



NOME ESKIMO COMMUNITY

PO. BOX 1090
NOME, ALASKA 99762

PHONE (907) 443-2246
FAX (907) 443-3539



DIRECT EMPLOYMENT ASSISTANCE

Direct Employment assistance is available to eligible applicants who require financial assistance for *transitional needs to secure and/or retain employment*. Transitional needs may include: travel costs, household staples, professional work attire, work gear specific to their job duties, tools, rental and utility assistance or other identified needs.

Assistance will not be granted for part-time employment unless the applicant's financial documentation reflects income that will sustain living expenses on part-time employment.

Repeat services will be determined, considering ability, prior performance, an identified financial need. Employment history since prior service will be evaluated. No more than one (1) repeat service per client will be approved unless it is determined that the request for assistance is justifiable and denial of services will cause undue hardship.

Pre-Employment Services:

These services include licensing, certification, CDLs and costs associated with obtaining physicals as long as the request is required to obtain employment.

Eligibility Criteria:

- 1) Tribal members residing in Nome and enrolled to Nome Eskimo Community or a tribe located outside the region.
- 2) Accepted regular employment that will meet their basic needs.
- 3) Applicant reflects a documented need for financial assistance during a transitional period.

A resident is defined as an individual who has physically lived in the Nome Service Area for a minimum duration of one (1) year. The only exception is for individuals moving to the community.

Alaska Natives or American Indians who are enrolled with a federally recognized tribe located outside the Nome Service Area but live within the community for a minimum duration of one (1) year shall be eligible to apply for services, but will be encouraged to contact and apply through their tribal entity before services are considered.

Nome Eskimo Community tribal members who have moved and currently reside in another region within one year are eligible to apply, but are low priority. These requests will be determined on a case-by-case basis.

Application deadlines: Applications are processed as received. Determinations are made based on the order that complete applications are received.

Application procedures: Applicants **MUST** submit the following documents

- 1) Tribal Services Direct Employment Assistance Application
- 2) Employment Verification that reflects: title of position, hire date, starting date, position status (full-time or part-time), starting wage and date of first pay check.
- 3) Landlord Verification (if applicable).
- 4) Tribal enrollment verification for applicant (if you are enrolled with Nome Eskimo Community the Tribal Services staff can verify your membership with the Tribal Enrollment Officer).
- 5) Marriage certificate and tribal membership verification for spouse, if applicable.
- 6) State issued birth certificate and tribal membership verification for dependents, if applicable.
- 7) Letter from the applicant itemizing basic need item(s) and amount.

Applications will not be processed until **all** required documents are received and the file is complete.

Determination process:

- 1) Application is reviewed upon receipt.
- 2) If incomplete, staff will request required documents to complete the application. If the applicant fails to submit required documents, the request will not be considered.
- 3) When complete, a determination for services will be made applying by the Direct Employment Assistance policies and procedures to determine eligibility.
- 4) The Applicant will be notified immediately of determination.
- 5) If approved, the process to render services will begin. If denied, the applicant will be provided a letter outlining the basis for denial and the appeals process, should the applicant choose to appeal.

Nome Eskimo Community General Assistance Application

Applying for: **Welfare Assistance** **Direct Employment**

****INCOMPLETE APPLICATION WILL NOT BE PROCESSED****

Applicant's Name: _____ Social Security #: _____

Maiden Name or other names used: _____ Date of Birth: _____

Mailing Address: _____ Physical Address: _____

Home Phone: _____ Message #: _____ Cell # _____

Marital Status: Single Married Separated Divorced Widowed

List ALL MEMBERS of the Household.

Enter an asterisk (*) in the box at the left of the name for each person **NOT INCLUDED** in General Assistance application budget.

*	Name	Date at Birth	Relation to Head	Age	Sex	Social Security #	Enrollment (Village Tribe)	Monthly Income
			Self					

How many persons live in the house: _____ Adults _____ Children

Where do you live now? Own Home Rent House/Apartment Rent Room With Relatives
 With a Friend Other (please explain): _____

Are you or any member of your household a shareholder in a Native Corporation? Yes No

If yes, list the name of household members and Corporation (s) here: (use backside of form if necessary)

Name	Native Corporation	# of Shares

RECORD OF INCOME & RESOURCES

All the information requested on this form is for the 30 days you submit this application. It is your responsibility to notify the Tribal Services office of any changes in your case after you submit your application. Any questions should be directed to the Tribal Services staff.

Does anyone in the house hold have income from any source? Yes No

If yes, list the name of household members, sources 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		
Child support (member #04		
ATAP or TANF (State Assistance)		
APA – Adult Public Assistance		
Food Stamps		
Income Tax Return		
Social Security (SSA)		
Supplemental Security Income (SSI)		
Disability Insurance		
Alaska Permanent Fund Dividend		
Cash out of Retirement or Pension Plans		
State Longevity		
Veteran's Benefit		
Unemployment Insurance Benefits		
Workers Compensation		
Medicare/Medicaid		
Native Dividends		
Savings/Checking Account		
other		
TOTAL MONTHLY INCOME		

Nome Eskimo Community

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Tribal Services Program and will not be released to any other person or agency outside NEC. I understand that copies of this authorization will be as valid as the original and that this authorization will be valid for the remainder of the current calendar year from the signature date.

I understand that as needed, the space below will be utilized to submit written requests of verification from the appropriate business to process my application and complete a determination, and prior to NEC Tribal Services requesting verification I will be contacted and notified of what type of verification will be requested; however, if efforts to contact me are unsuccessful, the request will be made to expedite the processing of my application determination and staff will continue efforts to contact me until I am notified.

Printed Name

Social Security Number

Signature

Date

Nome Eskimo Community

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Printed Name

Social Security Number

Signature

Date

EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Employer /Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Employee's Name: _____

Employee's Job Title: _____

Date of Hire: _____ Date of first check: _____ Amount of first check: _____

Hourly Salary: _____ Hours Per Week: _____ Pay Schedule: _____

Annual Gross Income: _____ Annual Net Income: _____

Monthly Gross Income: _____ Monthly Net Income: _____

Please indicate applicant's employment status:

Temporary – Full-time through (date) _____ Temporary – Part-time through (date) _____

Seasonal through (date) _____

Regular – Full-time Regular – Part-time Other: _____

Please describe the applicant's work schedule: _____

Has the employee been terminated? Yes No If yes, give reason. _____

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$ _____ Date of Final Pay: _____

Signature of Supervisor or Employer

Date

Please Complete and Return to:

NOME ESKIMO COMMUNITY
Tribal Services Program
P.O. Box 1090
Nome, AK 99762
Phone: (907) 443-9120 Fax: (907) 443-9144

**Nome Eskimo Community
AUTHORIZATION FOR RELEASE OF INFORMATION**

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Printed Name

Social Security Number

Signature

Date

LANDLORD VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

TENANTS RENTAL ADDRESS:

Name on lease: _____

Street address/apt #: _____

City: _____ State: _____ Zip: _____

Please Complete and Return to:

**NOME ESKIMO COMMUNITY
Tribal Services Program
P.O. Box 1090
Nome, AK 99762**

Phone: (907) 443-9120 Fax: (907) 443-9144

When did or can the tenant move into the apartment? _____

Deposit Amount: \$ _____ Monthly Rent Amount: \$ _____ Due Date: _____

Date payment made: _____ Amount paid: \$ _____ Amount due: \$ _____ For what month? _____

Does rent include Fuel? _____ Does rent include Electric? _____

LANDLORD/PAYMENT ADDRESS: (What's on the W-9 Form)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Signature of Landlord or Rental Office

Date

**Nome Eskimo Community
AUTHORIZATION FOR RELEASE OF INFORMATION**

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Printed Name

Social Security Number

Signature

Date

DEPARTMENT OF PUBLIC ASSISTANCE

The above named individual has applied for services through the Nome Eskimo Community Tribal Services Program. Please provide the following information for verification:

Please Complete and Return to:

**NOME ESKIMO COMMUNITY
Tribal Services Program
P.O. Box 1090, Nome, AK 99762
Any questions call,
(907) 443-9120 or Fax: (907) 443-9144**

Is the applicant eligible to apply for ATAP/TANF Yes No

Did the applicant apply for ATAP/TANF? Yes No If yes, when? _____

Has the applicant received any ATAP/TANF in the past month? Yes No
If yes, how much did they receive? _____

Has the applicant's ATAP/TANF been reduced or terminated due to penalties? Yes No
If Yes; list reason(s): _____

Has the applicant been denied ATAP/TANF? Yes No
If yes, list reason(s) _____

Is the applicant eligible to reapply for ATAP/TANF? Yes No If no, list reason(s) _____

Has the applicant applied for Food Stamps? Yes No If yes; how much will/do they receive? _____

Has the applicant applied for General Assistance? Yes No If yes, how much will/do they receive? _____

Has the applicant applied for Adult Public Assistance? Yes No If yes, how much will/do they receive? _____

Print name of DPA case worker

Signature of DPA case worker

Date

Nome Eskimo Community
Tribal Services Program
PO Box 1090
Nome, Alaska 99762
Phone (907) 443-9120 FAX (907) 443-9144
Email: dwarnke@gci.net

Dear ANCSA Corporation or _____
Native Corporation

The individual(s) listed below is applying for services from Nome Eskimo Community Welfare Assistance Program.

In order to complete the application process for the client, please complete the form below and fax back to our office with the number provided above.

A release of Information form signed by the client(s) is included with this form. **Your timely response is appreciated.**

Record of Native Corporation Dividends for the following individual(s) for the current year is requested:

Name: _____ SSN: _____

Name: _____ SSN: _____

(Use the 2nd line if there is a spouse/2nd countable adult household member.)

Date	Name	Amount

If more space is needed please attach a separate page or use the back of this form.

Printed Native Corporation Authorized Signature

Date

Signed Native Corporation Authorized Signature

EMPLOYMENT HISTORY

Please give accurate full or part-time employment history. Start with your most recent employer.

1. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

2. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

3. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

EMPLOYMENT HISTORY Continued

4. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

5. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	

6. Company:	From:	To:
Address/Telephone:	Start Pay:	End Pay:
Job Title:	Supervisor:	
Duties:	Reason For Leaving:	