



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
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 changes 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

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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 /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

Email: fnessuk@necalaska.org

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

Nome Eskimo Community
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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: _____

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
Email: fnassuk@necalaska.org
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
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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:

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? _____

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: fnassuk@necalaska.org

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, AK 99762
 Phone (907) 443-9146 FAX (907) 443-9144
 Email: fnassuk@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