APIA
ALEUTIAN PRIBILOF ISLANDS ASSOCIATION
With Spirit and Strength

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

Clear Form

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:	Unalaska	Sand Point	King Cove	King Cove
APIA	APIA	APIA	ATC	Belkofski
1131 E. International	59 Broadway Avenue	(City Building, #9)	249 Uptown Loop	Belkofski Tribal Office
Airport Rd.	P.O. Box 588	P.O. Box 464	P.O. Box 249	P.O. Box 57
Anchorage, AK 99518	Unalaska, AK 99685	Sand Point, AK 99661	King Cove, AK 99612	King Cove, AK 99612
Fax: 907.222.9711	Fax: 907.581.6473	Fax: 907.383.5832	Fax: 907.497.2803	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.

3. Required Information for ALL Services

First Name	Middle Name	Last Name		Social Security Number
Physical Address	City	State	Zip	Date of Birth
Mailing Address (If Different)			Email Address	

Tribal Affiliation

- ❑ Agdaagux
- ❑ Atka
- ❑ Akutan
- ❑ Belkofski
- ❑ False Pass
- ❑ Nelson Lagoon
- ❑ Nikolski
- ❑ Pauloff Harbor
- ❑ Qagan Tayagungin
- ❑ Qawalangin
- ❑ St. George
- ❑ St. Paul
- ❑ Unga
- ❑ Other:_____

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		❑ Yes ❑ No	
			❑ Yes ❑ No	
			❑ Yes ❑ No	
			❑ Yes ❑ No	
			❑ Yes ❑ No	
			❑ Yes ❑ 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:

- ☐ 8th Grade or Below
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade
- ☐ GED
- ☐ Vocation/Technical
- ☐ Some College
- ☐ Associates Degree
- ☐ Bachelor's Degree
- ☐ Masters Degree

Military Experience:

- ☐ Current Active Duty
- ☐ Reserves
- ☐ Veteran
- ☐ Disabled Veteran
- ☐ National Guard
- ☐ 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

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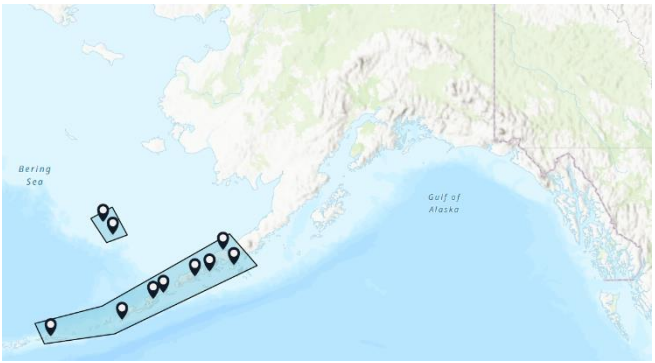
Employment, Training & Related Services Division
1131 E Int'l Airport Rd.
Anchorage, AK 99518
t 907.276.2700 | f 907.222.9711

Clear Form

Name	Phone Number	Date of Birth

Energy Assistance Supplemental Application

APIA's Energy Assistance program can provide assistance once per year to help pay for home heating fuel and electricity.



Eligibility

Residency

Applicant must reside in one of the following communities:
Akutan, Atka, False Pass, King Cove, Nelson Lagoon, Nikolski, Sand Point, St. George, St. Paul or Unalaska.

Tribal Enrollment

At least one member of the household must be Alaska Native or American Indian. Proof can include a tribal enrollment letter, a tribal card, or a Certificate of Indian Blood (CIB).

Income Limits

Income for all household members age 18 and above is counted and must fall within the income limit. (Income limits on next page).

Income that is not counted:

Social Security benefits (SSI/SSDI), public assistance (General Assistance, Food Stamps, Senior Care, etc.), Alaska Permanent Fund Dividends and Alaska Native Dividends.

Seasonal Income:

Seasonal income, such as commercial fishing, is counted for the whole year and divided by 12 for a monthly average.

Income Limits for Crisis* (Fast-Track) Processing **Crisis processing also requires an empty or near-empty fuel tank.*	
# of household members	Net (after taxes) monthly income
1	$1,581
2	$2,067
3	$2,554
4	$3,040
5	$3,527

Income Limits for Regular Processing *Please note that regular processing may take up to 30 days.*	
# of household members	Net (after taxes) monthly income
1	$3,162
2	$4,135
3	$5,108
4	$6,081
5	$7,054

Required Documentation

- ❑ Completed Application for Services
- ❑ Tribal Card or Tribal Enrollment Letter
- ❑ Recent fuel bill
- ❑ Recent electric bill
- ❑ Income documentation

Have you had a paycheck in the last 30 days?

- ❑ Paystubs from last 30 days (if you are paid biweekly, send in last two paystubs)

Have you had fishing or seasonal income in the last 12 months?

- ❑ Proof of Fishing Income (settlement printouts covering last 12 months or signed statement from captain)

Does anyone in your household, age 18+, have no income to report?

- ❑ Each member age 18+ with no income needs to fill out, sign and date a no income statement on the application.

Energy Assistance

- **APIA will begin accepting Energy Assistance Program applications in November, dependent upon federal funds.**
- **A household may only receive <u>ONE</u> heating benefit per year. Funding allowing, supplemental awards may be distributed to all eligible households near the end of the season.**

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.

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.

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

Residence Information

Please mark the dwelling type that best matches your residence:

- ❑ One-room dwelling such as a studio apartment, hotel or boarding home
- ❑ One-bedroom dwelling, or a one-room house or cabin without bedrooms
- ❑ Two-or-more-bedroom unit in an apartment building of four or more attached units
- ❑ Two-bedroom single family home
- ❑ Three-or-more-bedroom single family, duplex or triplex home
- ❑ Mobile home with **less than** 980 square feet of heated living space, regardless of the number of bedrooms
- ❑ Mobile home with **more than** 980 square feet of heated living space
- ❑ Recreational vehicle, tent, or pickup camper
- ❑ 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

Household Members

Are you, or is anyone in your household:

Age 5 or Under? ❑ Yes ❑ No

Age 60 or Over? ❑ Yes ❑ No

Legally Disabled? ❑ Yes ❑ No **IF YES**, please attach documentation of proof, **OR** a signature from your provider.

_____

Provider Signature

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

❑ Yes ❑ No

Energy Assistance - continued

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: _____%

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 **Date**

Entire Household Income (only needs to be completed once per application)

- **Provide ALL NET income (after taxes and business expenses) 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.**
- **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 or signed letter from your employer.**

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)
		$
		$
		$
		$
		$

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**
Printed Name Signature Date	
Printed Name Signature Date	
Printed Name Signature Date	

Entire Household Income – continued

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.

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 (income after tax and business expenses)	**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***

Signature

The income information provided is true and accurate to the best of my knowledge.

_____ _____

Applicant Signature **Date**