

Aleutian Pribilof Islands Association, Inc.

Department of Education & Workforce Development
Employment, Training & Related Services Division

1131 East International Airport Road
Anchorage, AK 99518
907-276-2700 or 1-800-478-2742
Fax 907-222-9711



St. Paul

St. George

Nelson Lagoon

False Pass

Sand Point

Akutan

Unga

Belkofski

King Cove

Pauloff Harbor

Unalaska

Nikolski

Adak

Atka

Application for Services

1. Please Select ALL Services You are Requesting – (Check ALL that apply to your immediate needs.)

Direct Assistance Programs

- Energy Assistance General Assistance Adult Care Assistance Child Assistance
 Disaster Assistance Emergency Assistance Burial Assistance Child Care Assistance

To Process your application for Direct Assistance, please include the following:

- ✓ A completed *Application for Services* including signatures and all questions answered
- ✓ Release of Information section signed and dated
- ✓ Tribal Card (For Burial Assistance, include Tribal Card of Deceased)
- ✓ Proof of wages for the last 30 days or attached *Section 9* of this application completed by your employer.
- ✓ Rent or Mortgage Receipt (ALL Programs EXCEPT Energy Assistance, Burial Assistance & Child Care Assistance)
- ✓ Bank Statement (ALL Programs EXCEPT Energy Assistance & Burial Assistance)
- ✓ W-9 (ALL Programs EXCEPT Energy Assistance & Burial Assistance)
- * **Child Care Assistance:** Please fill out ONLY Sections 1, 2 & 3 of this application

Employment and Training Programs

- Job Placement & Training Assistance Employment Services Higher Education
 AANG Program – Tribal Vocational Rehabilitation Youth Employment Program

To Process your Employment & Training application, please include the following:

- ✓ A completed *Application for Services* including signatures and all questions answered
- ✓ Release of Information section signed and dated
- ✓ Tribal Card
- ✓ Proof of wages for the last 30 days or attached *Section 9* of this application completed by your employer.
- ✓ W-9
- * **Higher Education:** Enrollment Verification, Class Schedule, Budget Forecast from Financial Aid Office, Proof of FAFSA Application
- * **Higher Education:** Applications are DUE December 15 for Spring Semester courses & June 15 for Fall Semester courses

**To report FRAUD or ABUSE of Energy Assistance funds, please call
APIA's Department of Education and Workforce Development, ETR
Division at 907-276-2700 or toll free at 1-800-478-2742**

Where Can I apply?

Completed applications and all supporting documents need to be mailed, faxed or dropped off at the following locations:

All Other Communities:

APIA
1131 E. International
Airport Rd.
Anchorage, AK 99518
Fax: 907-222-9711

Unalaska:

APIA
179 Gilman Rd, Suite 209
P.O. Box 1130
Unalaska, AK 99685
Fax: 907-581-6574

Sand Point:

APIA
(City Building, #9)
P.O. Box 464
Sand Point, AK 99661
Fax: 907-383-5832

King Cove:

APIA
(Old School)
P.O. Box 353
King Cove, AK 99612
Fax: 907-497-4181

When Can I apply?

Completed applications including all supporting documents for Energy Assistance will be accepted beginning November 1. Higher Education applications are due by December 15th for the Spring Semester and June 15th for the Fall Semester. Applications for ALL other services can be turned in year-round.

How long will my application take to process?

It may take up to 30 days to process your application.

Date Application Mailed or Faxed to APIA: _____

2. It is important that you tell us about your situation, needs, and how we may assist you.

| |
|--|
| |
|--|

3. Required Information for ALL Services

| | | | |
|---|-------------|---------------|------------------------|
| First Name | Middle Name | Last Name | Social Security Number |
| Physical Address | City | State | Zip |
| Mailing Address (If Different) | | Email Address | |
| Tribal Affiliation <input type="checkbox"/> Agdaagux <input type="checkbox"/> Nelson Lagoon <input type="checkbox"/> St. George <input type="checkbox"/> Atka <input type="checkbox"/> Nikolski <input type="checkbox"/> St. Paul <input type="checkbox"/> Akutan <input type="checkbox"/> Pauloff Harbor <input type="checkbox"/> Unga <input type="checkbox"/> Belkofski <input type="checkbox"/> Qagan Tayagungin <input type="checkbox"/> Other: _____ <input type="checkbox"/> False Pass <input type="checkbox"/> Qawalangin | | | Home/Message Phone |
| | | | Cell Phone |

Who can we contact if we cannot reach you at the number above?

Name: _____ Phone Number: _____

4. Other Household Members - List all persons living in your household at time of application

| Name (First, M.I., Last) | Relation to Applicant | Date of Birth | Alaska Native or American Indian | Social Security Number |
|--------------------------|-----------------------|---------------|--|------------------------|
| | SELF | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Do you or does anyone in your household have a physical or mental condition that limits a person's movements, senses or activities of daily living*? Yes No

*Examples include **but are not limited to**: alcoholism, mental and emotional conditions, learning disabilities, orthopedic and hearing impairments, cardiovascular disease, hypertension, and chronic pulmonary disease.

Is anyone in your household a single parent? Yes No

Is there a child in your household between the ages of 3 and 5? Yes No

IF YES to any questions, would you be interested in learning more about potential services? Yes No

5. Applicant Information

Highest Level of Education Completed:

- | | | |
|---|---|--|
| <input type="checkbox"/> 8 th Grade or Below | <input type="checkbox"/> 11 th Grade | <input type="checkbox"/> Some College |
| <input type="checkbox"/> 9 th Grade | <input type="checkbox"/> 12 th Grade | <input type="checkbox"/> College Graduate |
| <input type="checkbox"/> 10 th Grade | <input type="checkbox"/> GED | <input type="checkbox"/> Vocation/Technical School |

Military Experience:

- | | | |
|--|---|---|
| <input type="checkbox"/> Current Active Duty | <input type="checkbox"/> Veteran | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Reserves | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> None |

Have you registered for selective service?

- Yes No

Do you hold a valid driver's license? Yes No

_____ State and License Number

Are you currently employed? (If yes, please explain below):

- Yes No

Employer _____ Job Title _____ Full Time Part Time

How long have you been with your current employer? _____ Years _____ Months

Have you ever been convicted of a crime (If yes, please explain below):

- Yes No

Date _____ Offense _____

Additional Information _____

6. Household or Shelter Expenses (Last 30 Days)

| | | | |
|--|----|--|----|
| Rent | \$ | Water | \$ |
| Mortgage (Payment/Taxes/Insurance) | \$ | Sewer | \$ |
| Electricity | \$ | Heating (Household Oil/Fuel/Wood) | \$ |
| Telephone (Cell) | \$ | Other: | \$ |
| Telephone (Landline) | \$ | Other: | \$ |
| Other Monthly Expenses (last 30 days) | | | |
| Vehicle Payment | \$ | Medical/Dental | \$ |
| Gas for Vehicle | \$ | Legal Dues (Fines, Fees, Court Costs, etc.) | \$ |
| Vehicle Insurance | \$ | Prior Tax Payments | \$ |
| Child Support/Alimony | \$ | Student Loans | \$ |
| Food (Groceries, Dining Out) | \$ | Entertainment (Movies, Bingo, etc.) | \$ |
| Personal Hygiene | \$ | Cable TV/Internet | \$ |
| Clothing | \$ | Other: | \$ |
| Other: | \$ | Other: | \$ |

7. Asset Information

| | | | |
|---------------------------------------|----|--------------------------------------|----|
| Checking Account (current balance) | \$ | Savings Account (current balance) | \$ |
|---------------------------------------|----|--------------------------------------|----|

8. Entire Household Income

- Provide ALL NET income (after taxes) and ALL income received in the last 30 days for your ENTIRE HOUSEHOLD.
- You must provide proof of income and attach it to the application.
- If you are applying for Burial Assistance, please fill out household income for the deceased.
- Without proof of income, your application may be delayed or denied. Acceptable proof includes wage stubs showing check date, net and gross income, year-to-date figures, an employer statement (Page 5) or signed letter from your employer. Year-end statements or award letters are required for Social Security and retirement benefits. <http://www.ssa.gov/> | 1-800-772-1213 | TTY 1-800-325-0778

Countable Types of Income for Energy Assistance

| | | |
|------------------------------|-----------------------------|---------------------------------|
| Wages | TANF | Dividends |
| Seasonal Employment | Child Support/Alimony | Rental Income |
| Self-Employment Earnings | Alaska Temporary Assistance | Adult Public Assistance Program |
| Unemployment | General Assistance | Retirement/Pension |
| Social Security | Fishing Wages & Crew Shares | Veteran's Benefits |
| Supplemental Security Income | Food Stamps | Survivor's Benefits |
| Bingo/Pull Tab Winnings | Tips and Gratuities | Senior Benefits |
| General Relief | Foster Care Payments | Worker's Compensation |
| Student Loan/Grants | Pension (other) | Other |

| Household Member Name (First, MI, Last) | Income Type (from list above) | Monthly Net Income (after taxes from past 30 days) |
|--|----------------------------------|---|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Seasonal or Self-Employment

Does anyone in your household have income exceeding \$2,000 in the past 12 months from seasonal or self-employment? (commercial fishing, logging, firefighting, small business, fish processing)

Yes No

IF YES, you will need to complete section 9.

No Income Statement – MUST COMPLETE IF HOUSEHOLD HAS NO INCOME

If your household has no income, please provide a written statement as to how your household has supported itself for the last 30 days. This will serve as your income statement. **Please be as detailed as possible.**

9. Employment Statement

Complete this section for the following situations:

- If you DO NOT have paycheck stubs or other supporting documentation of income.
- If you checked “Yes” in section 8.
- If you have income exceeding \$2,000 in the past 12 months from seasonal employment.
- If you have income exceeding \$2,000 in the past 12 months from self-employment.

This form needs to be completed for each household member earning income in any of the situations described above. If additional section 9 pages are needed, please contact the ETR Division (see page 1).

Employee Name: _____ Employee Signature: _____

Employer: _____ Occupation: _____

For Employer Use (those seasonally or self-employed may fill in this section for themselves):

Name of Employer: _____

Date Employment Ended (if employee is no longer working for you): _____

Please provide the paycheck information for the **last 30 days** issued or attach a copy of a computer printout.

For seasonal or self-employed: please provide the information for the **last 12 months**.

| Net Pay (income after tax) | Issue Date | Pay Period (time period of work that the paycheck covers) |
|-------------------------------|------------|--|
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |

Employer Signature: _____ Date: _____

Payroll Contact Number: _____ ***Note: The Employer Must Sign this Statement***

ENERGY ASSISTANCE

APIA will begin accepting Energy Assistance Program applications on November 1. A household may only receive ONE heating benefit per year.

The Employment, Training & Related Services Division will process applications in the following priority order:

1. **Crisis (requires a shut off notice or out-of-fuel statement from your vendor)**
2. Households with elderly over 60 years of age, disabled, or children 5 years of age or under
3. Households with **NO** current vendor account credits
4. All other households

Eligibility is based on a point system that takes into account several factors including the town you reside in, the type of dwelling you live in, the household size, combined household net income, and whether or not the household contains a member who is over 60 years of age, 5 years of age or under, or is disabled. Each of these items has a point value.

How long will my application take to process?

It may take up to 30 days to process your application. Continue to pay your bills while you are waiting for a decision on your application. If your bills are overdue or you are in danger of running out of fuel, contact your heat or utility company to set up a payment arrangement. Remember, awards are subject to the availability of energy assistance specific funds.

In case of emergency or if you need crisis energy assistance:

If you are in danger of running out of fuel or have a notice from your energy vendor stating that you will be disconnected within 48 hours, contact your heat or utility company immediately to see if you can make payment arrangements. **Send in a complete application to APIA with all required attachments including your disconnect or shut-off notice, utility bills, and proof of income.** Your application will be reviewed for emergency processing.

APIA reserves the right to review further documentation as needed.

10. APIA Energy Assistance Application

Is your household in a CRISIS situation? Yes No

IF YES, please include a disconnect notice, a shut-off notice, or have your energy vendor representative sign the statement below:

This applicant is out of energy or will be out of energy within the next 48 hours.

Energy Vendor Representative Signature Date Energy Vendor Vendor Contact Information

Do you live in a:

- | | | |
|--|---|---|
| <input type="checkbox"/> House | <input type="checkbox"/> Boat | <input type="checkbox"/> Apartment in Multi-Unit Building |
| <input type="checkbox"/> Mobile Home (More than 35 ft.) | <input type="checkbox"/> Tent | <input type="checkbox"/> Boarding Home Room |
| <input type="checkbox"/> Travel Trailer (Less than 35 ft.) | <input type="checkbox"/> Pick-Up camper | <input type="checkbox"/> Other: _____ |

How many bedrooms are there in your home? _____

Do you own or rent? Own Rent

If you rent, are your utilities included in your Rent? Yes No

Are you, or is anyone in your household:

| | | |
|-------------------|------------------------------|-----------------------------|
| Age 5 or Under? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Age 60 or Over? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Legally Disabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you or any of the adults in your household applied for Heating Assistance with any other organization?

Yes No

What is your primary heating source? Fuel Oil #1 Diesel Fuel #2 Other (Explain): _____

Who pays for your home heat? Self Landlord Other (Explain): _____

Who pays for your home electricity? Self Landlord Other (Explain): _____

Name of Fuel Company: _____ Account Number: _____

Name on Account: _____ Account Balance: _____

Name of Electric Company: _____ Account Number: _____

Name on Account: _____ Account Balance: _____

*****You must attach your current utility bill to your Energy Assistance Application*****

If your fuel or electric account is under another name, please explain why: _____

If you are granted an Energy Assistance award, how would you like it distributed between the vendors you have listed?

Fuel: _____% Electricity: _____%

BURIAL ASSISTANCE

APIA wishes to help you during your time of sorrow so that you may celebrate the life and memory of your loved one.

The Burial Assistance Program is a secondary or residual resource of assistance. It is available only to meet the immediate need at the time of death and may not be approved after the burial has occurred. Please contact APIA before signing any contract for the burial to find out if your loved one is eligible for this service.

To be eligible:

- **The deceased must be an enrolled Tribal member of a community served by the Aleutian Pribilof Islands Association. Provide a copy of Tribal enrollment number.**
- **The deceased must not have the income or resources to pay for the burial.**
- **The deceased must live in region served by APIA for the past 6 months.**

The approved payment for burial services must not exceed the maximum burial payment standard of \$2,500.00. Upon determination that the deceased meets the basic eligibility conditions, a vendor payment to the mortuary will be made (a maximum standard amount) minus any available resources.

For further information call 907-276-2700 or 1-800-478-2742 and ask to speak to our Burial Assistance staff.

| <u>Other Resources:</u> | | |
|--|--|---|
| <p>State of Alaska Department of Public Assistance Coastal Field Office 3601 C St. Suite 410 Anchorage, AK 99524 1-800-478-4372 or 269-8950</p> | <p>US Veterans Administration Veterans Services Division 2925 Debarr Road Anchorage, AK 99508 1-800-827-1000</p> | <p>The Aleut Foundation 703 W. Tudor Road, Suite 102 Anchorage, AK 99503 907-646-1929 1-800-232-4882</p> |

*****You may also want to consider checking with the corporation of which the deceased may have been a shareholder. In some instances, if funding may allow, they may be able to provide similar assistance.*****

| 11. APIA Burial Assistance Application | | |
|--|--|---------------|
| Deceased's Name | Deceased's Date of Birth | Date Deceased |
| Total NET INCOME of deceased and/or spouse for the past 12 months: \$ | | |
| If the deceased had no income or has had no income for the past 12 months, please briefly explain how they met their needs: | | |
| Does deceased and/or spouse own a home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the value of the home? \$ | Does deceased and/or spouse own a fishing vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the estimated annual net income from fishing? \$ | |
| Does deceased have any liquid assets? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list assets valued at over \$1,500: _____ _____ | | |
| Does deceased and/or spouse have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Name of Financial Institution: _____ Account Balance: _____ | | |

12. Statement of Truth

To receive assistance, you must agree to all of the statements below and sign and date this form.

- I am requesting services from the Aleutian Pribilof Islands Association's Employment, Training & Related Services Division.
- I understand that information on this application will be used for determination of eligibility for programs in APIA's Employment, Training & Related Services Division.
- I understand that I must currently live in the home for which I am requesting energy assistance.
- I understand that I must notify APIA if I move, my household members change, or if there are changes to my income including assistance received from other agencies.
- I understand that an APIA representative may call my home and may contact other people in order to verify the information I have provided.
- I understand that information I give may be verified by computer cross-matching with other agencies.
- I understand that intentionally providing false information constitutes fraud and will result, at a minimum, in termination from any APIA programs for which I have been found eligible. As a result of fraud, I understand that I will be required to reimburse APIA for any funding it has provided to (or on behalf of) me.
- I understand that the following will be explained to me at the time of intake: eligibility requirements of the programs, the services available, my rights and responsibilities, confidentiality, and how to appeal a decision by the program.
- I authorize the Alaska Department of Labor to release information about my eligibility for Unemployment Insurance and work history to APIA.
- I authorize APIA to communicate with my vendor(s) and other agencies on my behalf as it relates to the Energy Assistance Program.
- I also understand that knowingly and willingly providing APIA with false, fictitious, or fraudulent information is subject to prosecution under 18 U.S.C. 1001, which is punishable by fine, imprisonment or both.

I certify, under perjury, or of unsworn falsification in violation of AS11.56.210, that the statements made regarding the persons in my home and the income and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

Signature of Applicant

Date

13. Release of Information

Your signature on this application gives the Aleutian Pribilof Islands Association, Inc. permission to ask for:

- Information about your finances
- Information about your utility/heating costs and usage and billing history with your utility or heating vendor
- Information about your citizenship and personal history

This information is only used in the administration of services within the Department of Education & Workforce Development's Employment, Training & Related Services Division at the Aleutian Pribilof Islands Association and will not be released to any other person or agency outside of the Employment, Training & Related Services Division, unless it directly relates to your application for services and benefits.

I have read the Release of Information section of the application and I understand it, including fraud and penalty provisions, as described in this application.

Signature of Applicant

Date

14. Client Rights, Responsibilities & Grievance Procedures

Client Rights

- To participate fully in the development of an Individualized Plan for Employment (IPE).
- To be treated with dignity and respect.
- To have your eligibility for services determined within 60 days unless there are unforeseen circumstances and agreement is made to extend the time.
- To receive a fair and complete evaluation to determine eligibility.
- To have records and communication kept confidential. Information will not be released without written permission except under court order.
- To make informed choices during program participation.
- To appeal program decisions through an informal or formal review.

Client Responsibilities

- Take an active part in the development, implementation and completion of the IPE.
- To request disability related accommodations required to participate in employment services.
- To contribute financially to rehabilitation program services within reason and based on individual financial ability to pay for services.
- To apply for and secure other sources of funding for which the client may be eligible, including: financial aid (PELL Grants), insurance benefits, and tribal or shareholder scholarships.
- To actively participate and maintain regular contact with program staff.
- To actively seek and gain employment.

Disagreement Procedures (Appeal/Grievances)

If at any time a client disagrees with decisions made by Employment, Training & Related Services (ETR) Program staff:

1. Try to resolve the problem with the program staff directly.
2. If unsatisfied with the outcome, make a written complaint to the ETR Division Coordinator describing the problem; you will be contacted within 10 business days upon receipt of written complaint to schedule a meeting to try to find a resolution.
3. If unsatisfied with the outcome, make a written complaint to the Department of Education & Workforce Development Director describing the problem; you will be contacted within 10 business days upon receipt of the written complaint to schedule a meeting to try to find a resolution.
4. If unsatisfied with the outcome, make a written complaint to the President/CEO describing the problem; you will be contacted within 10 business days upon receipt of the written complaint to schedule a meeting to try to find a resolution. The President/CEO will appoint a 3-member Grievance Committee to hear your grievance.
5. You may take the grievance to an appropriate funding agency. A P.L. 102-477 Program client, participant, or staff personnel may file a grievance in writing to the U.S. Department of Interior, Workforce Development Division, after all above stated grievance procedures have been exhausted.

Client Statement

I have read the Client Rights, Responsibilities & Disagreement Procedures as described in this application.

Signature of Applicant

Date