



**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 09.25.2023

**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 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.

**APIA's Regional Communities:** Akutan, Atka False Pass, King Cove, Nelson Lagoon, Nikolski, Sand Point, St. George, St. Paul, Unalaska.

### 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 (QTT), 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, Employment, Training and Related Services 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

#### 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
	<b>SELF</b>		<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 experience a physical or mental health condition that affects day to day life and/or ability to work\*?  Yes  No

\*Examples include **but are not limited to:** hearing/vision impairment, chronic pain, arthritis, limited mobility, behavioral health conditions, alcohol/substance use disorders, learning disorders.

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 <sup>th</sup> Grade or Below | <input type="checkbox"/> 11 <sup>th</sup> Grade | <input type="checkbox"/> Vocation/Technical | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> 9 <sup>th</sup> Grade          | <input type="checkbox"/> 12 <sup>th</sup> Grade | <input type="checkbox"/> Some College       | <input type="checkbox"/> Masters Degree    |
| <input type="checkbox"/> 10 <sup>th</sup> 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. 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 income**
- **Information about your employment**
- **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

## 7. 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 (Courtview, State of Alaska Public Assistance, Selective Service Registration, Alaska Permanent Fund Dividend, Tribal Enrollment).
- 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

## 8. Client Rights, Responsibilities & Grievance Procedures

### Client Rights

- To participate fully in the program and services you are applying for.
- To be treated with dignity and respect.
- To have your eligibility for the services you applied for determined within the appropriate timeframe 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

- To keep appointments, be on time, and give proper notice if there is a need to cancel.
- To actively participate in the services you apply for and maintain regular contact with program staff.
- To treat program staff with dignity and respect.
- To follow through with recommendations and/or planned activities.

### 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 Administrator 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.

### Client Statement

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date