

Cook Inlet Tribal Council

477 Eligibility Form for Supportive Services/GED/Supported Work Experience

Name: _____ Total HH: _____ Adults _____ Children _____
Required 477 Eligibility: CIB/Tribal Enrollment scanned and in e-File Yes No Reside in service area? Yes No
Registered with Selective Services (M18-25) Yes No N/A **Eligible for Employment Services Only** Yes No

If participant is requesting Supportive Services, GED Services or Supported Work Experience Services continue to next step.

1. Is applicant receiving GA/TANF/SSI/FS? Yes No If yes, they are automatically eligible ***to be considered for*** SS/GED/SWE, skip to question #5 and attach proof of program involvement or case note visually verified. If no, go to next question #2.
2. Is applicant laid off and unemployed **OR** unemployed for more than 30 days? Yes No
If yes, they are automatically eligible ***to be considered for*** SS/GED/SWE, skip to #4 determine level of service and then complete #5 and attach proof of layoff or unemployment statement of benefits or case note visually verified. If no, go to next question #3.
3. Is applicant underemployed (working less than 30 hours per week? Yes No If yes they are automatically eligible ***to be considered for*** SS/GED/SWE, skip to question #5 and attach proof of paystubs/letter of hire. If no, go to next question #4.

4. Using the below income guidelines determine whether the applicant meets the income requirements with proof of income (income for last 30 days from application date, must have proof), or if participant is declaring no income indicate \$0 income, mark box below and complete question #5.

Income Limits (2021):

1 Person Household, Monthly Income Limit.....	\$1,340
2 Person Household, Monthly Income Limit.....	\$1,759
3 Person Household, Monthly Income Limit.....	\$2,415
4 Person Household, Monthly Income Limit.....	\$2,981
5 Person Household, Monthly Income Limit.....	\$3,518
6 Person Household, Monthly Income Limit.....	\$4,115

Applicant Name _____
Income Type: _____ Monthly Income: _____
Income Type: _____ Monthly Income: _____
Other Adult: _____
Income Type: _____ Monthly Income: _____
Income Type: _____ Monthly Income: _____
Other Household: _____
Income Type: _____ Monthly Income: _____

Total Monthly Income: \$ _____

Is HH Eligible for Supportive Services/GED/SWE? Yes No

5. **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 and other items relating to my eligibility for assistance are true and correct to the best of my knowledge.

Please note, although participant may be income eligible, availability of participant resources is still considered when disbursing Supportive Services. Please see supervisor for questions.

Signature _____ Date _____

Other Adult Signature _____ Date _____

Other adult signature must be obtained if they are receiving assistance as well

Staff Signature _____ Date _____