



KANA Workforce Development Master Application

KODIAK AREA NATIVE ASSOCIATION

To Elevate the Quality of Life of the People We Serve

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
- Community Services Block Grant (CSBG)
- Tribal Vocational Rehabilitation (TVR)
- Other: _____
- 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).
- Reside in the Koniag Region (Akhiok, Karluk, Kodiak, Larsen Bay, Old Harbor, Ouzinkie, or Port Lions).
- Selective Services 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.**

APPLICANT INFORMATION

Social Security Number:		Date of Birth:	
Full Name:			
Phone Number:	(____)	Alternate Number:	(____)
Email Address:			
Mailing Address:			
City, State, Zip Code			
Physical Address:			
City, State, Zip Code			
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Veteran Status:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Marital Status:	<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married Living Together <input type="checkbox"/> Married Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together as a Couple		
Ethnicity:	<input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian <input type="checkbox"/> Not Native		
Name of Tribe:		Number of people in your household?	
Alaska Native or American Indian Children in your household?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

EDUCATION AND EMPLOYMENT INFORMATION

Highest Grade Attended:		Last Year Attended School:	
Did You Receive:	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> N/A		
Education Status:	<input type="checkbox"/> Enrolled in Program <input type="checkbox"/> Applying for Education or Training Program <input type="checkbox"/> N/A		
Employment Status:	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Seeking Employment <input type="checkbox"/> N/A		

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

- | | |
|--|---|
| <input type="checkbox"/> Lack of appropriate clothing | <input type="checkbox"/> Problems with Child(ren) |
| <input type="checkbox"/> Lack of reliable Transportation | <input type="checkbox"/> Difficulty Reading or Writing |
| <input type="checkbox"/> Lack of money for daily expenses/food | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Physical limitations | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Lack of Dental Care | <input type="checkbox"/> Individual Education Plan (IEP) or 504 in Place? |
| <input type="checkbox"/> Health/Medical Problems | <input type="checkbox"/> Difficulty Speaking or Understanding English |
| <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 | |

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

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

2. What challenges are preventing you from reaching self-sufficiency?

3. How can we assist you with your plan to reach self-sufficiency?

AGREEMENT AND UNDERSTANDING: *(Please initial)*

() The information that I have provided in this application is true and correct to the best of my knowledge.

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

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

() With the guidance of my Case Manager, I will take the necessary steps to achieve my goals 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 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 Workforce Development may collect and/or verify information with tribal partners and local, state, and federal agencies.

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

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

Applicant Signature

Date

Parent/Guardian Signature (if under 18)

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):

- | | |
|---|--|
| <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"/> Office of Children’s Services and Foster Care Licensing Services | <input type="checkbox"/> Bureau of Indian Affairs |
| | <input type="checkbox"/> Tribe and Corporation (please specify): _____ |
| | <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 initialed 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 EMPLOYMENT, TRAINING, AND SUPPORT SERVICES:

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.

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