



Sitka Tribe of Alaska

Social Services Department •

204 Siginaka St., Sitka, Alaska 99835

Phone Number (907) 747-7245

Fax Number (907) 747-4915

Email: jade.nodes@sitkatriben-sn.gov

Application for Emergency CSBG Assistance

If you need help filling out this form or have any questions, please let us know and we will do what we can to assist you.

How to Apply for Services

On the following page you will find a group of check boxes for services that are available to enrolled Tribal Citizens and provided by Sitka Tribe of Alaska. Place a checkmark next to the service that you feel will best meet your needs by clicking in the box to the left of the service. Please be sure to check all the services that you feel will meet your needs. If you are not sure, don't worry, this application is designed to help us determine which service would work best for your specific needs.

What you should do after selecting your desired services

Once you check all the services that you need, enter the information in the "Required Personal Information" section directly below the checkbox area. This information will be utilized to begin the intake process for your application. After you have provided all the information requested, the General Assistance Caseworker will review the information and determine if we need anything else from you to help determine your eligibility. Many times this will require you to fill out a couple more forms, but please be patient. This information is required to enable us to provide a service that best fits your needs.

How long will it take?

Completed applications are processed in the order in which they are received. The application provides places for you to identify your unique situation. If a caseworker has not contacted you within five business days, please _____.

Let's get started by selecting the services you need and filing out the required information.

Intake Staff:		Application Date:		Application Complete:	
Appointment Date:		If application complete, you should receive a call by no later than			

EMERGENCY ASSISTANCE APPLICATION CHECK LIST

- Completed Application form with all necessary signatures.
- Proof of Tribal Enrollment for all eligible household members.
- Proof of residency for a minimum of six months.
- Proof that you are seeking employment or are employed (most recent two paystubs).
- Proof of **ALL** income for all household members receiving any form of income. This includes food stamps, TANF, adult public assistance, social security, social security disability, employment, general assistance, etc.
- Proof of all resources (2 months copies of bank statements for each household member with a bank account, bonds, notes, etc.
- Denial Letter outside sources showing an attempt to gain other assistance (Elks, Moose, Legion, Salvation Army, SAIL). Two signatures are required
- Letter from future employer if you have been hired and not received a paycheck yet; or applying for work clothing.

CSBG Emergency Assistance
2022 Income Guidelines



Size of Family unit	2022 Poverty Guideine
1	\$16,990
2	\$22,890
3	\$28,790
4	\$34,690
5	\$40,590
6	\$46,490
7	\$52,390
8	\$58,290
For each additional person	+5,900

What type of assistance do you need?
(CHECK ALL THAT APPLY)

<input type="checkbox"/> Food	<input type="checkbox"/> Finding Work	<input type="checkbox"/> Classroom Training
<input type="checkbox"/> Rent	<input type="checkbox"/> Child Care	<input type="checkbox"/> Vocational Rehabilitation
<input type="checkbox"/> Utilities	<input type="checkbox"/> Child Support	<input type="checkbox"/> Post-Secondary Education
<input type="checkbox"/> Oil/Heat	<input type="checkbox"/> GED Classes	<input type="checkbox"/> Other:
<input type="checkbox"/> Transportation	<input type="checkbox"/> Adult Basic Education	<input type="checkbox"/> Other:
<input type="checkbox"/> Burial Assistance	<input type="checkbox"/> Vocational Training	<input type="checkbox"/> Other:

Required Personal Information

(If it does not apply to you write N/A in the field)

Name: (Last, First MI)		Social Security #:		Date of Birth:
Home Address:		City:	State:	Zip Code:
Mailing Address: <input type="checkbox"/> (Check Here if Same as Home Address)		City:	State:	Zip Code:
Home Phone:		Cell Phone:		Message Phone:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced		To Which Tribe are you Enrolled?:		Tribal Enrollment #:
Are you able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is anyone in the household pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Household Members

List ALL PERSONS living in the household – if you need more space use additional page

Name:	Relationship: (see below)	Date of Birth:	SSN:	Education: (see below)	Sex: (M/F)	Race: (see below)	US Citizen: Yes/No
	HoH-Self						

Relationship: Child=C, Foster Child=FC, Grandchild=GC, Non-Custodial Parent=NCP, Other related person=R, Partner=P, Stepchild=SC, Unrelated Adult=UA, Unrelated Child=UC
 Education: High School Diploma=HSD, GED=GED, College Undergraduate=CU, College Graduate=CG, Vocational Training=VT
 Race: Alaska Native=AN, American Indian=AI, White=WH, Black=BL, Asian=AS, Native Hawaiian or Pacific Islander=PI

Expedited Food Stamps Eligibility

Answer these questions to see if you can get food stamps within seven days:

Do you have more than \$100 in the bank?

☐ Yes ☐ No

Is your household monthly gross income (income before deductions less than \$150)?

☐ Yes ☐ No

Are your costs for rent/mortgage/utilities more than your monthly gross income, cash and money in the bank?

☐ Yes ☐ No

Household Income

Includes ALL income received this month or that will be received next month from all jobs and all household members. This includes but is not limited to tips, self-employment, contract income, vacation pay, etc.

Household Member (First Name, MI, Last Initial)	Employer	Full-time=FT, Part-time=PT, or Seasonal=S	Hrs/Wk	Hrly Wage or Mo. Salary	Amount Paid this Month	Amount paid next Month	How Often (Weekly, Bi-Weekly, Monthly)

Has anyone in your household had a job end in the last 60 days
If yes, who? _____

☐ Yes ☐ No

Do you or anyone who lives with you receive funds from any other source that is not work related income?
(i.e., TANF, Food Stamps, SSI, Unemployment, Pension/Retirement, Bingo/Pulltab Winnings, PFD, Scholarships, etc.)
If so, please list all that apply to you. Use additional paper if necessary.

☐ Yes ☐ No

Who receives money	Type of Resource (i.e., TANF, SSI, etc.)	Amount this month	Amount next month	How often

Household Assets

List funds your household has in cash and in bank/credit union (CU) accounts.

Cash	Bank/CU	Name on Acct.	Bank/CU Name	Acct Number	Acct Type
\$	\$				
\$	\$				
\$	\$				

List all property of all persons in your household including but limited to houses, land, mobile home, condo, etc.

Who Owns the Property	Type of Property	Estimated Value	Amount Owed

List all vehicles owned by anybody in the household including but limited to cars, trucks, motorcycles, boats, snowmobiles, recreational vehicles, all-terrain vehicles, etc.

Vehicle Owner	Vehicle Type, Model, and Year	How is the vehicle used?	Estimated Value	Amount Owed
			\$	\$
			\$	\$
			\$	\$
			\$	\$

List all other assets (i.e., things of monetary value) that are owned by persons in your household including but not limited to land, fishing permits, stocks, bonds, etc.

Owner	Type of Asset	Value/Amt. of Shares
		\$
		\$
		\$
		\$

Yes	No	Household Questions: Check Yes or No and If yes Answer the questions below
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone in your household received ATAP or TANF? If yes, when and from what Office: When: _____ Where: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone in your household received ATAP or TANF in the last month? If yes, how much?
<input type="checkbox"/>	<input type="checkbox"/>	Has anyone in your household had ATAP or TANF benefits reduced due to penalties? If yes, please explain:
<input type="checkbox"/>	<input type="checkbox"/>	Have you been terminated from ATAP or TANF? If yes, Date of Termination
<input type="checkbox"/>	<input type="checkbox"/>	Have you been determined ineligible for ATAP or TANF? If yes, please explain
<input type="checkbox"/>	<input type="checkbox"/>	Have you been denied ATAP or TANF? Reason:
<input type="checkbox"/>	<input type="checkbox"/>	Are you eligible to reapply for ATAP or TANF? Date able to reapply:
<input type="checkbox"/>	<input type="checkbox"/>	Are you requesting assistance for anyone in your household who is pregnant: If yes, who: _____ When is the baby due: _____
<input type="checkbox"/>	<input type="checkbox"/>	Have you or anyone living in your household been convicted of a felony? If yes, who, when, and where: Probation Officer name and phone number:
<input type="checkbox"/>	<input type="checkbox"/>	Is any adult in your household fleeing from prosecution, custody or confinement for a Felony or Class A Misdemeanor from any State? If yes, who:
<input type="checkbox"/>	<input type="checkbox"/>	Is anyone in your household attending college or university? If yes, who:
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a valid driver's license? If yes, License Number: _____ Expiration: _____
<input type="checkbox"/>	<input type="checkbox"/>	If you are male between the ages of 18-25, have you registered with the Selective Service? If yes, Registration Number: _____ Date Verified: _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you a Veteran of the Armed Services? If yes, Enlistment Date: _____ Branch: _____
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a physical or mental disability? If yes, Explain: Is it a service related disability? If yes, VA Disability Rating:

Education															
Highest Grade Completed: (Circle One)					<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16+
High School:			Vocational Training:			College:									
High School Graduate:			Enrolled in Vocational Training:			Enrolled in College:									
GED			Vocational Training Graduate:			College Graduate:									
School Name:			School Name:			School Name:									
Date Completed		GPA:	Type of Degree:			Type of Degree:									
Community of Origin:			Date Completed		GPA	Date Completed:		GPA:							

Monthly Expenses					
Rent/Mortgage/Space Rent		Car Insurance		Transportation	
Electricity		Garbage		Gas	
Oil/Fuel		Water/Sewer		Other:	
Telephone		Groceries		Other:	



Sitka Tribe of Alaska

110 American Street
Sitka, Alaska 99835
Phone 907-747-7293 • FAX 907-747-7643

CERTIFICATION AND AGREEMENT

I (we) certify to the best of my (our) 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 (our) 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 that there is an Appeal Procedure by which I (we) can challenge a decision with regard to this application. I (we) certify that I (we) have received a copy of this Appeal Procedure, have read it, understand it and will abide by it.

Applicant Signature

Date

Applicant Signature

Date

Parent/Guardian Signature (if applicable)

Date



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Applicant/Client Appeal Procedure

A client who is denied or received a reduction of services or benefits has the right to file a written appeal by following these procedures. Determination of client services or benefits are made based on a review of program policies, procedures and the required official documentation.

Step 1 – Client

- A client has ten (10) working days from the date of receipt of a decision to submit a written appeal to the Program Supervisor or his/her designee.
- A client may request another person to be present at meetings or interviews. The client must notify the Program Manager or designee who this person is, contact information, and their role.²

Step 2 – Program Director/Manager

- The Program Director/Manager or his/her designee, in consultation with subordinate staff, will make every effort to review documentation and make a decision in the shortest amount of time possible and not to exceed five (5) working days from the date of receipt of the appeal.

Step 3 - Appeals Committee

- A client must complete Step 1 before the Program Compliance Manager will consider a referral to the Appeals Committee.
- The Appeals Committee will review appeals within five (5) working days of receipt.
- The client will be notified of the Appeals Committee's decision within one (2) working days after the date of its meeting.
- All decisions of the Appeals Committee are final.

Applicant Signature

Date

Applicant Signature

Date

Parent/Guardian Signature (if applicable)

Date



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**GENERAL
AUTHORIZATION
FOR RELEASE OF INFORMATION**

I _____ authorize the release of information requested by the Sitka Tribe of Alaska program service office. The requested information will only be used in the administration of Department of Social Services programs, and will not be released to any other person or agency outside of the Sitka Tribe of Alaska Social Services programs. This release of information will be in effect while I am an applicant or recipient of Sitka Tribe of Alaska Social Services program, and for any later investigations of my eligibility and receipt of benefits.

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish and Game, the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, and private individuals.

This release expires on _____.

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Your Signature (Head of household)

Signature of Other Adult Household Member

Printed Name (Head of household)

Printed Name of Other Adult Household Member

Social Security Number

Social Security Number

Address

Address

Phone Number

Phone Number

Date

Date

Employer: Please complete the information below for the applicant who is pursuing employment with your organization or business.

NAME OF APPLICANT: _____

WORK SEARCH/ WORK RELATED ACTIVITY #1			
Date:		Job Title /Work Activity:	
Employer or Business Phone #		Employer or Business Name:	
Employer or Business Address:			
Submitted a complete application		Was Applicant Offered Employment	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Submitted a Resume		Did Applicant Accept Employment	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was applicant interviewed for job		Did Applicant Refuse Employment	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer/ Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/ WORK RELATED ACTIVITY #2			
Date:		Job Title /Work Activity:	
Employer or Business Phone #		Employer or Business Name:	
Employer or Business Address:			
Submitted a complete application		Was Applicant Offered Employment	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Submitted a Resume		Did Applicant Accept Employment	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was applicant interviewed for job		Did Applicant Refuse Employment	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer/ Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/ WORK RELATED ACTIVITY #3			
Date:		Job Title /Work Activity:	
Employer or Business Phone #		Employer or Business Name:	
Employer or Business Address:			
Submitted a complete application		Was Applicant Offered Employment	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Submitted a Resume		Did Applicant Accept Employment	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was applicant interviewed for job		Did Applicant Refuse Employment	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employer/ Supervisor Signature:		Printed Name:	
COMMENTS:			



Sitka Tribe of Alaska

Tribal Government for Sitka, Alaska

THIS IS TO CERTIFY THAT

The above client has applied for assistance at the agencies; The Elks Lodge, The Moose Lodge, The Legion, Salvation Army or SAIL in Sitka, Alaska.

Agency: _____

Signed: _____ Dated: _____

Agency: _____

Signed: _____ Dated: _____

Two signatures are required to receive CSBG Emergency Assistance