



**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>State of Alaska Services:</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 th 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 |

SIGN HERE	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 Write in highest grade completed in school, Vocational School, or College Degree	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 ?					
		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
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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
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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 _____