

## 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 ALL 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





Have you received ATAP or TANF in the last month:  Yes  No If yes, how much: \$ \_\_\_\_\_  
 Has your ATAP/TANF been reduced due to penalties:  Yes  No Reason: \_\_\_\_\_  
 Have you been terminated from ATAP/TANF:  Yes  No Date of termination: \_\_\_/\_\_\_/\_\_\_  
 Have you been determined ineligible for ATAP/TANF:  Yes  No Reason: \_\_\_\_\_  
 Have you been denied ATAP/TANF:  Yes  No Reason: \_\_\_\_\_  
 Are you eligible to reapply for ATAP/TANF:  Yes  No Date able to reapply: \_\_\_/\_\_\_/\_\_\_  
 What TANF office did you receive assistance from: Please list: \_\_\_\_\_

**EXPLAIN FULLY**, how you have supported yourself during the past three (3) months *and* what has changed in your situation to cause you to apply for assistance. **Failure to complete this section will render this application incomplete & therefore will not be processed.**

### RECORD OF INCOME AND RESOURCES

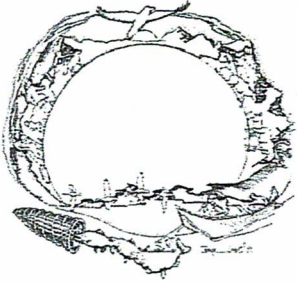
Does anyone in your household have income from any source?  Yes  No  
 If yes, list the name of household member(s), source of income and amounts below.

**\*\*\*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)	\$	
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	\$	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	







# 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

I understand that in order to get help from the ASAP General Assistance program, I must complete and follow a Individual Self-Sufficiency Plan (ISP). Following this plan will help me be well and active for myself, family and community. I will set realistic goals for my progress, and planned activities that will move myself and family toward our goals. I understand that I must comply with this plan and participate in activities and other activities developed by me and the tribal community.

TCC Office Use

Case ID # \_\_\_\_\_

Copied to ASAP Case  
Worker

Date: \_\_\_\_\_

Adult Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

#### Food and Shelter

Is enough food a concern? \_\_\_\_\_

If yes, have you applied for food stamps? \_\_\_\_\_

Is safe, affordable housing needed? \_\_\_\_\_

If yes, what steps are you taking to obtain housing? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Education

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

Medically Disabled

Criminal History

Mental Health

Substance Abuse

Limited/No Jobs Available

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 Activities

Please check mark ALL boxes as a commitment to perform work activities each month while receiving assistance.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Subsistence Activities | <input type="checkbox"/> Apply for Job | <input type="checkbox"/> Community Work Volunteer |
| * Wood Gathering/Cutting                        | <input type="checkbox"/> Elder Care    | <input type="checkbox"/> School Volunteer         |
| * Hunting/Fishing                               |  |   |
| * Gardening/Berry Picking                       |  |   |
| * Beading                                       |  |   |
| * Trapping                                      |  |   |

### Responsibility of Agreement

- I understand that I am required to participate successfully in the work related activities, community service, training and/or other employment assistance programs developed in my Individual Self-Sufficiency Plan.
- I understand that I am required to participate successfully in treatment and counseling services identified in my 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.*

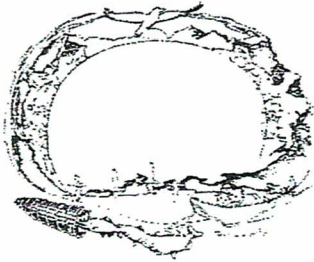
### Signature

**I UNDERSTAND THAT I MAY BE DENIED BENEFITS IF I FAIL TO COMPLETE WORK ACTIVITIES OR OTHER ACTIVITIES DIRECTLY RELATED TO MY ABILITY TO WORK AS IDENTIFIED ON THIS INDIVIDUAL SELF-SUFFICIENCY PLAN.**

Adult Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TWDS/Tribal Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_





**TANANA CHIEFS CONFERENCE**  
**DEPARTMENT OF FAMILY SERVICES**  
 122 1<sup>st</sup> 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.)

EMPLOYEE: \_\_\_\_\_ SSN: \_\_\_\_\_  
 EMPLOYER: \_\_\_\_\_ JOB LOCATION: \_\_\_\_\_  
 EMPLOYER ADDRESS: \_\_\_\_\_ EMPLOYER PHONE: \_\_\_\_\_

PROVIDE BELOW, IF JOB IS CURRENT OR NEW:

DATE STARTED: _____	GROSS WAGES/SALARY: _____
PAY RATE: _____	TOTAL HOURS PER DAY: _____
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	
THIS JOB IS (circle):	Permanent Temporary Seasonal On-Call
THIS JOB IS (circle):	Part-time Full-time Job Training/Work Experience
PAY PERIOD ENDING: _____	PAYDAYS: _____

PROVIDE BELOW, THE MOST RECENT PAY INFORMATION:

PERIOD ENDED	DATE PAY RECEIVED	# HOURS WORKED	GROSS WAGES
1.)			
2.)			
3.)			
4.)			
5.)			

PROVIDE BELOW, THE MOST RECENT PAY INFORMATION:

REASON JOB ENDED (circle)	fired	laid-off	quit
If employee quit or other, give the reason given:			
_____			
_____			
LAST DAY OF WORK: _____		DATE OF FINAL CHECK AVAILABLE: _____	
GROSS AMOUNT: _____		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: _____			

Employers Signature and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

White: Eligibility

Yellow: Client Copy

Pink: Project Specialist