

"To Elevate the Quality of Life of the People We Serve"



KODIAK AREA NATIVE ASSOCIATION

Employment, Training, and Support Services (ETSS) Master Application

PHYSICAL LOCATION: 194 ALIMAQ DRIVE
MAILING ADDRESS: 3449 REZANOF DRIVE EAST
KODIAK AK 99615
PHONE: (907) 486-9879
FAX: (907) 486-4829
EMAIL: ETSS@KODIAKHEALTHCARE.ORG

Please tell us what services you would like:

- | | |
|---|---|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Child Care Assistance |
| <input type="checkbox"/> Job Training/Education | <input type="checkbox"/> Higher Education/Vocational Scholarships |
| <input type="checkbox"/> Employment/Job Search Assistance | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Supplemental Youth Employment Training Program (SYETP) | <input type="checkbox"/> Other: _____ |

www.kodiakhealthcare.org

Application and assistance process:

1. Complete the entire application.
2. Turn in the application with **ALL REQUIRED** documents for processing.
3. The application will be processed within 10 business days and you will receive notification in the mail.
4. Program Staff will contact you and provide supplemental program application/information.
5. Complete the supplemental documentation (if required).
6. A Case Manager will schedule an intake meeting with you.
7. Bring **ALL REQUIRED** supplemental documents to the intake meeting.

Required for Initial Eligibility: (additional documents may be needed for program-specific assistance)

- Complete, signed, and dated application (all sections satisfied)
- Proof of Alaska Native or American Indian Status (Child Care Assistance based on child status)
- Reside in the Kodiak Region (Akhiok, Karluk, Kodiak, Larsen Bay, Old Harbor, Ouzinkie, and Port Lions)
- Selective Services registration (for male applicants 18 years or over)

NOTE: Parent/guardian signatures are required for non-emancipated youth under 18 years.

Applicant Information:

Name: _____ SSN: _____ - _____ - _____

Physical Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date _____ / _____ / _____ Gender: _____ Tribal Affiliation: _____

Currently live in the Kodiak Region: Yes _____ No _____ Email Address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Veteran: Yes _____ No _____

Do you have Native Alaskan or American Indian status? Yes _____ No _____

Marital Status: Single _____ Married _____ Divorced _____

Number of People in the Household: _____ Native Child(ren) in home? Yes _____ No _____

Employment Status: Employed _____ Unemployed _____ Not seeking work _____

Additional Needs: (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Lack of appropriate clothing | <input type="checkbox"/> Dental care | <input type="checkbox"/> Difficulty speaking or understanding English |
| <input type="checkbox"/> Lack of reliable transportation | <input type="checkbox"/> Health/medical problems | <input type="checkbox"/> Difficulty reading or writing |
| <input type="checkbox"/> Lack of money for daily expenses / food | <input type="checkbox"/> Inadequate child care | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Physical limitations | <input type="checkbox"/> Inadequate housing | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Drug/alcohol use | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Individual Education Plan (IEP) or 504 in place? | <input type="checkbox"/> Family problems | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Problems with child(ren) | _____ |

Is any adult in your household fleeing from prosecution, custody, or confinement? Yes _____ No _____

Highest Grade you completed in school? Grade: _____
Did you graduate or get a GED? Yes _____ No _____

Have you received services from KANA Community Services before? Yes _____ No _____ Not Sure _____

Have you received cash assistance from the State of Alaska or a Tribal entity within the last 6 months? If so, what type of assistance? Yes _____ No _____

What are your future educational and/or career plans?

How can we help you with your plan?

Agreement and Understanding

_____ The information that I provided in this application is true and correct to the best of my
Initial knowledge.

_____ I understand that my Case Manager and I will develop a Self-Sufficiency Plan, which will outline
Initial my goals and necessary steps to achieve my goals and become self-sufficient.

_____ I will provide all additional information and/or documents requested by ETSS and my Case
Initial Manager, in order to verify my eligibility in the program and to help build and maintain my Self-Sufficiency Plan.

_____ I understand that I cannot receive services until my Case Manager and I have approved and
Initial signed my Self-Sufficiency Plan.

_____ With the guidance of my Case Manager, I will take the necessary steps to achieve my goals
Initial included in my Self-Sufficiency Plan.

_____ I will attend all scheduled meetings with my Case Manager to the best of my ability. If I cannot
Initial attend the meeting, I will provide advance notice and work with my Case Manager to reschedule the meeting as soon as possible.

_____ I understand that ETSS may collect and/or verify information with tribal partners and local,
Initial state, and federal agencies.

_____ I understand that KANA cannot disclose any of the information obtained during my application
Initial and program involvement unless I provide express written consent, except as provided by law.

_____ I received a copy of and understand my rights in the ETSS Appeals Process.
Initial

Applicant Signature

Date

Parent/Guardian Signature (if under 18yrs)

Date

Case Manager Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

We may need to contact persons or organizations that can verify your information to determine your eligibility and/or for aligning services. When we contact such persons or organizations, we tell them our name, title, and that we work for Kodiak Area Native Association. We are prohibited by law from telling them anything about you or about the nature of services you are receiving that are outside this release.

The information we most often need to verify entails Tribal Enrollment or Native lineage, your household's composition including income and resources, and to establish case and service collaboration among the below listed service entities.

CONCERNING (name): _____ DOB: _____

Person/Organization Releasing Information (initial below):

- KANA Medical Department
- KANA Behavioral Health Department
- Office of Children's Services and Foster Care Licensing Services
- Kodiak Island Borough School District (KIBSD)
- Kodiak Island Housing Authority
- Bureau of Indian Affairs
- Tribe and Corporation (please specify): _____
- Other: _____

Person/Organization Receiving Information: KANA Employment, Training, & Support Services
3449 Rezanof Dr. East, Kodiak, AK 99615
Phone Number: (907) 486-9879

Release the information initialed below:

- Birth records, Tribal Enrollment, Certificate of Indian Blood
- Medical/hospital records
- Case Notes/records
- Self Sufficiency Plan/Family Case Plan/Collaboration
- Financial information

And or:

I hereby authorize the use or disclosure of my family's health care and/or other information as described above. I understand that **this authorization is voluntary** and that I may revoke this authorization at any time by providing written notification to cancel or to change it. I understand that KANA-ETSS Program services are funded by state and federal grants, and that the state, federal, and lead agencies assure that the information received is treated as confidential and is protected in accordance with applicable state and federal laws. I understand that if the person or entity that receives the information being used/disclosed may not be a health care provider or health plan covered by federal privacy regulations, the information may be subject to re-disclosure and no longer protected by these regulations.

This authorization expires on the following date: _____

Applicant &/or Parent/Guardian Signature (if applicable)

Date

Applicant Appeal Process

Education, Training & Support Services (ETSS)

An applicant has the right to appeal any decision made by ETSS. The appeal process will be conducted in writing and within the specified timeframes. An applicant may withdraw his/her appeal at any point during the four-step process.

Step 1: Applicant

An applicant may appeal any decision regarding his/her services to ETSS within ten (10) business days. The written appeal will include a request for reconsideration of the decision and supporting reason(s).

Step 2: Case Manager

The Case Manager will provide a written response to an applicant's appeal within ten (10) business days.

Step 3: ETSS (Program) Manager

An applicant may then appeal the Case Manager's decision to the ETSS (Program) Manager in writing within ten (10) business days.

Upon receipt of an applicant's written appeal, the ETSS (Program) Manager will provide a written decision to the applicant within ten (10) business days.

Step 4: Director of Community Services

An applicant may appeal the ETSS (Program) Manager's decision within ten (10) business days to the Director of Community Services. An applicant may submit a written appeal to the Director of Community Services or may permit the ETSS (Program) Manager to submit the appeal on the applicant's behalf.

A written response of the Director's decision will be provided to the applicant within ten (10) business days.

An applicant may submit subsequent appeals or grievances in writing to the Kodiak Area Native Association (KANA) President & CEO and Board of Directors.