



Aleutian Pribilof Islands Association

Department of Family & Community Development
 Employment, Training & Related Services Division
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**Aleuts Achieving Nurturing and Growing (AANG)
 Tribal Vocational Rehabilitation Program (TVR)**

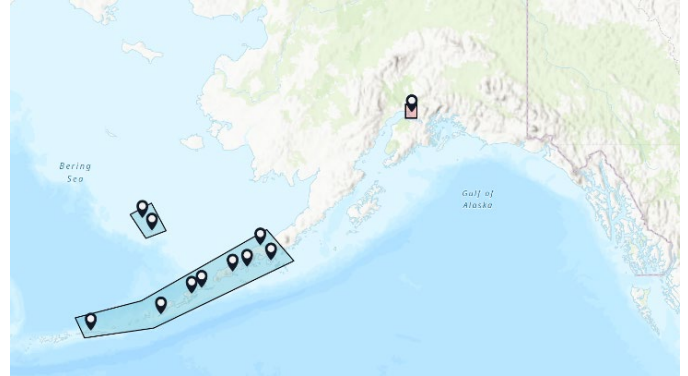
Name

Phone Number

Date of Birth

AANG Program Supplemental Application

APIA's AANG Program can help with a goal of getting a job, self-employment, or a subsistence plan for self-sufficiency. This program is for enrolled tribal members who experience physical, cognitive, mental, or sensory challenges that create a barrier to employment. Examples of these challenges may include many conditions- diabetes, chronic pain, low back pain, substance use disorders, or hearing or vision impairments. These can have an impact on someone's employment. The AANG Program is here to help.



Success in this program requires teamwork between participant and staff. Cooperation, commitment, and mutual respect are required throughout the process. Participants are expected to benefit from the AANG Program through services provided leading towards an employment outcome. The focus of the program is self-sufficiency, and continued progress towards this goal is essential.

Eligibility

Residency and Tribal Enrollment in the Region

Applicant must be an Alaska Native/American Indian living in one of the following communities: Akutan, Atka, False Pass, King Cove, Nelson Lagoon, Nikolski, Sand Point, St. George, St. Paul or Unalaska.

Residency and Tribal Enrollment in Anchorage

Applicant must live in the Municipality of Anchorage and be enrolled in one of the following APIA consortium tribes: Agdaagux, Atka, Akutan, Belkofski, False Pass, Nelson Lagoon, Nikolski, Pauloff Harbor, Qagan Tayagungin Tribe (QTT), Qawalangin, St. George, St. Paul, or Unga.

Medical Records

Applicant must sign a Release of Information form to obtain medical records or documentation of any physical, cognitive, mental, or sensory challenges. If you do not have these records we can help you get them. This is a confidential process and information is strictly kept within the AANG Program.

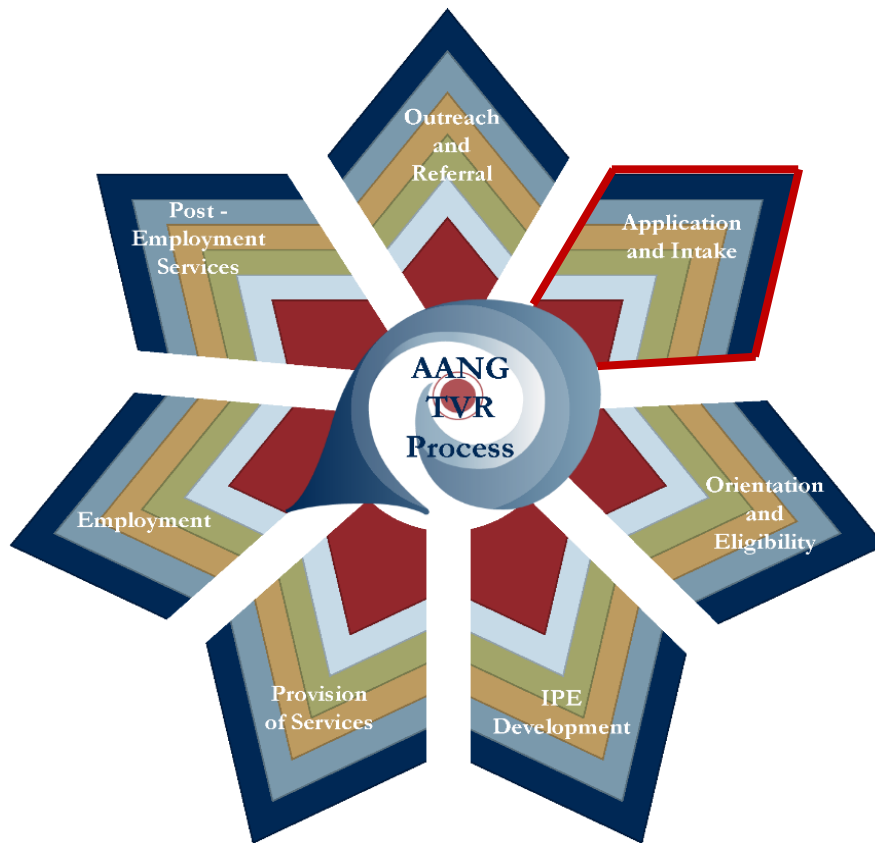
Income Guidelines

There are no income requirements or limits for the AANG Program.

By signing this application, I am requesting services from APIA's AANG Tribal Vocational Rehabilitation Program. I further certify that the information I have provided is correct.

Applicant Signature or (if applicable) Parent/Guardian Signature

Date



Required Documentation

- Completed Application for Services
- Tribal Card or Tribal Enrollment Letter
- Signed Release(s) of Information Form
- Signed W-9
- Completed AANG Program Supplemental Application
- Proof of Residency (examples: bill or letter in your name, driver license, State ID)

AANG Program Timeline and Process

How long will my application take to process?

It may take up to 60 days to determine eligibility as we may have to wait to receive records, but we strive to process applications as quickly as possible. If it will take longer to get all of the required documentation in place, an extension letter will need to be signed.

AANG Program Process

- An intake interview will be scheduled to learn more about you and how the AANG Program can benefit you.
- Documentation will be gathered through the use of a signed Release of Information.
- You will be assigned a counselor on our team.
- An orientation to the AANG Program will be given.
- Eligibility will be determined based on review of documentation received.
- An Individualized Plan for Employment (IPE) will be created with the counselor based on your strengths, resources, priorities, abilities, capabilities, interests, and informed choice.
- Services can be provided, as outlined in the IPE.
- After 90 days of employment, a participant has successfully completed the AANG Program.
- On a case-by-case basis, post-employment services may be available for up to a year.

APIA reserves the right to review further documentation as needed.

Other Vocational Rehabilitation Programs

Have you ever been a client with a Vocational Rehabilitation Program before? Yes No

IF YES, please list the program (State or Tribal):

Name of Program

State or Tribal

Dates of Involvement

Medical Conditions

Please describe any physical health, mental health, cognitive, sensory, other medical conditions, and/or disability/disabilities that you are experiencing:

Please list the cause of the condition(s):

Was the cause work related?

Yes No

Date of Work-Related Disability: _____

Is your condition/conditions diagnosed?

Yes No

If not, the AANG Program can assist in having medical conditions diagnosed by a qualified professional.

How does your condition impact your ability to work (obtaining a job, maintaining a job, or moving up in a job)? Please describe any barriers you may experience as it relates to your condition.

Is there additional information regarding medical condition(s) that you experience that you would like to share?

Employment Goal

What is your **one** employment goal? Self-employment, native crafting, and subsistence plan may be included.

Do you have any work environment needs, preferences, or expectations?

Services Requested

- | | | |
|---|---|--|
| <input type="checkbox"/> Job Search Activities | <input type="checkbox"/> Work Experience | <input type="checkbox"/> Adult Basic Education |
| <input type="checkbox"/> GED | <input type="checkbox"/> School to Work Transition | <input type="checkbox"/> Tutorial Services |
| <input type="checkbox"/> AA Degree | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Class or Training Support |
| <input type="checkbox"/> Trade/Professional Certificate | <input type="checkbox"/> Trade/Professional License | <input type="checkbox"/> Vocational/Technical Training |
| <input type="checkbox"/> Employment Preparation | <input type="checkbox"/> Work or Interview Clothing | <input type="checkbox"/> Transportation Assistance |
| <input type="checkbox"/> Career Exploration | <input type="checkbox"/> Job Carving | <input type="checkbox"/> Workplace Support |
| <input type="checkbox"/> Self-Employment Plan | <input type="checkbox"/> Native Crafter Plan | <input type="checkbox"/> Subsistence Plan |
| <input type="checkbox"/> Other: | <input type="checkbox"/> Other: | <input type="checkbox"/> Other: |

Medical Information

Primary Care Provider

Name of Primary Care Physician: _____ Facility: _____
 Address: _____ Phone Number: _____
 Date Last Seen: _____ Reason: _____

Medication

Medication Name: _____ Prescribed for: _____
 Medication Name: _____ Prescribed for: _____
 Medication Name: _____ Prescribed for: _____

Treatment

Are you currently receiving any treatment (medical, mental health, or substance abuse)?

_____	_____	_____	_____
Condition	Provider/Facility	Phone Number	Date Seen
_____	_____	_____	_____
Condition	Provider/Facility	Phone Number	Date Seen
_____	_____	_____	_____
Condition	Provider/Facility	Phone Number	Date Seen

Insurance and Social Security Benefits

Do you receive any of the following?

Indian Health Service (IHS) Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance (name):	
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Disability Insurance (SSDI)	<input type="checkbox"/> Yes <input type="checkbox"/> No