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



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) 486-1340

EMAIL: ETSS@KODIAKHEALTHCARE.ORG

Please tell us what services you would like:						
Temporary Assistance for Needy Families (TANF)	☐ Child Care Assistance					
☐ Job Training/Education	Higher Education/VocationalScholarships					
☐ Employment/Job Search Assistance	□ Other:					
☐ Supplemental Youth Employment Training Program (SYETP)	Other:					

www.kodiakhealthcare.org

Application and assistance process:

- 1. Complete the entire application.
- 2. Turn in the application with <u>ALL REQUIRED</u> 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 Koniag 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:
Physical Address:
Mailing Address:
City: State: Zip Code:
Birth Date/ Gender: Tribal Affiliation:
Currently live in the Koniag 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)

Lack of appropriate clothing Lack of reliable transportation Lack of money for daily expenses / food Physical limitations Disabilities Individual Education Plan (IEP) or 504 in place?	☐ Inadequate child of☐ Inadequate housin☐ Drug/alcohol use☐ Family problems	care ng		Difficulty speaking or understanding English Difficulty reading or writing Pregnancy Mental health Vision Other:
-	-	Yes	_ No _	
		Grade: _ Yes	No _	
Have you received services from Services before?	m KANA Community	Yes	_ No_	Not Sure
of Alaska or a Tribal entity with	in the last 6	Yes	_ No _	
What are your future educational	and/or career plans?			
How can we help you with your p	lan?			
	Lack of reliable transportation Lack of money for daily expenses / food Physical limitations Disabilities Individual Education Plan (IEP) or 504 in place? Is any adult in your household prosecution, custody, or confined the prosecution of t	Lack of reliable transportation Lack of money for daily expenses / food Physical limitations Disabilities Individual Education Plan (IEP) or 504 in place? Is any adult in your household fleeing from prosecution, custody, or confinement? Highest Grade you completed in school? Did you graduate or get a GED? Dental care Health/medical pr Inadequate child of Inadequate child of Inadequate housing Drug/alcohol use Family problems Problems with child of Inadequate housing Drug/alcohol use Family problems Problems with child of Inadequate housing Drug/alcohol use Family problems Disabilities Family problems Problems with child of Inadequate child of Inadequate housing Drug/alcohol use Family problems Drug/alcohol use Family problems Did you graduate or get a GED?	Lack of reliable transportation Lack of money for daily expenses / food Physical limitations Disabilities Individual Education Plan (IEP) or 504 in place? Is any adult in your household fleeing from prosecution, custody, or confinement? Highest Grade you completed in school? Did you graduate or get a GED? Have you received services from KANA Community Services before? 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? What are your future educational and/or career plans?	Lack of reliable transportation Lack of money for daily expenses / food Physical limitations Disabilities Individual Education Plan (IEP) or 504 in place? Is any adult in your household fleeing from prosecution, custody, or confinement? Highest Grade you completed in school? Did you graduate or get a GED? Have you received services from KANA Community Services before? 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? What are your future educational and/or career plans?

Agreement and Understanding

	The information that I provided in this app	lication 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 go	als and become self-sufficient.
		or documents requested by ETSS and my Case
Initial	Manager, in order to verify my eligibility in the Sufficiency Plan.	program and to help build and maintain my Self-
In this I	I understand that I cannot receive services u signed my Self-Sufficiency Plan.	ntil my Case Manager and I have approved and
Initial	With the college of the Control Manager I.	
Initial	included in my Self-Sufficiency Plan.	II take the necessary steps to achieve my goals
		ase Manager to the best of my ability. If I cannot
Initial	attend the meeting, I will provide advance reschedule the meeting as soon as possible.	notice and work with my Case Manager to
	I understand that ETSS may collect and/or v	erify information with tribal partners and local,
Initial	state, and federal agencies.	
		f the information obtained during my application
Initial	and program involvement unless I provide exp	ress written consent, except as provided by law.
	I received a copy of and understand my rights i	n 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:	
() () () ()	Kodiak Island Borough School I Kodiak Island Housing Authorit Bureau of Indian Affairs Tribe and Corporation (please	rtment nd Foster Care Licensing Services District (KIBSD)	
Person/Organiz	ation Receiving Information:	KANA Employment, Training, & Support Services 3449 Rezanof Dr. East, Kodiak, AK 99615 Phone Number: (907) 486-9879	
Release the info () () () () () And or: ()	ormation initialed below: Birth records, Tribal Enrollmen Medical/hospital records Case Notes/records Self Sufficiency Plan/Family Ca Financial information		
I understand the providing written funded by states received is treat understand that care provider of disclosure and received is the care provider of the c	nat this authorization is volumen notification to cancel or to and federal grants, and that ated as confidential and is protification or entity that references.		y time by ervices are oformation ral laws. I oe a health
Applicant & /or	Parent/Guardian Signature (if a	annlicable) 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.