporary Assistance you must live with a parent or in another approved living arrangement and attend school or training. If you have school age children they must be enrolled and attending school. Failure to provide school attendance and grade verification may result in a penalty being applied to the case. If you do not fulfill these work and education requirements, or minor parent requirements your cash assistance may be reduced or ended.

### **HOME VISITS**

A CITC Tribal Temporary Assistance worker may visit your home and may contact other people to verify your eligibility for assistance for any or all of the following reasons: household composition, residence, and/or income and resources. If you do not cooperate with the home visit, your TANF case will be closed. A home visit may also be conducted if you are under a Tribal Temporary Assistance penalty. It is in your best interest to cooperate with a penalty home visit. If there is no cooperation, your assistance could be further reduced or ended. For these several types of home visits, no appointment will be set up with the participant ahead of time.

**FRAUD PENALTY WARNINGS**

You may be prosecuted if you knowingly give false, incorrect, or incomplete information to get or try to get Tribal Temporary Assistance benefits you are not eligible for, or to help someone else get benefits for which they are not eligible. You must repay any benefit you wrongly receive.

**WARNING: Any information you provide to Cook Inlet Tribal TANF Program may be used against you in a Court of Law or for implementing an Administrative Disqualification Hearing which will result in an Intentional Program Violation disqualification from Tribal TANF.**

If you misrepresent your residence or identity to receive multiple benefits, you can be barred from receiving Tribal Temporary Assistance and Food Stamps for 10 years.

Other penalties may also apply.

**POST TRIBAL TANF SERVICES**

If your Tribal TANF case closes because of earnings, you may still be eligible for other services to help your family move from welfare to work. Tribal TANF recipients may get child care assistance and caseworker support when their case closes for earnings, please contact the CITC Tribal TANF office for more information.

You may also be eligible for additional services offered by the State of Alaska Division of Public Assistance such as Food Stamps and Medicaid, please contact your case manager or nearest Division of Public Assistance Office for more information.

**CHILD SUPPORT INFORMATION AND COOPERATION**

Alaska must collect child support and medical support from any parent who has the duty to pay support to a Tribal Temporary Assistance recipient. This includes any money owed to you at the time you apply, as well as current and future child support payments.

Any child support payments given or paid to you while receiving Tribal Temporary Assistance benefits must be reported and turned over to the CITC Tribal Temporary Assistance Program immediately. If you wish to change a child support order, you must obtain a new court order or get permission from the State of Alaska Child Support Services Division (CSSD).

**Note:** If you believe you have a good reason not to cooperate with CSSD for the Tribal Temporary Assistance program, you must tell your caseworker immediately. You may be asked to provide information to support your reason.

**When you apply for Tribal Temporary Assistance you must:**

- Sign over to the CITC Tribal Temporary Assistance Program your right to receive and keep child support payments due to you or to a child on Tribal Temporary Assistance.
- Cooperate with the Child Support Services Division (CSSD) by providing information to establish paternity, help locate an absent parent, and enforce a child support obligation.
- Non-cooperation with CSSD can result in a penalty applied to the case or case closure.

**AMERICANS WITH DISABILITIES ACT OF 1990**

Cook Inlet Tribal Council, Inc. complies with Title II of the Americans with Disabilities Act of 1990. If you have questions, contact the CITC Corporate Affairs Officer at (907) 793-3407.

**SOCIAL SECURITY NUMBERS**

You must provide or apply for a social security number for yourself and each household member for whom you are seeking benefits from the CITC Tribal Temporary Assistance program (42 CFR 435.910). Cook Inlet Tribal Council will use social security numbers to access information from the Social Security Administration data system.

**SPENDING POLICIES FOR TANF ASSISTANCE PROGRAMS:** Under Federal Law (section 4004(c) of P.L. 112-96) it is illegal to make purchases with or to access the cash benefits on EBT cards at any ATMs that are located in bars, liquor stores, gambling or adult entertainment establishments. If you fail to abide to this policy a payee may be required.

I certify that I have read and understand the entirety of this document.

\_\_\_\_\_  
Signature of Participant/ Date

\_\_\_\_\_  
Signature of Other Adult/ Date