



If you or someone you know needs assistance completing this application, please reach out to Workforce Development via the contact methods at the bottom of this page.

AVAILABLE SERVICES: Please select the service(s) that you are applying for below:

- Temporary Assistance for Needy Families (TANF)
- Child Care Assistance
- Job Training/Education
- Employment/Job Search Assistance
- Supplemental Youth Employment Training Program (SYETP)
- Higher Education/Vocational Scholarships
- General Assistance (GA)
- Community Services Block Grant (CSBG)
 - Village Residents Only
- Tribal Vocational Rehabilitation (TVR)
- Adult Chore Services
- Other: _____

ELIGIBILITY REQUIREMENTS: Additional documents may be needed for program-specific assistance.

- Completed application (all sections satisfied)
- Provide proof of Alaska Native/American Indian status
 - Child Care Assistance based on child status
- Provide a copy of Driver’s License or Identification Card
- Reside in the Koniag Region (Akhiok, Karluk, Kodiak, Larsen Bay, Old Harbor, Ouzinkie, or Port Lions)
 - Akhiok and Port Lions Scholarship Applicants need not reside within the Koniag Region
- Selective Service Registration (for male applicants 18 years or over)

APPLICATION AND ASSISTANCE PROCESS:

- Return completed Master Application with all required documents for processing
 - Completed applications will be processed within 10 business days - you will receive notifications via phone, email, or mail
- Complete and return supplemental program application and documentation (if required)
- Schedule and attend an intake meeting with your Case Manager

► Parent/Guardian signatures are required for non-emancipated youth under 18 years of age.

For Workforce Development Staff Only:

Date Received: _____ Received By: _____

APPLICANT INFORMATION:

Full Legal Name: _____

Also Known As: _____

Social Security Number: _____ Date of Birth: _____

Phone Number: (_____) _____ Alternate Phone Number: (_____) _____

Email Address: _____

Preferred Method of Contact: _____

Mailing Address: _____

City, State, & Zip Code: _____

Physical Address: _____

City, State, & Zip Code: _____

Gender at Birth: Male Female Gender Identity (*Optional*): _____

Veteran Status: Veteran Not a Veteran

Marital Status: Single, Never Married Divorced Widowed Married, Living Together
 Married, Separated Living Together as a Couple

Ethnicity: Alaska Native American Indian Not Native

Tribal Affiliation: _____ Enrollment Number: _____

Number of People in Household: _____ Housing Status: Own Rent Unhoused

Alaska Native/American Indian Children in Household? Yes or No

EDUCATION AND EMPLOYMENT INFORMATION:

Education Status: High School Diploma GED Enrolled in Program Applying for Education N/A

Highest Grade Attended: _____ Last Year Attended School: _____

Employment Status: Employed Seeking Employment Unemployed

PROGRAMS:

Who were you referred to us by? _____

Have you or anyone in your household ever received assistance from KANA or other external programs?

Examples: Workforce Development, Behavioral Health, The State of Alaska, Sun'aaq, etc. Yes or No

If yes, please list agency names, dates, and assistance received: _____

Are you currently receiving Veteran services or benefits? Yes or No

BARRIERS TO SELF-SUFFICIENCY: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Lack of Appropriate Clothing | <input type="checkbox"/> Difficulty Reading or Writing |
| <input type="checkbox"/> Lack of Reliable Transportation | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Lack of Money for Daily Expenses/Food | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Physical Limitations | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Individual Education Plan (IEP) or 504 in Place |
| <input type="checkbox"/> Lack of Dental Care | <input type="checkbox"/> Difficulty Speaking, Understanding, Reading, or Writing in English |
| <input type="checkbox"/> Health/Medical Problems | <input type="checkbox"/> Legal Barriers |
| <input type="checkbox"/> Inadequate Child Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Inadequate Housing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drug/Alcohol Abuse | |
| <input type="checkbox"/> Family Problems | |
| <input type="checkbox"/> Problems with Child(ren) | |

To complete your application, the following questions *must* be answered.

1. What are your educational, vocational, or other plans to reach self-sufficiency?

2. What challenges are preventing you from attaining your goals?

3. How can we assist you with your plan?

4. Are you ready, willing, and able to work? Yes or No

If no, please explain:

AGREEMENT AND UNDERSTANDING: *(Please initial)*

As a participant in the Workforce Development programs, I understand and agree to the following:

(____) I understand that a Workforce Development staff member and I will develop a Self-Sufficiency Plan, which will outline my plan and necessary steps to achieve my goals and become self-sufficient.

(____) I will provide all additional information and/or documents requested by Workforce Development staff in order to verify my eligibility in the program and to help build and maintain my Self-Sufficiency Plan.

(____) I will take the necessary steps to achieve my goals included in my Self-Sufficiency Plan, with guidance from Workforce Development staff.

(____) I will attend all scheduled meetings to the best of my ability. If I cannot attend the meeting, I will provide advance notice and work with program staff to reschedule the meeting as soon as possible.

(____) I understand that Workforce Development may collect and/or verify information with tribal partners and local, state, and federal agencies.

(____) I understand my personal information will be treated in a confidential manner, and that KANA cannot disclose any information obtained during my application and program involvement unless I provide written consent, except as provided by law.

(____) I will be treated with respect and dignity by Workforce Development staff, and I will also treat staff with respect to ensure personal safety of all. I understand that if threats of any kind are made to Workforce Development staff, the department has the right to refuse and/or terminate services.

(____) I have received a copy of, and understand, my rights in the Workforce Development Appeals Process.

(____) I certify that the information I provided in this application is true and correct to the best of my knowledge, and I understand that I must continue to provide accurate and complete information to Workforce Development staff throughout my participation in the program.

Applicant Signature

Date

Parent/Guardian Signature (if under 18)

Date

Workforce Development Staff 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 of 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):

- | | |
|---|--|
| <input type="checkbox"/> KANA Medical Department | <input type="checkbox"/> Kodiak Island Borough School District |
| <input type="checkbox"/> KANA Behavioral Health Department | <input type="checkbox"/> State of Alaska Department of Public Assistance |
| <input type="checkbox"/> KANA Child and Family Services (Tribal Victim Services, Family Violence Prevention, Indian Child Welfare, Cama’i Home Visiting, Infant Learning Program) | <input type="checkbox"/> Kodiak Island Housing Authority |
| <input type="checkbox"/> KANA Elder Services | <input type="checkbox"/> Bureau of Indian Affairs |
| <input type="checkbox"/> Office of Children’s Services and Foster Care | <input type="checkbox"/> Tribe and Corporation (please specify): _____ |
| <input type="checkbox"/> Licensing Services | <input type="checkbox"/> Other: _____ |

Person/Organization Receiving Information:

KANA Workforce Development:
3449 E Rezanof Drive, Kodiak, AK 99615
Phone Number: (907) 486-9879

Release the Information (initial below):

- | | |
|--|---|
| <input type="checkbox"/> Birth Records, Tribal Enrollment, Certificate of Indian Blood | <input type="checkbox"/> Self Sufficiency Plan/Family Case Plan/Collaboration |
| <input type="checkbox"/> Medical/Hospital Records | <input type="checkbox"/> Financial Information |
| <input type="checkbox"/> Case Notes/Records | <input type="checkbox"/> Other: _____ |

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. **This authorization is valid for 12 months following the date of signature** unless I revoke the form sooner following the above procedure. I understand that Workforce Development 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 healthcare provider or health plan covered by federal privacy regulations, the information may be subject to redisclosure and no longer protected by these regulations.

Applicant Signature

Date

Parent/Guardian Signature

Date

APPLICANT APPEAL PROCESS FOR WORKFORCE DEVELOPMENT:

An applicant has the right to appeal any decision made by Workforce Development regarding their services. The appeal process is to be conducted in writing and within the specified time frames. An applicant may withdraw their appeal at any point during the four-step process detailed below.

Client Assistance Program (CAP) is a client advocacy organization that may be contacted at any time for assistance and/or support. For more information call 1-800-478-0047.

Step 1: Participant

Participant's must provide a written complaint to the Program Manager within five business days of the unsatisfactory decision. Complaints must include details and the desired action or remedy.

Step 2: Program Manager

The Program Manager has five business days to meet with and respond to the participant's complaint.

If the grievance is not resolved during the meeting with the Program Manager the participant may proceed to Step 3.

Step 3: Grievance Committee

Should the participant be unsatisfied with the determination made by the Program Manager the participant must submit a written complaint within 5 business days of the Program Manager's response. Once the written complaint is received a Grievance Committee will convene.

The Grievance Committee has five business days to meet and respond to the participant's complaint. The decision of the committee will be the final within the Kodiak Area Native Association.

Step 4: U.S. Department of the Interior

Should the participant be unsatisfied with the final decision made by the Grievance Committee, the participant has the right to file a fully documented grievance to the Secretary of the Interior through the Division of Workforce Development.

U.S. Department of the Interior
1849 Constitution Ave. NW
Washington, DC 20245