



Ketchikan Indian Community · Social Services

201 Deermount Street · Ketchikan, AK 99901

Phone (907) 228-9206

Fax 1-800-476-2094

General Assistance Programs

General Assistance is an **employment** program and is a secondary resource. General Assistance is not to be used to supplement or supplant other programs such as Adult Public Assistance, Social Security Income, Social Security Disability Income, and Alaska Temporary Assistance Program. Clients must apply to other agencies for assistance and, if eligible, receive services from that agency and not the General Assistance program. Must reside in Ketchikan. Saxman residents must apply through CCTHTA.

General Assistance	Emergency Assistance
Financial assistance to eligible Alaska Native/American Indian clients for essential needs: shelter, utilities, food, heating, and clothing.	Financial assistance to prevent hardship caused by burnout, flooding of homes, or other life-threatening situations.

Required Documents

	Documentation	Provided By:
ALL APPLICATIONS	○ Completed and Signed Application	Head of Household
	○ Proof of KIC Enrollment and/or BIA Blood Quantum Card	Entire Household
	○ Picture ID	Adults Residing in Household
	○ Social Security Card or Proof of Application Letter	Entire Household
	○ Birth Certificates for Everyone Under 18	Minors Residing in Household
	○ Proof of Income: All household members, including non-members, for past 30 days. Cab Drivers provide copies of Daily Trip sheets turned in to Company, Gas Receipts and Cab Lease Receipt	Entire Household
	○ Last 30 Days Bank Statement (from bank) Checking and/or Saving Accounts	Adults Residing in Household
	○ Proof of Applying for TANF or Proof of Ineligibility/Denial	Applicants with Children in Household
	○ Verification of Unemployment Benefits	Unemployed Adults in Household
	○ Proof from Doctor (last 30 days) of Inability to be Employed Due to Medical	Unemployed Adults in Household
	○ Proof of Adult Public Assistance application/denial (APA: 225-2135) faxed to KIC	Entire Household
	○ Child Support Payment/Received	Single Parent/Grandparent Applicant
	○ Proof of Child Custody	Single Parent/Grandparent Applicant
	○ Individual Self-Sufficiency Plan (ISP) Appointment & Completed Steps	Adults Residing in Household
	○ Copy of Medicaid/Denali Kid Care/Medicare Card	Entire Household
RENT	○ Current Rental Agreement or Monthly Mortgage Statement	Applicant
	○ Previous Month Rent Receipt	Applicant
	○ Landlord W-9 completed and sign by <i>the landlord with Landlord Phone#</i>	Applicant and Landlord
HEAT	○ Heating Oil Bill	Applicant
	○ Last Heating Oil Payment Receipt	Applicant
UTILITY	○ Current KPU Utility Bill (must be in applicants name)	Applicant
	○ Last KPU Payment Receipt	Applicant

Application for Services

***** INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED *****

What kind of assistance are you applying for? Check all that apply:			
<input type="radio"/> Food	<input type="radio"/> Rent/Mortgage/Eviction	<input type="radio"/> Utilities	<input type="radio"/> Heating Assistance
<input type="radio"/> Household Items	<input type="radio"/> Emergency Assistance (fire or flood damage only)	<input type="radio"/> Other:	

Full Name:	Last	First	MI
Maiden Name or Other Names Used:			
Medicaid Number:			
Mailing Address/City/ State/Zip:			
Physical Address/City/State/Zip:			
Directions to Residence:			
Home/Cell Phone #:		Message Phone #:	
		Work Phone #:	
Marital Status:	<input type="radio"/> Single	<input type="radio"/> Married	<input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed

List **ALL** Members living in the residence.
Enter an asterisk (*) in the box at the left of the name for each person NOT INCLUDED in house hold budget.

*	Name	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY #	TRIBAL ENROLLMENT Must Include #	MONTHLY INCOME
		Self					

Members of Household with Physical or Mental Handicap: - Not Applicable				
NAME	NATURE OF PROBLEM	TEMPORARY or PERMANENT	MINOR or MAJOR	VERIFIED <small>Include Proof</small>

Where do you live now?	<input type="radio"/> Own Home	<input type="radio"/> Rent House/Apartment	<input type="radio"/> Rent Room	<input type="radio"/> With Relatives
	<input type="radio"/> With Friends	<input type="radio"/> Other:		

Your Educational Level?	<input type="radio"/> GED	<input type="radio"/> Vocational Training	<input type="radio"/> Some College	<input type="radio"/> Degree
	<input type="radio"/> High School Diploma	<input type="radio"/> Other:		

Are you or any member of your household a shareholder in a Native corporation?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please list the name of the household member and corporation(s) below:		
Name	Native Corporation	# of Shares Owned

Have you received ATAP or TANF in the last month?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, how much: \$
Has your ATAP/TANF been reduced due to penalties?	<input type="radio"/> Yes	<input type="radio"/> No	Reason:
Have you been terminated from ATAP/TANF?	<input type="radio"/> Yes	<input type="radio"/> No	Date of termination:
Have you been determined ineligible for ATAP/TANF?	<input type="radio"/> Yes	<input type="radio"/> No	Reason:
Have you been denied ATAP/TANF?	<input type="radio"/> Yes	<input type="radio"/> No	Reason:
Are you eligible to reapply for ATAP/TANF?	<input type="radio"/> Yes	<input type="radio"/> No	Date able to reapply:
Attach documents of determination from ATAP/TANF			

Record of Income and Resources			
<p>Explain fully how you have supported yourself during the past three (3) months and what has changed in your situation to cause you to apply for assistance. Must include any funds you have received (including payment for service on boards/councils, cash payments for working, assistance from family/friends).</p> <p>Failure to complete this section accurately will render this application incomplete and therefore will not be processed.</p>			
Do you or anyone else in your household receive money from employment? <input type="radio"/> Yes <input type="radio"/> No			
If yes, check all boxes that apply:			
<input type="radio"/> Full-Time Employment	<input type="radio"/> Part-Time Employment	<input type="radio"/> Seasonal Employment	<input type="radio"/> Contract Income
<input type="radio"/> Tips	<input type="radio"/> Sick Pay	<input type="radio"/> Vacation Pay	<input type="radio"/> Other:
Have you ever been charged with a misdemeanor or felony in the last 5 years? <input type="radio"/> Yes <input type="radio"/> No			

Include money received <u>this month</u> or that will be received next month from all eligible household members					
Household Member	Employer	# of Hours per Week	Hourly Wage or Monthly Salary	Amount Paid this Month	How Often Paid
Has anyone in your household had a job end in the last 60 days? <input type="radio"/> Yes <input type="radio"/> No					
If yes, who?					
Please explain:					
Do you or anyone who lives with your receive money from self-employment? <input type="radio"/> Yes <input type="radio"/> No					
If yes, check all boxes that apply:					
<input type="radio"/> Child Care/Baby Sitting	<input type="radio"/> Commercial Fishing	<input type="radio"/> Taxi Driving	<input type="radio"/> Odd Jobs		
<input type="radio"/> Crafts/Carving	<input type="radio"/> Trapping	<input type="radio"/> Sales Person	<input type="radio"/> Repair Person		
<input type="radio"/> Carpenter	<input type="radio"/> Manage Rental Property	<input type="radio"/> B&B/Rent Rooms	<input type="radio"/> Other:		
Self-Employed Household Member	Type/Name of Business	Seasonal or Year-Round	Business Income	Business Expenses	

Do you or anyone who lives with you receive money from any other source? <input type="radio"/> Yes <input type="radio"/> No				
If yes, check all boxes that apply:				
<input type="radio"/> Supplement Security Income	<input type="radio"/> TANF/ATAP	<input type="radio"/> Alaska Permanent Fund		
<input type="radio"/> Child Support	<input type="radio"/> Adult Public Assistance	<input type="radio"/> Native Corporation Dividend		
<input type="radio"/> Unemployment Insurance	<input type="radio"/> Survivor's Benefit	<input type="radio"/> Net Rental Income		
<input type="radio"/> Food Stamps	<input type="radio"/> Social Security Administration	<input type="radio"/> Veteran's Benefits		
<input type="radio"/> Bingo/Pull Tab Winnings	<input type="radio"/> Scholarships	<input type="radio"/> Senior Benefits		
<input type="radio"/> Pension and/or Retirement	<input type="radio"/> Other:	<input type="radio"/> Family/Friends		
Who Receives Payment	Type of Payment	Amount this Month	Amount Expected Next Month	How Often

Monthly Expenses	Monthly Amount	Amount Paid	Amount Due
Rent			
Space Rent			
Mortgage Payment			
Electricity			
Heating: <input type="radio"/> Oil <input type="radio"/> Propane <input type="radio"/> Wood			
Sewer			
Food			
Household Items			
Other			
Totals:			

READ BEFORE SIGNING:

I (We) certify to the best of my knowledge that the information and documentation contained in this application is accurate and true. I (we) also understand that additional information may be requested to verify what has been submitted.

I (we) understand that my application is subject to verification, and that falsification of information shall be grounds for immediate termination from the program and will subject me to Federal prosecution under 18 U.S.C. § 1001, which carries a fine of not more than \$10,000 or federal imprisonment for not more than 5 years, or both. I (we) also understand that if I (we) receive services as a result of falsified information, I (we) will have to repay the Tribe for those services.

I (we) understand and will comply with the goals and activities outlines in my Individual Self- Sufficiency Plan developed with my case worker.

Applicant Signature

Printed Name

Date

Signature of Other Adult Household Member

Printed Name

Date

Ketchikan Indian Community
201 Deermount Street
Ketchikan, AK 99901
Phone: (907) 228-9206
Fax: 1-800-476-2094

I, _____, hereby authorize the release of information requested by the Ketchikan Indian Community, General Assistance Program/Social Services. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person agency outside the General Assistance Program/Social Services, or its agents. I hereby authorize the Ketchikan Indian Community to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related activities. This release of information shall be in effect while I am an applicant or recipient of General Assistance, and for any later investigations pertaining to my, and receipt of General Assistance benefits.

Persons or organizations that may be contacted include, but not limited to:

Department of Law/Adult Probation	Medical/Behavioral Providers
Department of Public Safety	Tax Assessors
Department of Fish & Game	Financial Institutions
Department of Labor	Stock Brokerage Firms
Department of Military Affairs	Landlords
Social Security Administration	Employers
Tribal Governments	School Authorities
Native Corporations	Private Individuals
Public Assistance Programs	Vocational Rehab Providers
Private Assistance Programs	Alaska State Housing Authority

All departments and programs within and administered by the Ketchikan Indian Community.

Dates of Information to be Released From: _____ To: _____
(Limited to 1 year unless otherwise specified)

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Applicant Signature

Signature of Other Adult Applicant

Printed Name of Applicant

Printed Name of Other Adult Applicant

Social Security Number

Social Security Number

Date of Applicant Signature

Date of Other Adult Applicant Signature

General Assistance Information & Application Packet

Client Rights / Responsibilities

The client has a right to...

- ❖ Be treated with respect
- ❖ Be treated without regard to race, color, creed, national origin, religion, sex, sexual preference, or age.
- ❖ Be treated without regard to disability.
- ❖ Have all personal information treated in a confidential manner.
- ❖ Review his/her file with appropriate staff present.

The client has the responsibility to....

- ❖ Treat KIC staff with respect, use family friendly behavior, no profanity or aggressive behavior.
- ❖ Be accurate and complete as possible when providing information to a KIC staff person.
- ❖ To follow program rules and regulations.
- ❖ Ask for clarifications regarding any services received from KIC that he/she does not understand.
- ❖ Keep all information received, heard and/or clients seen at Social Services office confidential.

Applicants under the influence of alcohol or illegal substances will not be served until they return sober.

Client Grievance Procedure

A procedure has been established and maintained by Ketchikan Indian Community to assist clients in resolving any complaints or grievances arising from a real or perceived violation of client rights. No specific form is necessary to file a grievance; however a grievance must be in writing. You must clearly state the problem(s) by detailing the actions taken or not taken by KIC staff and outline possible solutions and/or resolutions. An earnest effort will be made by KIC staff to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for attempting prompt resolutions to complaints/grievances regarding the service components of the Ketchikan Indian Community Tribal Council.

Step 1:

Submit a complaint in writing to the Department Coordinator/ Program manager where the grievance occurred. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolve informally, the Coordinator/ Manager shall, within 10 days after the receipt of the complaint, issue a written decision and inform the client of the opportunity to further appeal the matter outlined in Step 2 below.

Step 2:

If unsatisfied with the written decision by the Coordinator/Manager submit an appeal, in writing, within thirty (30) days of Step 1, to the KIC Tribal Administrator, 2960 Tongass Avenue, Ketchikan, AK 99901.

ACKNOWLEDGEMENTS FOR KIC GENERAL ASSISTANCE (GA) APPLICATION

Any individual or family may apply for General Assistance and Social Services by completing the application process with the assistance of Social Services Receptionist, and providing the following required information: proof of Tribal membership; proof of residency; proof of income and resources. Failing to provide this information may result in denial of Financial Assistance.

DIRECTIONS

Please fill in **your** NAME/TRIBE/PHYSICAL ADDRESS/PHONE NUMBER/MAILING ADDRESS (if different from physical address) or provide directions on how to get to your home.

FAMILY PROFILE OF HEAD OF HOUSEHOLD MEMBERS APPLYING

Fill in the following information to the best of your ability. First, start with yourself. Please fill in your name (Last, First, Middle), Date of Birth (mm/dd/yyyy), Sex (M/F), your marital status, Social Security Number, and finally your Tribal Enrollment Number. Next, complete the names of the total members of the household starting with your spouse and then children in descending order of age. For each member list the birth date, sex, and relation to the head of household, marital status, highest education received, Social Security Number, and Tribal Enrollment number. If you are living in a household with more than one (1) family, list the family members that fall under your household, and add *next to roommates & non-native members of house hold.

TYPES OF FINANCIAL ASSISTANCE

Put a check mark in the circles for the services you are applying. This will assist your worker in determining which portions of the application you will need to complete.

EARNED & UNEARNED INCOME

All income, including earned and unearned income, for yourself and any other person in your household, is to be listed on the application. You are required to provide proof of income.

Earned Income

Is cash or any in-kind payment earned in the form of wages, salary, commissions, or profit by an employee or self-employed individual? This includes one-time payments for ongoing activities such as sale of crops or sale of art-work. Self-employed individuals must report profits from business enterprises (gross receipts minus business expenses included in the production of goods or services). Business expenses do not include depreciation, personal transportation costs, and capital equipment purchases or principal payments on loans for capital assets or durable goods. (25 CFR §20.308)

Unearned Income

Includes but is not limited to; interest, royalties, gaming income or other per capita distribution not excluded by federal statute, rental property, cash contributions such as child support or alimony, gaming winnings, retirement benefits, annuities, veteran's disability, unemployment benefits, and tax refunds. Other types of unearned income include financial assistance from government agencies, income from sale of trust land or other real or personal property set aside for investment in trust land that has not been reinvested in trust land or a sale of a primary residence that has not been reinvested in a primary residence at the end of one year from the date the income was received, and in-kind contributions providing free shelter up to the 25% of the amount for shelter included in the state standard. (25 CFR §20.309).

FEDERAL LAW GOVERNING FRAUD

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 devise a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

Initial _____

DECISION

When you file an application for social services, 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 Social Services worker or supervisor. You also may file an appeal and have a hearing. An applicant or recipient must pursue the appeal

process applicable to the Public Law 93-638 contract, Public Law 102-477 grant, or Public Law 103-413 Self-Governance Annual Funding Agreement. The regulations for Human Services are in Title 25, Code of Federal Regulations, Part 20.

The amount of assistance you may receive or authorize to be expended is based on State Standards of Public Assistance and/or the rates established by the Assistant Secretary - Indian Affairs, minus your income and available resources. The information you give must be accurate. If your circumstances change, you must report this immediately to your Social Services office. By doing so, your Social Services worker can provide you proper assistance you may be eligible to receive.

ELIGIBILITY/INDIAN BLOOD (25 CFR §20.100)

Applicant must (1) be a member of a federally recognized Indian Tribe, or (2) in the Alaska service area only, any person who meets the definition of “Native” as defined under 43 U.S.C. 1602(b): “a citizen of the United States and one-fourth degree or more Alaska Indian.” It includes, in the absence of proof a minimum blood quantum, any citizen of the United States who is regarded as an Alaska Native by the Native village or Native group of which he claims to be a member and whose father or mother is (or, if deceased, was) regarded as native by a village or group.

ELIGIBILITY FOR OTHER SERVICES

Applicant must not be receiving or eligible to receive State Public Welfare or SSI. An individual or family who is presumed to be eligible for these programs may, after providing evidence of having applied for those benefits, be granted General Assistance (GA), pending approval of such application. Also, all clients applying for GA who are eligible for assistance from other programs such as Social Security, Unemployment Benefits, Worker’s Compensation, VA Benefits, Retirement, etc., will be required to seek and show that they have applied for that assistance. The BIA Financial Assistance and Social Services programs are a secondary resource and cannot be used to supplant or supplement other programs.

POLICY ON EMPLOYMENT & ACCEPTANCE OF AVAILABLE EMPLOYMENT (25 CFR §20.314)

An applicant must actively seek employment including the use of available state, tribal, county, local or Bureau-funded employment services, which they are able and qualified to perform. This means that a recipient, prior to and after applying for GA, must continue to actively seek employment. An applicant or recipient of GA who is determined employable must also accept local and seasonable employment when it is available. According to 25 CFR §20.316, the recipient must demonstrate that they are actively seeking employment by providing the Social Services worker with evidence of job search activities as required in the ISP, and if they do not seek available local and seasonal employment or quit a job without good cause, they cannot receive General Assistance for a period of at least 60 days but not more than 90 after they refuse or quit a job. Applicants must report all current and expected employment and income. Those claiming temporary or permanent disability are required to present documented medical verification of such disability.

Initial _____

REPORTING REQUIREMENTS

It is the responsibility of all General Assistance applicants to report and present appropriate documentary verification of any and all changes that may occur in their income or living arrangements. Failure to do so may constitute fraud and be subject to prosecution and/or repayment of disbursements. Each of the following must be reported as they occur:

- | | |
|--|--|
| A move from one residence to another | Addition to or reduction in household members |
| Payments received from boarders or lodgers | Changes or adjustments in housing or Utility Costs |
| A move from Designated Service Area | |