

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
SOCIAL SERVICES DEPARTMENT
POUCH 219 • BETHEL, ALASKA 99559
TOLL FREE 1-800-478-3521 EXT. 8712 • DIRECT (907) 543-8712
FAX (907) 543-7479

The following tribes are compacted with AVCP for Welfare Assistance services: Akiachak, Alakanuk, Andreadski, Bill Moore's Slough, Chevak, Chuathbaluk, Eek, Goodnews Bay, Hamilton, Hooper Bay, Kalskag (Lower), Kalskag (Upper), Kipnuk, Kongiganak, Kotlik, Lime Village, Marshall, Napaimute, Napakiak, Napaskiak, Newtok, Nightmute, Nunam Iqua, Nunapitchuk, Ohogamiut, Oscarville, Pilot Station, Pitka's Point, Platinum, Red Devil, Russian Mission, Scammon Bay, Stony River, Toksook Bay, Tuluksak, Tuntutuliak, Tununak, and Umkumiut (Nightmute)

For all other tribes that are NOT listed, please contact your local tribal council office.

Welfare Assistance (General Assistance and Burial Assistance) is a secondary, or residual resource and must not be used to supplement (*in addition to*) or supplant (*take the place of*) other programs. Applicants must apply to other agencies [Public Assistance, Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), etc.] for assistance and if eligible, receive services from that agency and not the AVCP Welfare Assistance Program.

General Assistance (GA) is a program that provides financial assistance payments to an eligible Alaska Native and American Indians for **essential needs, which are food, clothing, shelter, and utilities.**

Additionally, the following apply:

- The applicant must reside in the service area
- The applicant must NOT receive financial assistance from TANF, Adult Public Assistance (APA) or SSI
- The applicant must apply for assistance from other Federal, State, Borough, or local programs for which they may be eligible
- The applicant must have documented insufficient resources to meet the basic and special need items as defined above
- ALL applicants with dependent children are required to apply for TANF and follow TANF regulations

In addition to the GA application, please provide the following:

- Copy of Tribal ID, Certificate of Degree of Indian Blood (CDIB), or Verification of Tribal Enrollment for ALL household members
- Copies of birth certificates for ALL dependent children
- CURRENT utility bills (DO NOT submit past due bills), receipts from rent, utilities, and phone bill
- Copy of income for ALL household members (earned and unearned) for 30 days prior to the signature date
 - Example: Pay/check stubs, unemployment benefits, bingo/pull-tab winnings, etc.
 - Copy of bank statement for last 30 days

**IN ORDER TO PROCESS YOUR APPLICATION YOU MUST PROVIDE ALL VERIFICATION.
ALL PARTS OF THE APPLICATION NEED TO BE COMPLETE**

**IF YOU HAVE ANY QUESTIONS OR NEED INFORMATION, PLEASE CALL MARTINA
AYAGALRIA AT THE NUMBERS LISTED ABOVE.**

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Dear Applicant,

This letter is to advise you that the Association of Village Council Presidents (AVCP) Social Services Department will be administering the General Assistance program within the AVCP jurisdiction. General Assistance is a program that provides financial assistance payments to an eligible Alaska Native and American Indians for **essential needs, which are: food, clothing, shelter, and utilities.**

Eligibility will be based on:

1. Income
2. Family size
3. Verification of Tribal Enrollment
4. Pending approval of application for other assistance programs

Please answer all questions on these forms as completely as possible. If you do not understand a question, leave it blank and during the intake interview we will discuss it.

Attach a copy of **ALL** income (earned and unearned) for **ALL** household members for 30 days prior to the signature date.

If you have children in your home under the age of 18, in order to qualify for General Assistance you must apply for Temporary Assistance for Needy Families (TANF), your local fee agent has a supply of TANF applications for your convenience.

You **WILL NOT** be considered for the AVCP General Assistance program if you are receiving the benefits from the following programs:

1. Supplemental Security Income (SSI) – includes:
 - a. Aid to the Disabled
 - b. Old Age Assistance (OAA)
 - c. Aid to the Blind
2. Adult Public Assistance (APA)
3. Temporary Assistance to Needy Families (TANF) (entire family is receiving)

You **MUST** have a telephone contact number and an interpreter, if necessary. After receiving the complete and signed application, an interview will be scheduled.

If you have any questions or concerns, feel free to contact our office at the numbers listed above.

Sincerely,



Martina Ayagalria
Program Support Specialist

Have you received ATAP or TANF in the last month: Yes No If yes, how much: \$ _____
 Has your ATAP/TANF been reduced due to penalties: Yes No Reason: _____
 Have you been terminated from ATAP/TANF: Yes No Date of termination: ___/___/___
 Have you been determined ineligible for ATAP/TANF: Yes No Reason: _____
 Have you been denied ATAP/TANF: Yes No Reason: _____
 Are you eligible to reapply for ATAP/TANF: Yes No Date able to reapply: ___/___/___
 What TANF office did you receive assistance from: Please list: _____

EXPLAIN FULLY, how you have supported yourself during the past three (3) months *and* what has changed in your situation to cause you to apply for assistance. **Failure to complete this section will render this application incomplete & therefore will not be processed.**

RECORD OF INCOME AND RESOURCES

Does anyone in your household have income from any source? Yes No
 If yes, list the name of household member(s), source of income and amounts below.

*****YOU ARE REQUIRED TO REPORT INCOME RECEIVED FROM THE FOLLOWING*****

SOURCE OF INCOME & RESOURCES	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1: Applicant's Income/Salary	\$	
Salary #2: Spouse's Income/Salary	\$	
Tips or Gratuities	\$	
ATAP –TANF-ASAP (State assistance)	\$	
Child Support and Alimony	\$	
Foster Care Payments	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA)	\$	
Supplemental Security Income (SSI)	\$	
Disability Insurance	\$	
Alaska State Permanent Fund (PFD)	\$	
Cashouts of Retirement or Pension Plans	\$	
State Longevity	\$	
Veteran's Benefit	\$	
Unemployment Insurance Benefits	\$	
Worker's Compensation	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Native Corporation Dividends	\$	
Checking Account	\$	
Savings Account	\$	
Student Loans/Grants/Scholarships	\$	
Bingo or Pull Tab Winnings	\$	
Other Income	\$	
TOTAL MONTHLY INCOME	\$	

MONTHLY SHELTER COSTS

*****PROVIDE ALL EXPENSES/RECEIPTS FOR THE CURRENT MONTH*****

Rent	\$	Telephone	\$
Space Rent	\$	Water	\$
Mortgage Payment	\$	Sewer	\$
Electricity	\$	Household Oil/Fuel/Wood	\$
Heating	\$	Other	\$

READ BEFORE SIGNING

I/We apply for financial assistance/ services for the listed members of my (our) household who are in need. I/We have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud.

Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. §1001, the Federal Law concerning fraud which carries a fine of not more than \$10,000 or imprisonment of not more than five years or both. Initials of applicant_____

I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Release of Information: AVCP is authorized to obtain/exchange information necessary to establish eligibility for assistance. I (We) have read, or had explained to me/us, the provision of our protection under the Paperwork Reduction Act and the Privacy Act. Initials of applicant_____

Applicant Signature

Signature of Other Adult Household Member

Printed Name

Printed Name

Date

Date

*******FOR OFFICE USE ONLY*******

Date Application Received:_____ Application Received By:_____

DECISION OF APPLICATION: Approved Denied Date:___/___/___

(Review Dates: _____ (1-Month Review) _____ (3-Month Review) _____ (6-month Review))

COMMENTS/NOTES:_____

Caseworker Signature:_____ Date:___/___/___

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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the release of information requested by the Association of Village Council Presidents (AVCP) General Assistance Program. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person or agency outside the General Assistance Program or its agents. I hereby authorize AVCP to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related activities. This release of information shall be in effect while I am an applicant or recipient of General Assistance, and for any later investigations pertaining to my eligibility and receipt of General Assistance 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 Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by AVCP.

FRAUD NOTICE: Under 18 U.S.C § 1001, the Federal Law concerning fraud states: “Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or devise a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.”

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Applicant Signature

Signature of Witness if signed with an “X”

Printed Name of Applicant

Printed Name of Witness if signed with an “X”

Social Security Number

Date of Witness Signature

Date of Applicant Signature

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TRIBAL ENROLLMENT VERIFICATION FORM

◆◆◆**MAKE COPIES OF THIS FORM IF MORE THAN ONE IS NEEDED**◆◆◆
COMPLETE THIS FORM ·OR· PROVIDE A CLEAR COPY OF TRIBAL ID/CDIB CARD

Full Name: _____

Other names known by (maiden name): _____

Village enrolled in: _____

Current address: _____
P.O. Box, City, State, Zip Code

Please circle one: Eskimo Indian Aleut Tsimshian

Birthdate: _____

Birthplace: _____

Social Security Number: _____

Father's Name: _____

Mother's Name (Maiden): _____

I hereby request a certification of my verification of Tribal Enrollment. The above identifying information is true to the best of my knowledge.

Signature

Date

Tribal Services Division/Village Administrator

Date

Tribal Enrollment Village

Enrollment number

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LANDLORD/SHELTER STATEMENT

This form certifies that _____ resides at the following address:

ADDRESS: _____
Physical Address, City, State, Zip Code

PO Box Number, City State, Zip Code

and pays \$ _____ per month for rent. ***must attach proof of payment**

Utilities are Included in rent amount above

NOT included in rent amount above, and must share costs:

\$ _____ Electricity

\$ _____ Telephone

\$ _____ Heat/Oil/Fuel

\$ _____ Water/Sewer

Under 18 U.S.C. § 1001, the Federal Law concerning fraud states: "Whoever, in any matter within the jurisdiction or any department or agency of the United States, knowingly and willfully falsifies, conceals, or covers by any trick, scheme, or devise a material fact, or makes or uses any false writing or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."

Signature of Landlord/Manager OR Date
Primary Tenant (if "renting a room" or "living with family/friends")

Printed Name Phone Number

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VERIFICATION OF EMPLOYMENT

Applicant Name: _____

Mailing Address: _____
PO Box, City, State, Zip Code

Phone #: _____ **SSN:** _____ **DOB:** _____

◆◆YOUR EMPLOYER MUST COMPLETE THE FOLLOWING INFORMATION BELOW◆◆

Employee's Job Position/Title: _____

Hourly Wage: \$ _____ **Bi-Weekly Salary:** \$ _____ **Monthly Salary:** \$ _____

Date to Start Work: _____ **Hours Per Week:** _____ **Days Per Week:** _____

Work Days: (please circle) Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Date of First Pay Day: _____ **Date of First Full Pay Day:** _____

Is this a Part-Time or Seasonal Job? Yes No

If Seasonal, what are the seasonal dates of employment?

Start of Season: _____ **End of Season:** _____

Is this a Full-Time Permanent Job? Yes No

Are Special Work Clothes Required? Yes No

If Yes, please list type of clothing needed: _____

Supervisor's Name (please print): _____

Supervisor's Title/Position: _____ **Phone #:** _____

Employer or Company Name: _____

Mailing Address: _____
PO Box, City, State, Zip Code

Employer Signature

Date

Please return form to Martina Ayagalria
via fax (907) 543-7479 or by mail at the above listed address.
If you have any questions, please call (907) 543-8712

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Dear Bingo/Pull-tab Operator:

The individual(s) listed below is applying for services from the Association of Village Council Presidents Social Services Department.

In order to complete the application process for the client, please complete the form below and return to this office – you may fax or mail to the number/address above.

A Release of Information form signed by the client(s) is included with this form. Your timely response is appreciated.

Name: _____ SSN: _____

Name: _____ SSN: _____

(Use the 2nd line *if* there is a spouse/2nd countable adult household member.)

Date	Name	Amount	Bingo	Pull Tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs

Bingo/Pull-tab Worker Signature

Date

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WORK SEARCH/WORK RELATED ACTIVITY SHEET

NAME OF APPLICANT: _____ SSN: ___/___/___ DOB: ___/___/___

Applicant:

Please read carefully. Ask your Welfare Assistance Case Worker to clarify if you do not understand these requirements.

1. All employable adults in your household are required to apply for a minimum of twelve (12) different jobs for the month that you have applied for Welfare Assistance.
2. You must complete six (6) work searches (2 pages) within two weeks from the date of your application. One page has 3 work searches.
3. The remaining six (6) work searches (2 pages) must be completed before the end of the month in which you applied.
4. Actively looking for work is one of the goals in your Individual Self-Sufficiency Plan (ISP).
5. Take the Work Search form to various businesses and submit an application for employment. The potential employer must sign and date the Work Search form which verifies that you have applied for work. Return the Work Search forms to the Welfare Assistance Worker.
6. You may also show proof that you are actively participating in work related activities such as obtaining a GED; doing consistent volunteer work; working with Job Service to develop your resume (work history). Provide proof to your Welfare Assistance Case Worker of these activities within two weeks of the date of your application. The proof is a document from the place where you are doing these work-related activities.

Date of your Application:

First 6 worksheets (2 pages) due:

Last 6 worksheets (2 pages) due:

If you do not complete the work searches, you will not receive GA.

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WORK SEARCH/WORK RELATED ACTIVITY SHEET

Applicant: Must apply for a minimum of **three (3) different job per week** *OR* be **actively participating in three (3) separate work related activities per week** as required to be considered eligible for services.

Name of Applicant: _____ **SSN:** _____ **DOB:** _____

Address: _____
PO Box or Street Address, City, State, ZIP

Cell/Home Phone: _____ **Message Phone:** _____

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

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WORK SEARCH/WORK RELATED ACTIVITY SHEET

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Name of Applicant: _____ **SSN:** _____ **DOB:** _____

Address: _____
PO Box or Street Address, City, State, ZIP

Cell/Home Phone: _____ **Message Phone:** _____

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

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WORK SEARCH/WORK RELATED ACTIVITY SHEET

Applicant: Must apply for a minimum of **three (3) different job per week OR be actively participating in three (3) separate work related activities per week as required to be considered eligible for services.**

Name of Applicant: _____ **SSN:** _____ **DOB:** _____

Address: _____
PO Box or Street Address, City, State, ZIP

Cell/Home Phone: _____ **Message Phone:** _____

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
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Name of Applicant: _____ **SSN:** _____ **DOB:** _____

Address: _____
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Cell/Home Phone: _____ **Message Phone:** _____

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

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

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Employer or Business Address:			
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Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS

Privacy Act Statement

25 CFR Part 20 and 25 U.S.C. 13 authorize the collection of this information. The information is confidential and is never disclosed without written clearance and consent of the applicant. The primary use of this information is to determine eligibility for financial assistance and services from the Bureau of Indian Affairs (BIA) Child Welfare, Burial, and Disaster programs. Additional disclosures of the information may be to other BIA or tribal officials in the conduct of their official duties pertaining to the application for financial assistance or services, or in the conduct of program review and to the Office of the Inspector General or the General Accounting Office when conducting an audit of BIA programs, or local law enforcement agency when the Agency becomes aware of violation or possible violation of civil or criminal law, and to the General Services Administration in connection with its responsibility for records management. This information will be entered into the BIA, Social Services system of records which can be obtained upon request from Chief, Division of Social Services, 1849 C Street, NW, MS-4513-MIB, Washington, DC 20240. No record contained therein may be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Paperwork Reduction Act Statement

The information is being collected to determine applicant eligibility for financial assistance and services and to provide Bureau of Indian Affairs (BIA) managers with information for program planning, reporting and utilization. Response to this collection is required to obtain a benefit(s) required in 25 CFR 20. A Federal Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing the form. Direct comments regarding the burden estimate or any other aspect of this form to: Office of Regulatory Affairs & Collaborative Action - Indian Affairs, Information Collection Clearance Officer, 1849 C Street, NW, MS-4141, Washington, DC 20240.