



APIA Employment, Training and Related Services Division

APPLICATION FOR SERVICES

- AANG Tribal Vocational Rehabilitation Services
- Youth and Adult Employment Services
- Employment Support Services
- Vocational Training Tuition Assistance
- Higher Education Scholarship Application
- General (Cash) Assistance
- Child Care Assistance
- Emergency Assistance
- Adult Care Assistance
- Energy and/or Water Assistance

**Aleutian Pribilof Islands Association
Employment, Training and Related
Services (ETR) Division**

1131 East International Airport Road
Anchorage, AK 99518
Phone: (907) 276-2700 (800) 478-2742
Fax: (907) 222-9711

Tribal Vocational Rehabilitation and 477 Program Services

Aleutian Pribilof Island Association's Employment, Training and Education Services are components of our Department of Education, Rehabilitation Services Administration Program and our Public Law 102-477 Program. These services are available to eligible Alaska Natives and American Indians. Eligibility depends on a variety of factors, including the Tribe you are enrolled with as some Tribes have elected to manage some of their own services.

Eligibility Requirements for All ETR services:

In order to be eligible, you must:

- Be an enrolled member of a Tribe and living within the APIA region (some exceptions by tribe, community and program - please inquire about specific services)
- Submit a copy of your Tribal enrollment card.
- Meet **all** eligibility requirements for the program(s) to which you are applying. Eligibility requirements differ by service, tribe and community. Please reach out if you have any questions about eligibility requirements.

Application Instructions:

1. **Everyone must complete pages 1-5 and 8-9 of this application.**
2. **Complete the application section** for the service(s) you are requesting (see sections and page numbers below).

Application Section

Page

- A Energy or Water Assistance.....6-7
- B Tribal Vocational Rehabilitation (AANG) Program.....Please request supplemental application
- C Higher Education Scholarship ApplicationPlease request supplemental application
- D Vocational Education Tuition Assistance.....Please request supplemental application
- E Child Care Assistance.....Please request supplemental application

3. Fill in **all** blanks in the application. If a blank does not apply to you, please write "NA".
4. Gather the following documents to submit with your application. **Your application will be considered incomplete without these documents and will not be processed:**
 - Tribal enrollment card for all eligible household members
 - Birth Certificate of child (ren) (Child Care Assistance only)
 - Copy of Driver's License or other State or Federal photo identification or proof of residency
 - Copy of Social Security card or number
5. **Make sure you've signed and dated your application when it is submitted**

Please note: Incomplete applications cannot be processed until all information and documentation required to complete the application has been received by APIA.

Who do I contact if I have any questions, need more information, and/or need assistance in completing my application?

For all services, please contact:

Cheyenne Smallwood, Program Assistant @ cheyannes@apiai.org OR
Phone: (907) 222-9749

Fax: (907)222-9711

APPLICATION FOR GENERAL ASSISTANCE

PLEASE READ THE FOLLOWING CAREFULLY!

General Assistance (GA) is **temporary funding** offered by APIA to provide financial assistance for the following essential needs only: **food, shelter, clothing, and basic necessary utilities**. The goal of General Assistance is to increase self-sufficiency. General Assistance is only available when no other resources are available to you. General Assistance is **not an emergency assistance** fund. Usual timeline for **processing applications is 2-4 weeks but we have up to 60 days to process once application is complete**.

Applicants with Dependent Children: All applicants with dependent children are **required to apply for Temporary Assistance for Needy Families (TANF) and provide verification of application before applying for GA**. You must also apply for other state assistance you might be eligible for including General Relief Assistance (GR), Food Stamps and unemployment insurance benefits if you had prior employment.

Employment Services: General Assistance recipients are required to apply for employment services by filling out and submitting **Work Search Logs on a weekly basis** (see attached example). Unemployed applicants must be actively seeking employment in order to receive financial assistance through the General Assistance program.

Individual Self-Sufficiency Plan: Individuals who are approved for General Assistance are required to complete an Individual Self-Sufficiency Plan (see attached example) with the assistance of their assigned ETR/TVR Counselor. The Plan outlines the specific steps the applicant will take to increase independence by meeting the goal of employment. The applicant is required to participate in work and/or other activities and referrals, as outlined in the Self-Sufficiency Plan, which will promote self-sufficiency. Failure to do so may constitute suspension from the General Assistance program.

General Assistance Checklist

Read and initial each item. Failure to provide all required documents with the application will result in a delay in processing your application.

- I live within the **APIA Region**.
- (For families with children) I have applied for TANF and have provided my case number before applying for General Assistance.
- I **have not** received cash assistance from TANF, General Relief (GR), or Unemployment Insurance within the last 60 days.
- I have attached **proof of eligibility**
Tribal enrollment card
- I have attached **proof of all earned and unearned income for the month of application** (pay stubs, unemployment insurance checks, etc.) and/or a statement from my employer as to my income for the month of application.
- I have attached **proof of monthly shelter costs** – rent, phone, utility bills, and any other monthly bills listed under Monthly Shelter Costs.
- I have attached **proof of insufficient resources** to meet essential needs – copies of current bank statements, financial records, and bills.
- I have attached **verification that I have applied for other services**. (For example: TANF case number if you have dependent children or food stamps or unemployment insurance benefits if you have recently left a job.)
- I will complete an **Individual Self-Sufficiency Plan** with my assigned counselor and will review it if I am approved for General Assistance
- I will complete a Work Search/Work Related Activity Sheet, if needed, and submit it on a weekly basis to my counselor

Why are you applying for General Assistance? Explain:
1) How have you supported yourself for the past three months, and 2) What has changed in your situation to cause you to apply for assistance? Be sure to include all other information you feel would help us better assist you. Please be as specific as possible. If you need more writing space, please use the back of this sheet.



Aleutian Pribilof Islands Association, Inc.
 Department of Family & Community Development
Weaving Traditional Knowledge with Western Education
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

Application for Services

revised 10.15.2021

The number one goal of our Employment, Training and Related Services Division is to increase the self sufficiency of the individuals, families and communities that we serve.

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

Services Specifically Provided for the Region

- Energy/Water Assistance General Assistance Emergency Assistance Child Care

These services are for households with at least one member of **ANY** federally recognized tribe, who also reside in the Aleutian/Pribilof Island region.

Services Provided to Region, Anchorage and Other U.S. Cities

- AANG Program – Tribal Vocational Rehabilitation Higher Education
 Youth Employment Services Adult Employment Services Employment Support Services
 Vocational Training Assistance

These services are for individuals of **ANY** federally recognized tribe, who also reside in the Aleutian/Pribilof Island region.

These services can also be provided to members of APIA's 13 Tribes living in Anchorage and in some cases living in other U.S. cities.

APIA's 13 Tribes: Agdaagux, Atka, Akutan, Belkofski, False Pass, Nelson Lagoon, Nikolski, Pauloff Harbor, Qagan Tayagungin Tribe (QTI), Qawalangin, St. George, St. Paul and Unga.

Note: some of APIA's 13 Tribes operate their own employment, training, or child care programs. Members of these Tribes may be referred to their specific tribal office.

To report FRAUD or ABUSE of Energy Assistance funds, please call APIA's Department of Family and Community 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
 59 Broadway Avenue
 P.O. Box 588
 Unalaska, AK 99685
 Fax: 907.581.6473

Sand Point

APIA
 (City Building, #9)
 P.O. Box 464
 Sand Point, AK 99661
 Fax: 907.383.5832

King Cove

ATC
 249 Uptown Loop
 P.O. Box 249
 King Cove, AK 99612
 Fax: 907.497.2803

King Cove

Belkofski
 Belkofski Tribal Office
 P.O. Box 57
 King Cove, AK 99612
 Fax: 907.497.3123

When can I apply?

Completed applications including all supporting documents for Energy Assistance will be accepted from November through April, depending on federal funds. Post-Secondary 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. Incomplete applications will be notified of missing information. Incomplete applications may be returned by mail if there is no contact 7 days after notification.

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

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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"/> Vocation/Technical | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> 9 th Grade | <input type="checkbox"/> 12 th Grade | <input type="checkbox"/> Some College | <input type="checkbox"/> Masters Degree |
| <input type="checkbox"/> 10 th Grade | <input type="checkbox"/> GED | <input type="checkbox"/> Associates Degree | |

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

Current or Last Employer _____ Job Title _____ Full Time Part Time

How long have/were you with the employer? ____ Years ____ Months What is/was the pay? \$_____ per hour

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:	\$

6a. 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)	\$
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8. Entire Household Income (required for Energy Assistance, Cash Assistance and Child Care)

- Provide **ALL NET** income (after taxes and business expenses) and **ALL** income received in the last **30 days** for your **ENTIRE HOUSEHOLD**. This is required for energy assistance.
- **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

8a. Types of Household Income

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)
		\$
		\$
		\$
		\$
		\$

8b. No Income Statements

Each member of your household age 18 and over without income must provide a written statement as to how they support themselves. Please be as detailed as possible. Attach additional statements if necessary.

Household Member Name and Signature (First, MI, Last)	No Income Statement
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name</div> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; margin-bottom: 5px;"> Signature Date </div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"> </div>
<div style="border-bottom: 1px solid black; margin-bottom: 5px;">Printed Name</div> <div style="border-bottom: 1px solid black; display: flex; justify-content: space-between; margin-bottom: 5px;"> Signature Date </div>	<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"> </div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"> </div>
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8. Entire Household Income – continued

8c. Fishing, Self-Employment, and Other Income

Did anyone in your household have fishing income in the past 12 months?

Yes No **IF YES:**

Option A (PREFERRED): have your employer (ship captain or fish processing plant) complete Form A for each ticket season worked in the last 12 months.

Option B: include proof by attaching detailed fishing settlement statements for all ticket seasons worked in the last 12 months. **WARNING:** Processing time may be delayed while staff verify fishing settlement income.

I understand that my application may take longer than normal to process by choosing Option B. _____
Initial

Did anyone in your household have self-employment or wages without supporting documentation?

Yes No **IF YES,** your employer will need to fill out the next section.

8d. Self-Employment and Other Seasonal Income Statement

Examples of Other Seasonal Work:

construction, fish processing, logging, mining, trapping, tourism related, firefighting, and oil field occupations.

Employee Name: _____ Employee Signature: _____

Employer: _____ Occupation: _____

For Employer Use (those 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 self-employed: please provide the information for the **last 12 months**.

Net Pay <small>(income after tax and business expenses)</small>	Issue Date	Pay Period <small>(time period of work that the paycheck covers)</small>
\$		
\$		
\$		
\$		

Employer Signature: _____ Date: _____

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

9. Energy/Water Assistance

- **APIA will begin accepting Energy Assistance Program applications in November, dependent upon federal funds.**
- **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. All other households

Eligibility is based on a point system that takes into account several factors including the community 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.

Incomplete applications will be notified of missing information. Incomplete applications will then be returned by mail if there is no contact 7 days after notification.

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.

9a. Crisis Processing

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: Crisis applications will be processed in 18 business hours or less, from time of complete application.

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
--	------	---------------	----------------------------

9b. Residence Information

Please mark the dwelling type that best matches your residence:

- | | |
|---|--|
| <input type="checkbox"/> One-room dwelling such as a studio apartment, hotel or boarding home
<input type="checkbox"/> One-bedroom dwelling, or a one-room house or cabin without bedrooms
<input type="checkbox"/> Two-or-more-bedroom unit in an apartment building of four or more attached units
<input type="checkbox"/> Two-bedroom single family home
<input type="checkbox"/> Three-or-more-bedroom single family, duplex or triplex home | <input type="checkbox"/> Mobile home with less than 980 square feet of heated living space, regardless of the number of bedrooms
<input type="checkbox"/> Mobile home with more than 980 square feet of heated living space
<input type="checkbox"/> Recreational vehicle, tent, or pickup camper
<input type="checkbox"/> Boat with heated living space less than 980 square feet |
|---|--|
- Do you own or rent?** Own Rent
 If you rent, are utilities included in your rent? Yes No

9c. Household Members

Are you, or is anyone in your household: Legally Disabled? Yes No **IF YES**, please attach documentation of proof, **OR** a signature from your provider.

Age 5 or Under? Yes No

Age 60 or Over? Yes No

Provider Signature

Have you or any of the adults in your household applied for Heating Assistance with any other organization?
 Yes No

9. Energy/Water Assistance - continued

9d. Fuel and Electric Information

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: _____ Do you have credit on your account? Yes No

Name of Electric Company: _____ Account Number: _____

Name on Account: _____ Do you have credit on your account? Yes No

*****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: _____%

9e. Water Information

Name of Water Company: _____ Account Number: _____

Name on Account: _____ Do you have credit on your account? Yes No

*****You must attach your current water bill to your Water Assistance Application*****

9f. Signature

- Energy Assistance awards are **ONLY** for the applicant's household, and cannot be sold, reissued, traded, or shared with family/friends outside of the household.
- Fuel purchased with an Energy Assistance award is **ONLY** for the applicant's household, and cannot be sold, reissued, traded, or shared with family/friends outside of the household.
- Improper use of an award is considered **FRAUD** and could result in loss of the award, suspension from APIA services, or garnishment of future awards.

Should I be found eligible, I agree to use the award for its intended purpose.

Applicant Signature

10. 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.

I understand that awards are distributed for an individual or household. Trading or selling an award is fraud.

Signature of Applicant

Date

11. Release of Information

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

- Information about your finances and benefits
- 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 Family & Community 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. This Release expires one year from signature date.

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

12. 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 Family & Community 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