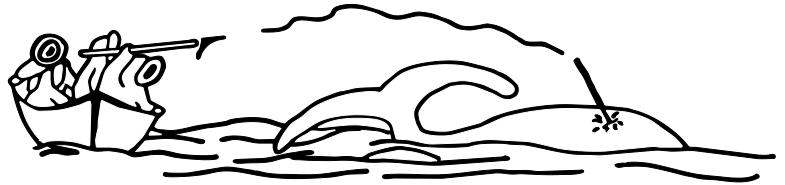




NOME ESKIMO COMMUNITY
 P.O. BOX 1090
 NOME, ALASKA 99762
 PHONE (907) 443-2246
 FAX (907) 443-3539



Tribal Services Program Welfare Assistance - Intake Questionnaire

Program Description: WA provides temporary financial assistance to meet the essential basic needs of eligible Alaska Native and American Indian residents of the Nome service area. *Alaska Natives enrolled to Council, King Island, and Solomon receive services from Kawerak, Inc.*

Applicant Name: _____ Telephone: _____
 Address: _____ Date: _____

1. What federally recognized Tribe you are enrolled with? _____
2. Are you currently employed? Yes No If yes, where? _____
 If no, explain why not: _____
3. Any other adult in your home employed? Yes No If yes, where? _____
 If no, explain why not: _____
4. Are you registered at Job Service? Yes No
5. Are you receiving Un-Employment? Yes No If yes, how much a week? _____
6. Any other adult in your home receiving Un-Employment Benefits? Yes No
5. Have you applied at Department of Public Assistance? Yes No
6. Have you applied for ATAP/TANF or Adult Public Assistance in the last month? Yes No
7. Have you applied for General Relief Assistance? Yes No
8. Have you applied for Food Stamps? Yes No If yes, what are you receiving? _____
9. Is any other adult in your home receiving benefits from the DPA? Yes No
10. Do you or any other adult in your home receive Social Security Insurance/Disability? Yes No
11. Do you play bingo/pulltabs? Yes No

Completed Intake by:

Phone In-Person Faxed Applicant Completed Applicant Representative

If applicant had a representative (i.e. relative or friend) complete application, list the contact information for the representative: _____

 Tribal Services Staff Signature

 Date

WELFARE ASSISTANCE GUIDELINES

Purpose: To provide temporary financial assistance to eligible American Indian/Alaska Native for essential needs in the Nome Service Area.

Goal: To increase self-sufficiency using specific steps to increase Independence by meeting employment goals.

Eligibility Criteria:

- 1) Enrolled with a federally recognized tribe.
 - a) tribal member of Nome Eskimo Community
 - b) tribal members enrolled with a tribe located outside of the Bering Straits Region may apply.
- 2) Not have sufficient resources to meet basic needs according to the State of Alaska Need and Payment Standards.
- 3) Must apply concurrently for financial assistance from other state, tribal, local or Federal agency programs in which he/she is eligible:
 - a) Nome Public Assistance: APA (Adult Public Assistance), ATAP (Alaska Temporary Assistance Program), FS (Food Stamps), EAP (Energy Assistance Program).
 - b) Nome Community Center
 - c) Kawerak, Inc.
 - i) Job Data Bank
 - ii) Work Experience
 - iii) General Assistance
 - d) Employment Office
 - i) Unemployment Insurance Benefits
 - e) Tel Alaska phone for public assistance rate.
- 4) Not receive any comparable public assistance.

Program Requirements

- (1) Develop and sign an Individual Self-Sufficiency Plan with the assistance of the caseworker to meet goals of self-sufficiency through specific action steps including job readiness and job search activities.
- (2) Provide proof of a rental agreement and receipt and copies of current bills.
- (3) Verification of all income from the month of application

WELFARE ASSISTANCE (WA) NOTIFICATION TO CLIENT

Before Nome Eskimo Community (NEC) can give social services help, it must get information about you and your family. The Act that authorizes NEC to provide such help and request the needed is the Act of Congress passed on November 2, 1921. It is published in Title 25 of the United States Code at Section 13, and is usually called the Snyder Act. The only information you need to give is what is necessary for NEC's WA Program to determine if you qualify for assistance. This is the main purpose for which the information will be used.

Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2), the WA Program cannot give out the information you give the caseworker with the exception of other Federal, State, Tribal Offices and other programs who have some responsibility for providing the welfare services for which you are applying. The information can also be given to those agencies when you ask them for a job or for some other benefit, and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information from your case record file, you must first give your written consent. You have a right to know what information is inaccurate, ask your caseworker about how to change the information in the case record.

When you file an application for the WA Program, you have a right to a written decision within 30 days. In some cases it may take 45 days. If you disagree with the decision, you may have a review of the decision by seeing your caseworker or their supervisor. You also may file an appeal and have a hearing. The policy for welfare services is in Title 24 of the Code of Federal Regulations at Part 20 and in Part 66 of the Bureau of Indian Affairs manual.

The amount of grant assistance you may receive is based on state standards of public assistance, less your income and resources. The information you give must be accurate, if your circumstances change, you must report this to the NEC WA Program Office. In this way, the WA Program can give you the proper assistance you are eligible to receive.

WITHIN THE LIMITS OF AUTHORITY, THE WA PROGRAM WANTS TO HELP YOU. ASK YOUR CASEWORKER TO MORE FULLY EXPLAIN ANY OF THE INFORMATION. IF YOU GIVE INACCURATE INFORMATION AND RECEIVE ASSISTANCE TO WHICH YOU ARE NOT ENTITLED, YOU MUST PAY IT BACK.

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.