General Assistance Check list

- Complete GA Application (Application needs to be signed and dated by applicant and TWDS)
- □ Complete Individual Self Sufficiency Plan (ISP)
- □ Eligibility Review Form
- Proof of current Bills (for deductions and residency)
- □ Tribal ID or Certification of Indian Blood (CDIB)
- □ Photo ID
- Social Security Card (if social security number is not listed on application)
- Proof of <u>ALL</u> income for the month the application is submitted (*Examples* employment wages, child support, unemployment income, self employment income and tax returns)
- Bank statement for the month that the application was submitted

TANANA CHIEFS CONFERENCE APPLICATION FOR WELFARE ASSISTANCE

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

				SS#	:			whether the second seco
Name								
Maiden Name or Other Names Used: Date of Birth: / /								
Other 1	anies Osca.							
Mailir	ng Address:			City		State	Zip	
	P.O. Box or Street	et Address		City		2	•	
Physic	eal Address:			City		State	Zip	
	Street Address			City	***			
Home	Phone#:	Messag	ge Phone#:		WOI	rk Phone#:		
Marit	al Status: Single	□Mar		Separate			Widowed	
	List ALL MEMBERS of the	Household. E	nter an aster	risk (*) in	the box a	at left of the nan	ne for each pers	on <u>NOT</u>
	List 1222	INCLUDED i	n General A	ssistance	application	on budget.		
		RELATION	DATE OF	SEX	SOCIAL	SECURITY #	TRIBE	MONTHLY INCOME
*	NAME	TO HEAD	BIRTH				ENROLL#	INCOME
				-				
				-				
_								
				-	-			
MEMB	ERS OF HOUSEHOLD WITH PHYSICA	AL OR MENTAL H	ANDICAP	DIT EM		TEMPORARY	MINOR or	VERIFIED
	NAME		NATURE OF PRO	JBLEWI		or PERMANENT	MAJOR	
		+						
How	many persons live in the hous	se:	_ Adults	7 2	Chi	ildren		
Trme	of Corrigo Applying for	□Ger	eral Assista	nce		Emergency *fo	r home burnou	t, flooding, etc.
Type of Service Applying for: General Assistance					NO	T for eviction/s	hutoff notices, r	nedical travel,
					fun	eral travel, etc.	per 25 CFR Pa	rt 20 §20.329.
Whe	re do you live now? 🔲 Own I	nt House/Apa	rtment		Rent Room	☐With]	Relatives	
	□ With 1	Friend(s)				Other:		
							7	
Are you or any member of your household a shareholder in a Native Corporation?								
MEMBERS OF HOUSEHOLD WHO OWN SHARES IN A NATIVE CORPORATION								
L	NAME				NATIVE CO	RPORATION	# SH	ARES OWNED

Have you received ATAP or TANF in the last month: Has your ATAP/TANF been reduced due to penalties: Have you been terminated from ATAP/TANF: Have you been determined ineligible for ATAP/TANF: Have you been denied ATAP/TANF: Are you eligible to reapply for ATAP/TANF: What TANF office did you receive assistance from:	☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes ☐Yes	□No □No □No □No □No □No	If yes, how much: \$ Reason: Reason: Reason: Date able to reapply://
EXPLAIN FULLY, how you have supported yourself during to cause you to apply for assistance. Failure to complete this s not be processed.	he past three (3) mor ection will render th	nths <u>and</u> is applic	what has changed in your situation ation incomplete & therefore will
RECORD OF INCO. Does anyone in your household have income from any source If yes, list the name of household members.	?	s me and a	□No amounts below.
VOU ARE REQUIRED TO REPORT INC	OME RECEIVED	FROM	THE FOLLOWING

***YOU ARE REQUIRED TO REPORT INCOME RECEIVED FROM THE FOLLOWING

SOURCE OF INCOME & RESOURCES	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1: Applicant's Income/Salary	\$	
Salary #2: Spouse's Income/Salary	\$	
Tips or Gratuities	\$	
ATAP –TANF-ASAP (State assistance)	S	
Child Support and Alimony	\$	
Foster Care Payments	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA)	\$	
Supplemental Security Income (SSI)	\$	
Disability Insurance	\$	
Alaska State Permanent Fund (PFD)	\$	
Cashouts of Retirement or Pension Plans	\$	
State Longevity	\$	
Veteran's Benefit	\$	
Unemployment Insurance Benefits	\$	
Worker's Compensation	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Native Corporation Dividends	\$	
Checking Account	\$	
Savings Account	\$	
Student Loans/Grants/Scholarships	\$	
Bingo or Pull Tab Winnings	\$	
Other Income	\$	
TOTAL MONTHLY INCOME	\$	

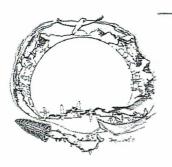
MONTHLY SHELTER COSTS

PROVIDE ALL EXPENSES FOR THE CURRENT MONTH

***PR	JYIDE ALL E	AN DINDER -	
	S	Telephone	9
Rent	•	Water	3
Space Rent	9	Sewer	\$
Mortgage Payment	3	Household Oil/Fuel/Wood	\$
Electricity	\$		\$
Heating	\$	Other	

	c ·	Other
Heating	\$	
I/We have received a copy of and I	lave had explained	members of my (our) household who are in need. s, and understand the provisions of Federal Law governing
prosecution under 18 U.S.C. 91001	ve years or both.	rovide false or fraudulent information are subject to rning fraud which carries a fine of not more than \$10,000 or Initials of applicant
U (We) agree to supply informa	tion regarding resource nation: Human Services . I (We) have read, or ha	is and income and to notify the agency of any changes in my is authorized to obtain/exchange information necessary to ad explained to me/us, the provision of our protection under Initials of applicant
Applicant Signature		Signature of Other Adult Household Member
Printed Name		Printed Name
Date		Date
TWDS or Tribal Represen	tative Signature	Date

TWDS of Tribut top-		
*****	FOR OFFICE USE ONLY****	****
Date Application Received:	_Application Received By:	
DECISION OF APPLICATION:	☐ Approved ☐ Denied	Date:/
(Review Dates:	3-Month Review	6-month Review
COMMENTS/NOTES:		
Caseworker Signature:		Date:/



TANANA CHIEFS CONFERENCE DEPARTMENT OF FAMILY SERVICES

GENERAL ASSISTANCE PROGRAM

122 1st Ave. Suite 600, Fairbanks, Alaska 99701

Phone: (907) 452-8251 Fax: (907) 459-3870

Individual Self-Sufficiency Plan

TCC Office Use Case ID #	complete and follow a Individual Self-Sufficient help me be well and active for myself, family and activities that will me	stand that in order to get help from the ASAP General Assistance program, I must te and follow a Individual Self-Sufficiency Plan (ISP). Following this plan will be be well and active for myself, family and community. I will set realistic goals for gress, and planned activities that will move myself and family toward our goals. I and that I must comply with this plan and participate in activities and other activitieles by me and the tribal community.		
	Adult Name:			
Copied to ASAP Case Worker	Date of Birth:/	Age:		
Date:				
A DESCRIPTION OF CONTRACT OF C	Date of Plan:			
Food and Sh				
	eern ?			
• • • • • • •	If yes, have you applied for food stamps?			
Is safe, affordable housing needed?				
If yes, what steps are	If yes, what steps are you taking to obtain housing?			

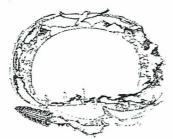
Circle the highest grade you've completed. 1 2 3 4 5 6 7 8 9 10 11 12 GED HS Diploma Do you have a college degree? What type? Are you currently in school or training? Where? Are you interested in pursuing Higher Education? Yes or No If, Yes in what field of study? Transportation What transportation do you currently use? Do you have your drivers license? If no please state the reason why Employment Are you working now? If yes, what type of work are you doing? If no, what was your last job? Date ended? Do you have an updated resume? Yes or No Trainings What training program are you are interested in? 1 2 3 Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems							
Do you have a college degree? What type? Are you currently in school or training? Where? Are you interested in pursuing Higher Education? Yes or No If, Yes in what field of study? Transportation What transportation do you currently use? Do you have your drivers license? If no please state the reason why Employment Are you working now? If yes, what type of work are you doing? If no, what was your last job? Date ended? Do you have an updated resume? Yes or No Trainings What training program are you are interested in? 1 2 3 Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems Medically Disabled Criminal History Criminal History	Education						
Do you have a college degree? What type? Are you currently in school or training? Where? Are you interested in pursuing Higher Education? Yes or _No If, Yes in what field of study? Transportation What transportation do you currently use? Do you have your drivers license? If no please state the reason why Employment Are you working now? If yes, what type of work are you doing? If no, what was your last job? Date ended? Do you have an updated resume? Yes or _No Trainings What training program are you are interested in? 1. 2. 3. Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems							
Are you currently in school or training? Where? Are you interested in pursuing Higher Education? Yes or _No If, Yes in what field of study? Transportation What transportation do you currently use? Do you have your drivers license? If no please state the reason why Employment Are you working now? If yes, what type of work are you doing? If no, what was your last job? Date ended? Do you have an updated resume? Yes or _No Trainings What training program are you are interested in? 1	1 2 3 4 5 6 / 8 9 10 11 12						
Are you currently in school or training? Where? Are you interested in pursuing Higher Education? Yes or _No If, Yes in what field of study? Transportation What transportation do you currently use? Do you have your drivers license? If no please state the reason why Employment Are you working now? If yes, what type of work are you doing? If no, what was your last job? Date ended? Do you have an updated resume? Yes or _No Trainings What training program are you are interested in? 1	Do you have a college degree? What type?						
Where? Are you interested in pursuing Higher Education? Yes or No	Are you currently in school or training?						
Are you interested in pursuing Higher Education? Yes or No	Where?						
Transportation What transportation do you currently use? Do you have your drivers license? If no please state the reason why Employment Are you working now? If yes, what type of work are you doing? If no, what was your last job? Date ended? Do you have an updated resume? Yes or No Trainings What training program are you are interested in? 1 2 3 Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems	Are you interested in pursuing Higher Education? Yes or No						
What transportation do you currently use?	If, Yes in what field of study?						
What transportation do you currently use? Do you have your drivers license? If no please state the reason why Employment Are you working now? If yes, what type of work are you doing? If no, what was your last job? Do you have an updated resume? Yes or No Trainings What training program are you are interested in? 1. 2. 3. Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems Medically Disabled Criminal History							
Employment Are you working now? If yes, what type of work are you doing? Date ended? Do you have an updated resume? Yes or No Trainings What training program are you are interested in? 1 2 3 Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems	1 Tansportation						
Employment Are you working now? If yes, what type of work are you doing? Date ended? Date ended? Do you have an updated resume? Yes or No Trainings What training program are you are interested in? 1 2 3. Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems	What transportation do you currently use:						
Are you working now? If yes, what type of work are you doing? Date ended? Date ended? Do you have an updated resume? Yes or No Trainings What training program are you are interested in? 1 2 3 Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems	Do you have your drivers license: If no place state in the place in the place state in the place						
If no, what was your last job? Date ended? Do you have an updated resume? Yes or No Trainings What training program are you are interested in? 1							
If no, what was your last job? Date ended? Do you have an updated resume? Yes or No Trainings What training program are you are interested in? 1	Are you working now? If yes, what type of work are you doing?						
Trainings What training program are you are interested in? 1	If no, what was your last job? Date ended?						
Trainings What training program are you are interested in? 1							
What training program are you are interested in? 1							
1	Trainings						
2	What training program are you are interested in?						
Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems Medically Disabled Criminal History	1						
Barriers to Employment Please check the boxes that you identify as being a Barrier to Employment. Health Problems Medically Disabled Criminal History	2.						
Please check the boxes that you identify as being a Barrier to Employment. Health Problems Medically Disabled Criminal History	3						
Please check the boxes that you identify as being a Barrier to Employment. Health Problems Medically Disabled Criminal History							
☐ Health Problems ☐ Medically Disabled ☐ Criminal History	Barriers to Employment						
Health Floriens	Please check the boxes that you identify as being a Barrier to Employment.						
Tribulation Avoilable	☐ Health Problems ☐ Medically Disabled ☐ Criminal History						
	Triangle John Avroiloble						
PAGE 2	DACE 2						

TANANA CHIEFS CONFERENCE

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Goals
As a participant of the ASAP General Assistance program you are required to participate in working towards your individual goals to self-sufficiency. Complete each section below write none in the section if this does not apply at this time.
Food and Shelter Goal:
Treatment Goal:
Education Goal:
Transportation Goal:
Employment Goal:
Training Goal:
What goals outlined above are you going to be working on. List your first 3 steps working towards self—sufficiency. This could be steps towards education, training, attending a treatment program and/or obtaining employment.
First Step: Target Completion Date:
Second Step:Target Completion Date:
Third Step:Target Completion Date:

Monthly Work Activitie				
Please check mark ALL boxes as a co	ommitment to perform wo	rk activities each month while receiving assistance.		
☐ Subsistence Activities * Wood Gathering/Cutting	☐ Apply for Job☐ Elder Care	☐ Community Work Volunteer ☐ School Volunteer		
* Hunting/Fishing				
* Gardening/Berry Picking				
* Beading				
* Trapping				
Responsibility of Agre	ement	and the control of th		
☐ I understand that I am required to training and/or other employmen	participate successfully in t assistance programs dev	n the work related activities, community service, reloped in my Individual Self-Sufficiency Plan.		
☐ I understand that I am required to participate successfully in treatment and counseling services identified in my I individual Self-Sufficiency Plan.				
☐ I understand that I must complete a work activity log sheet each month that will demonstrate that I am actively seeking employment, performing community service, and/or attending job readiness training.				
Responsibility of agreement is supported by CFR 25 section 20.319 What responsibilities does the general assistance recipient have.				
Signature				
I UNDERSTAND THAT I MAY BE D OTHER ACTIVITIES DIRECTLY RI SELF—SUFFICIENCY PLAN.	DENIED BENEFITS IF I I ELATED TO MY ABILIT	FAIL TO COMPLETE WORK ACTIVITIES OR BY TO WORK AS IDENTIFIED ON THIS INDIVIDUAL		
Adult Signature:Date:				
TWDS/Tribal Rep. Signature:	TWDS/Tribal Rep. Signature:Date:			
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TANANA CHIEFS CONFERENCE

DEPARTMENT OF FAMILY SERVICES

122 1st Ave, Suite 600, Fairbanks, Alaska 99701 Phone (907) 452-8251 Fax (907) 459-3870

WORK STATEMENT

TCC ID#: 92-0040308

(Please have your employer complete the following information. Your assistance is appreciated.) SSN: JOB LOCATION: EMPLOYEE:_ EMPLOYER PHONE: EMPLOYER: EMPLOYER ADDRESS: PROVIDE BELOW, IF JOB IS CURRENT OR NEW: DATE STARTED:_____ GROSS WAGES/SALARY:__ TOTAL HOURS PER DAY:__ PAY RATE: ACTUAL HOURS PER DAY: (i.e.; 8:00 a.m. to 5:00 p.m.) DAYS PER WEEK (circle): Sunday Monday Tuesday Wednesday Thursday Friday Saturday Seasonal On-Call Temporary Permanent THIS JOB IS (circle): Job Training/Work Experience Full-time Part-time THIS JOB IS (circle): PAYDAYS: PAY PERIOD ENDING: PROVIDE BELOW, THE MOST RECENT PAY INFORMATION: **GROSS WAGES # HOURS WORKED** DATE PAY RECEIVED PERIOD ENDED 1.) 2.) 3.) 4.) 5.) PROVIDE BELOW, THE MOST RECENT PAY INFORMATION: laid-off auit REASON JOB ENDED (circle) If employee quit or other, give the reason given: LAST DAY OF WORK: ____ DATE OF FINAL CHECK AVAIABLE: ____ DATE OF FINAL CHECK RECEIVED: ____ AMOUNT STILL OWED EMPLOYEE: ____ANTICIPATED PAY WILL BE GIVEN:__ WILL EMPLOYEE BE RETURNING TO THIS JOB: () NO () YES IF YES, WHEN:_ Date: Employers Signature and Title: Print Name:

White: Eligibility Yellow: Client Copy Pink: Project Specialist