

Nome Eskimo Community  
 Box 1090  
 Nome, Alaska 99762  
 Phone (907)443-2246  
 Fax (907)443-3539  
 www.necalaska.org



## TRIBAL SERVICES INTAKE QUESTIONNAIRE

Please tell us what you are applying for.

Direct Employment Assistance

### Important Notice – PLEASE READ

- ✓ Must be a resident of Nome Service Area for a minimum of *one year*.
- ✓ If enrolled with King Island, Council, or Solomon, you must apply at *Kawerak, Inc. for services*.
- ✓ Nome Eskimo Community (NEC) follows strict guidelines set by state and federal agencies which states that applicants must *apply concurrently with the State Public Assistance*.
- ✓ You will be required to show proof of *any and all income and expenses claimed*.

### Identification/Contact Information

Name: \_\_\_\_\_ Tribe: \_\_\_\_\_  
 SS#: \_\_\_\_\_ DOB: \_\_\_\_\_  
 P.O. Box \_\_\_\_\_ Nome, AK 99762 Phone: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Spouse/girlfriend/boyfriend name: \_\_\_\_\_  
 Which tribe is spouse/girlfriend/boyfriend enrolled with: \_\_\_\_\_

### Household Information

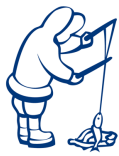
Number of dependents living with you: \_\_\_\_\_ Number of adults included: \_\_\_\_\_  
 Have you applied for or are receiving the following:  ATAP/TANF  Food Stamps  
 Unemployment Insurance  Social Security Income (SSI)  Social Security Disability (SSD)  
 Is anyone in your household disabled?  Yes  No  
 If yes, please explain: \_\_\_\_\_

### Employment Information

Are you employed?  Yes  No Employer: \_\_\_\_\_  
 If no, explain: \_\_\_\_\_  
 Are you registered at Job Service?  Yes  No  
 Is spouse working?  Yea  No Employer: \_\_\_\_\_  
 If no, explain: \_\_\_\_\_

\_\_\_\_\_  
 NEC Staff Signature:

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



Nome Eskimo Community  
Box 1090  
Nome, Alaska 99762  
Phone (907)443-2246  
Fax (907)443-3539  
www.necalaska.org



**PLEASE EXPLAIN FULLY**, how you have supported yourself during the past (3) months *and* what has changed in your situation to cause you to apply for assistance. Please include all other information you feel would help us better assist you.

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Nome Eskimo Community  
Direct Employment Assistance Application**

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

**\*\*MUST SUBMIT COPIES OF TRIBAL ENROLLMENT FOR EVERYONE ON APPLICATION**

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

How many persons live in the house: Adults \_\_\_\_\_ Children \_\_\_\_\_

**List ALL PEOPLE living in your House/Apartment.**

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

**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 household 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	NAME OF HOUSEHOLD MEMBER	MONTHLY /WKLY INCOME
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/Native Dividends		
Cash out of Retirement or Pension Plans		
State Longevity		
Veteran's Benefit		
Unemployment Insurance Benefits		
Workers Compensation		
Savings/Checking Account		
other		
TOTAL MONTHLY INCOME		

---

Applicant's signature

Date

Co-Applicant's signature

Date

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.

Expense/ Bill	Monthly amount	Total Bill	Date due	Recipient of Expense
Rent/Mortgage				
Utilities (electricity, water, sewer, garbage)				
Heating (household fuel, oil)				
Food				
Telephone				
Transportation (for work)				
Child Care				
Child Support				
Clothing, Household cleaning supplies/personal hygiene				
other				
other				
TOTAL MONTHLY EXPENSE				

**\*\*\*Bring in a copy of your full monthly bank statement for the last 2 months\*\*\***

Name of Bank or Financial Institution	Type of Account	Name on Account	Balance Available
	Checking Savings Other		
	Checking Savings Other		

**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

---

# 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 to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

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 /Business 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:

Regular – Full-time Regular – Part-time Other: \_\_\_\_\_

Temporary – Full-time through (date) \_\_\_\_\_

Temporary – Part-time through (date) \_\_\_\_\_ Seasonal through (date) \_\_\_\_\_

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) 443-2246 Fax: (907) 443-9144

**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 to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

\_\_\_\_\_  
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: \_\_\_\_\_

When did or can the tenant move into the apartment? \_\_\_\_\_

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

Month payment made: \_\_\_\_\_ Amount paid: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_

Does rent include Fuel?  Yes  No      Does rent include Electric?  Yes  No

Are tenants behind on rent?  Yes  No      If yes, amount and what months: \_\_\_\_\_

**Please Complete and Return to:**

NOME ESKIMO COMMUNITY

Tribal Services Program

**P.O. Box 1090**

**Nome, AK 99762**

**Phone: (907) 443-2246 Fax: (907) 443-9144**

**LANDLORD/PAYMENT ADDRESS: (What's on your Tax ID #)**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_  
Signature of Landlord or Rental Office 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 to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

\_\_\_\_\_  
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) 443-2246 or Fax: (907) 443-9144  
E-mail: tara.richards@necalaska.org

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

Did the applicant apply for ATAP/TANF?  Yes  No  
**If yes, what is the interview date?** \_\_\_\_\_

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): \_\_\_\_\_

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

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

Has the applicant applied for Food Stamps?  Yes  No If yes; how much will/do they receive? \_\_\_\_\_  
**If pending, what is the interview date?** \_\_\_\_\_

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) 443-9146 FAX (907) 443-9144  
Email: [adrienne.dickson-bahnke@necalaska.org](mailto:adrienne.dickson-bahnke@necalaska.org)

Dear Bering Straits Native Corporation/Sitnasuak, Inc.

I hereby authorize the **Nome Eskimo Community (NEC) Tribal Services Program** to obtain information from the following 13 ANCSA Corporations: Athna Incorporated, Aleut Corporation, Arctic Slope Regional Corporation, Bristol Bay Native Corporation, Calista Corporation, Chugach Alaska Corporation, CIRI, Bering Striats Native Corporation, Sitnasuak Native Corporation, Doyon Limited, Koniag, Nana, Seal Alaska. I understand that this information will be used solely for the administration of the NEC Tribal Services Program to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

---

Printed Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

---

Signature \_\_\_\_\_ Date \_\_\_\_\_

---

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

Date Disbursed	Name on check	Amount

---

Completed by \_\_\_\_\_

---

Title \_\_\_\_\_

---

Signature \_\_\_\_\_

---

Date \_\_\_\_\_