



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 Application for Direct Employment

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

DATE OF APPLICATION: _____

Applicant's name: _____ Daytime Phone #: _____

Mailing Address: _____ Physical Address: _____

Message phone: _____ Cell Phone: _____

Household Information: List all members of the household

Full Legal Name	Social Security Number	Date of Birth	Age	Relation to Applicant	Enrollment (Village Tribe)	Grade Comp.
1.				self		
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Are you a veteran? Yes No If yes, date of discharge: ____/____/____

Are you registered with selective service? Yes No

Where do you live now? Own Home Rent House or Apartment Rent Room With Relatives
With Friends 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 is necessary)

Rent or Mortgage				
Utilities – electricity, water, sewer, garbage				
Heating – household oil, fuel, wood				
Food				
Telephone				
Propane				
Transportation (for work)				
Household cleaning supplies				
Personal hygiene supplies				
Clothing				
Other (child care)				
Other (child support)				
TOTAL MONTHLY EXPENSE				

List each household member’s expenses he/she is responsible for paying. Blank rows are provided if any household member has expenses not listed so the information may be listed for the review in this assistance application.

List account information and availability of funds; use the back page if more space is needed: Include a copy of your account statement.

Name of Bank or Financial Institution	Type of Account	Balance Available	Name(s) on Account
	↑Checking ↑Savings ↑Other (explain)		
	↑Checking ↑Savings ↑Other (explain)		

READ BEFORE SIGNING: I (We) apply for financial assistance for services for the listed members of my (our) household who are in need. I (We) have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. **The Federal law concerning fraud states:** “whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes or uses any false writing documents, knowing the same to contain any false fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both. I (We) agree to supply information regarding resources and income and to notify the agency of any charges in my (our) situation. NEC Tribal Services is authorized to obtain information necessary to establish eligibility for assistance.

Applicants Signature

Date

Co-Applicants Signature

Date

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

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:	

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

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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:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applicant's Job Title: _____ Date of Hire: _____

Start Date: _____ Date of first check: _____ Amount of 1st 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: _____

Terminated employee: 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:

LANDLORD:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Tenant Name on Lease Agreement: _____

When can the tenant move in and/or when did the tenant move in? _____

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? _____

<p>Please Complete and Return to:</p> <p>NOME ESKIMO COMMUNITY Tribal Services Program P.O. Box 1090 Nome, AK 99762 Phone: (907) 443-9120 Fax: (907) 443-9144</p>

PAYMENT ADDRESS:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature of Landlord or rental office

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 return to this office – you may fax or mail to the number/address 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

Request to Release Confidential Records/Information

I, _____, Social Security No. _____,
(print your name)

Do hereby request the State of Alaska, department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information. As specifically described hereon, from the confidential records maintained by the Employment Security Division, to:

Recipient: Nome Eskimo Community
(Print Recipient's name)

Mailing address: PO Box 1090

City: Nome **State:** Alaska **Zip Code:** 99762

Telephone: (907) 443-9120 **Fax:** (907) 443-9144

Records/Information to Release: (Please specifically describe the records and/information you are requesting to be released to the recipient): amount of monthly Unemployment benefits

Purpose: If approved by the Employment Security division, the specific purpose(s) for which the request records or information about me are to be released is are (described or explained what you intent the records to be used for by the recipient named above), and are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose: to see if you qualify for services under the Nome Eskimo Community Tribal Services Program.

Authorization: (please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above)

(Your signature) (Date)

My Authorization for release of Records/Information expires on _____
(Date)

Please return the original signed copy on this Request to Release Confidential Records/Information form to:

**Alaska Department of Labor and Workforce Development
Employment Security Division
P.O. Box 115509
Juneau, Alaska 99811-5509
Attn: UI Support Unit/Custodian of Records**

**You may FAX a copy of this signed request form to UI Support Unit
Fax: (907) 465-2741**

(PLEASE SEE Special note on THE THIS PAGE)

Special Note: Alaska Statute (AS) 23.20.110 prohibits disclosure, re-disclosure or use of any confidential records or information maintained by the State of Alaska, Department of Labor and Workforce Development, Employment Security division, for any purpose not authorized by AS 23.20.110, and without the express permission of the Employment Security Division. Under Alaska statutes 23.30.110 and 23.20.115, whoever discloses, re-discloses, or mis-uses records or information under AS 23.20.110. is guilty of a Class B Misdemeanor.

As an individual requesting the disclosure of records, your request for disclosure may be denied by the Employment Security division if disclosure is not allowed under Alaska Statute 23.20.110

Please contact the UI Support Unit at (907) 465-4691, if you have any question concerning the disclosure of confidential Unemployment Insurance or Wage records by the Employment Security Division.

INDIVIDUAL SELF-SUFFICIENCY PLAN

Applicant Name: _____

Date of Plan: _____

I understand the purpose of this Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment through specific action steps. I understand that I am required to follow the steps developed in this ISP and I must participate in activities developed in the plan that will promote my self-sufficiency. I understand that failure to do so may constitute suspension from the Tribal Services Program for a period of 60 days, but not more than 90 days. I also understand that if there are any changes to be made that I will contact my Caseworker in a timely manner to ensure my success.

GOALS FOR SELF-SUFFICIENCY

What is your short-term employment goal to be self-sufficient?

What is your long-term employment goal to be self-sufficient?

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities

- Job Search
- Employment: full-time or part-time
- Volunteer Work Experience
- Job Sampling or Job Shadow
- On-the-Job Training
- Job Readiness

Education/Training

- High School Diploma
- GED
- ESL (English as a 2nd Language)
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling

Other Activities

- Life Skills Instruction
- Parenting Workshop
- Child Care Assistance
- Child Support
- Assessment
- Treatment

SELF-SUFFICIENCY ACTIVITY PLAN FOR GOALS

START DATE	ACTIVITY	PERSON RESPONSIBLE	ACHIEVEMENT DATE

Re-Determination of Eligibility Review Date: _____

Signature of Applicant

Date

Case Worker Signature

Date