

**Energy Assistance
122 First Avenue, Suite 600
Fairbanks, Alaska 99701
(907) 452-8251 or (800)
478-6822
Ext. 3457**

Re: **2021-22 Energy Assistance Program**

Dear Energy Assistance Applicant:

Enclosed is your application for the Energy Assistance Program. Applications will also be available at your community Tribal Office and on the TCC website via Internet.

In order to process your application in a timely manner we need the following information:

- Please, make sure the application is completed and signed. *It is your responsibility to follow up with us to ensure that we have your completed application.*
- EACH adult in your household(18 yrs. & older) needs to sign the Energy Assistance Release of Information Form.
- Include income verification for all countable income for Household from the PREVIOUS month from which you complete and sign your application. Example: If you sign your application in October, we need all income for your household for September. For Pay Stubs, we go by the PAYDATE not the pay period.
- Provide a copy of the head of household's **State ID & Social Security card & Last Heating Receipt** from Vendor.
- For applicants residing in a tribal community, we need the Energy Assistance **Authorized Signer** for our program to review your application and sign it. We will not accept your application if it is not signed. Contact your Tribal Council to find out who the Authorized Signer is.
- NOTICE: There is a page added for you to complete if you receive Water/Sewer services in your household. Complete the form if you pay a Water/Sewer Vendor for services in your household. If you do not receive Water/Sewer services in your household then you will not be eligible to receive the LIHWAP benefit. This is an emergency 2-year program only!

Last year TCC did not receive authorization to release the Energy Assistance Program funds until November. While we will be processing this year's applications as soon as we receive them, please be aware that we cannot provide assistance until we receive the funding! The receipt of an application does not mean a benefit can be paid. It depends on funding levels.

Priority will be given to Elders, persons with disabilities and, households with children 6 years old and under. All other applications will be processed on a first-come, first-serve basis.

Please remember that the Low Income Home Energy Assistance Program is only intended to help offset SOME (NOT ALL) of your winter heating costs. We strongly encourage all families to set aside a part of your Permanent Fund Dividend (PFD) or Native Corporation Dividend checks to make sure that you are able to meet your household's heating fuel needs this winter.

Warning against FRAUD: If you misrepresent your residence or identity of yourself or a household member for you to receive heating, or water/sewer assistance benefits you will be automatically denied heating and/or water/sewer assistance benefits for the current Energy Assistance year. **DO NOT SELL YOUR OIL OR WOOD;** there will be consequences for that also.

DEADLINE: APRIL 30, 2022!

ENERGY ASSISTANCE APPLICATION FOR SERVICES

DATE RECEIVED BY TCC:

Beneficiary Information

First Name	Middle	Last	III, Jr., Sr.
Maiden Name or other names used		Regional Corporation	
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Home Phone	Message Phone	Cell Phone	E-Mail
How long has beneficiary lived at the above physical address? _____ years _____ months			Beneficiary Income for last 12 months:
Is the beneficiary 18 years of age or older and still living with parents, or guardians AND claimed on their income tax return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO			

List all additional people who live in Beneficiary's household:

First Name	Last Name	Relationship to Beneficiary	Birth Date	SSN	Marital Status (see codes below)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Disabled: <input type="checkbox"/> YES <input type="checkbox"/> NO	Member of Federally Recognized Tribe <input type="checkbox"/> YES <input type="checkbox"/> NO	Tribal Affiliation (see codes below)	Highest Grade Completed
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		
						<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Marital Status - Married (MA), Not Married (NM), Separated (SE), Legally Separated (LS), Divorced (DI) or Widowed (WI)

Tribal Affiliation Codes -

- Alatna (ALA)
- Allakaket (ALL)
- Anderson (AND)
- Anvik (ANV)
- Arctic Village (ARC)
- Beaver (BEA)
- Birch Creek (BIR)
- Canyon Village (CAN),
- Central (CEN)
- Chalkyitsik (CHA)
- Circle (CIR)
- Dot Lake (DOT)
- Eagle (EAG)
- Evansville (EVA)
- Fort Yukon (FOR)
- Galena (GAL)
- Grayling (GRA)
- Healy Lake (HEA)
- Holy Cross (HOL)
- Hughes (HUG)
- Huslia (HUS)
- Kaltag (KAL)
- Koyukuk (KOY)
- Lake Michumina (LAK)
- Manley Hot Springs (MAN)
- McGrath (MCG)
- Medfra (MED)
- Minto (MIN)
- Nenana (NEN)
- Nikolai (NIK)
- Northway (NOR)
- Nulato (NUL)
- Rampart (RAM)
- Ruby (RUB)
- Shageluk (SHA)
- Stevens Village (STE)
- Takotna (TAK)
- Tanana (TAN)
- Tanacross (TAC)
- Telida (TEL)
- Tetlin (TET)
- Venetie (VEN)
- Other (OTH)

Report all gross monthly income of the Beneficiary's household:

WA – Wages

TI - Tips or Gratuities

ATP - Alaska Temporary Assistance Program

ASP - Athabascan Self- Sufficiency Asst Partn.

GR - General Relief

PFD - Alaska Permanent Fund Dividends

NCD - Native Corporation Dividends

PAB - Public Asst. Burial Funds

GA - BIA General Assistance/TWEP

UI - Unemployment Insurance

VB - Veterans' Benefits

APA - Adult Public Asst- OAA, APD, AB

RI - Rental Income

CS - Alimony and Child Support

WC - Workers Compensation

FS - Food Stamps

GW - Gambling Winnings

STL - State Longevity

CO - Cash outs of Retirement or Pension

SE - Self- Employment

DI - Other Dividends & Interest

PE - Pension other than Veteran's

SL - Student Loans

SG - Student Grants

FC - Foster Care Payments

SC - Scholarships

DI - Disability Insurance

IP - Insurance Payout

Household Member Name

First	Last	Type of Income (Use Codes Above)	Amount	Where From	Office Use

PERMANENT CONTACT

Provide the following information on an individual who does not live with you, but who knows how to contact you if you move.

Name

E-mail or Mailing Address

Phone

Relation to Applicant

CERTIFICATION

I certify to the best of my knowledge that the information on this application is accurate and true. I understand that the information is subject to verification.

Legal Signature of Applicant

Date



122 1ST Ave. Suite 600 • Fairbanks, AK 99701
907-452-8251 Toll-Free: 1-800-478-6822Toll-
Free out of state: 1-800-770-8251
Fax 907-459-3870

Other Beneficiary Information:

Occupation: _____ Community Village Name: _____

Other Income Information:

Provide proof of all the household members' gross income for the month prior to signing application. Proof must be submitted with the Energy Assistance service application or your application will be delayed until proof is provided. Example: If application is signed in the month of October, all household members must submit proof of gross income they received in the month of September.

If **REPORTING \$0 INCOME** for you and/or your household members for the month prior to signing this application, you will need to obtain signatures of two people who do not live in your household who can verify your report of \$0 income.

I verify that the household members on this application have not received any type of income for the reporting period.

1. _____
Name _____ Date _____

2. _____
Name _____ Date _____

If you had little or no income and are NOT receiving any financial assistance, indicate how you are meeting your living expenses for food and shelter. (Please check all boxes that apply)

☐ Subsistence Lifestyle ☐ Personal Savings ☐ Other; Please explain: _____

Home Heating Information:

What heating sources does your home use and what is your estimated yearly household expenses paid toward each of the heating sources?

☐ Wood \$_____ # of cords _____
☐ Propane \$_____ # of pounds _____
☐ Coal \$_____ # of pounds _____

☐ Oil \$_____ # gal _____
☐ Gas \$_____ # gal _____
☐ Other _____ - \$_____ # _____

What **ONE** heating source are you requesting payment toward if approved for service? (Please check only one)

☐ Wood

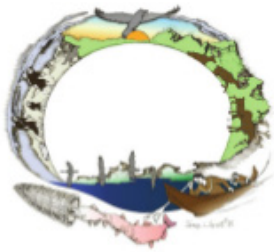
☐ Oil ☐ Other

Provide proof of heating cost by submitting a copy of your most recent Heating bill or statement from your heating vendor.

Do you currently heat your home with a Toyo or Monitor oil stove or other oil stove rated at 85% or above efficiency? ☐ Yes ☐ No

Heating Vendor/Supplier	Name Appearing on Your Bill
Name of your Fuel/Oil Heating Vendor	
Name of your Wood Vendor	

Use this space for any additional information you feel is important for us to know in considering your application?



Tanana Chiefs Conference

122 First Avenue, Suite 600
Fairbanks, AK 99701-4897
Phone: (907) 452-8251
Toll-free in state: 1-800-478-6822
Toll-free out of state: 1-800-770-8251

Date received by TCC:

Housing Information:

TYPE OF HOUSING YOU LIVE IN (CHECK ONE): IF YOU CHECK A BOX WITH A * NEXT TO IT, YOU WILL NEED TO PROVIDE PROOF OF RESIDENCY WITH INTENT TO STAY WITH YOUR APPLICATION

- | | | | |
|------------------------------------|---|---|---|
| <input type="checkbox"/> APARTMENT | <input type="checkbox"/> 1-3 ATTACHED UNITS | <input type="checkbox"/> TRAVEL TRAILER (LESS THAN 35 FT.) | <input type="checkbox"/> PICK-UP CAMPER* |
| <input type="checkbox"/> HOUSE | <input type="checkbox"/> 4 OR MORE ATTACHED UNITS | <input type="checkbox"/> MOBILE HOME (35 FT. + OR WITH LEAN-TO FOR EXTRA LIVING | <input type="checkbox"/> BOARDING HOME* |
| <input type="checkbox"/> DUPLEX | <input type="checkbox"/> GROUP HOME | | <input type="checkbox"/> HOTEL OR MOTEL * |
| <input type="checkbox"/> CABIN | <input type="checkbox"/> MILITARY HOUSING | <input type="checkbox"/> TENT * | |

Please check which applies to your home heating bill: ☐ Billed directly for home heating ☐ Home heating included in rent ☐ Other(Please explain): _____

Please check which applies to your home ownership: ☐ Own your Home ☐ Buying your home ☐ Renting
Amount of Mortgage or Rental Payment:\$ _____

If Renting:

Please check which applies concerning rent subsidy: ☐ None ☐ ASHA ☐ HUD ☐ Section 8 ☐ FHA ☐ Other (Please explain) _____

Owner/Manager/Landlord Information: Name: _____ Phone: _____
Address: _____

Weatherization Request Information:

- ☐ Please check here if you want to be considered for additional assistance to weatherize your home this summer:

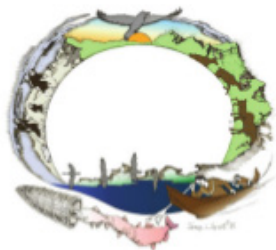
PLEASE NOTE: REQUESTING ASSISTANCE ABOVE AND PROVIDING THE INFORMATION BELOW DOES NOT GUARANTEE THAT YOU WILL BE ELIGIBLE TO RECEIVE WEATHERIZATION ASSISTANCE. PRIORITY WILL BE GIVEN TO ELDERS OVER 60, INDIVIDUALS WITH DISABILITIES, CHILDREN UNDER THE AGE OF 6 RESIDING IN THE HOME, AND FOR VERY LARGE FAMILIES. ALSO, A LETTER FROM YOUR TRIBAL OFFICE VERIFYING THE WEATHERIZATION NEED IS REQUIRED.

Please check which applies: ☐ I have not receive weatherization in the past 3 years
☐ I received weatherization last year
☐ I received weatherization 2 years ago
☐ I received weatherization 3 years ago

What home improvements do you think would result in lowering your heating bill? (check all that apply):

- | | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Caulking and Chinking | <input type="checkbox"/> More Insulation | <input type="checkbox"/> Tigher Doors | <input type="checkbox"/> More Efficient Windows |
| <input type="checkbox"/> More efficient Heating Unit (Stove) | <input type="checkbox"/> Other: _____ | | |

Use this space for any additional information you feel is important for us to know in considering your request for weatherization?



Tanana Chiefs Conference

122 First Avenue, Suite 600
Fairbanks, AK 99701-4897
Phone: (907) 452-8251
Toll-free in state: 1-800-478-6822
Toll-free out of state: 1-800-770-8251

Date received by TCC:

IMPORTANT NOTICE ABOUT YOUR RIGHTS

FAIR HEARING

ANY PERSON WHOSE APPLICATION IS DENIED OR NOT ACTED UPON WITH REASONABLE PROMPTNESS (WITHIN 60 DAYS FROM THE RECEIPT OF A COMPLETED APPLICATION OR WITHIN 60 DAYS FROM THE RECEIPT OF FUNDING FROM THE GRANTING AGENCY) OR WHOSE BENEFITS ARE REDUCED OR TERMINATED, HAS A RIGHT TO A FAIR HEARING BEFORE THE TANANA CHIEFS CONFERENCE, INC. FAMILY SERVICES AND SUPPORT (FS&S) DIVISION DIRECTOR.

IF YOU DESIRE A HEARING YOU MAY REQUEST IT BY TELEPHONE, IN PERSON, OR IN WRITING, THROUGH THE DIRECTOR OF FAMILY SERVICES AND SUPPORT, TANANA CHIEFS CONFERENCE, INC. 122 FIRST AVENUE, SUITE 600, FAIRBANKS, ALASKA 99701. YOU MUST MAKE YOUR REQUEST WITHIN 30 DAYS AFTER YOU ARE MAILED A NOTICE OF DECISION ON YOUR APPLICATION.

TANANA CHIEFS CONFERENCE, INC. FAMILY SERVICES AND SUPPORT STAFF ARE AVAILABLE TO HELP YOU REQUEST A HEARING. AT THE HEARING YOU MAY REPRESENT YOURSELF. YOU MAY ALSO BE REPRESENTED (AT YOUR OWN EXPENSE) BY LEGAL COUNSEL OR BY ANOTHER PERSON OF YOUR CHOICE.

CIVIL RIGHTS

THE CIVIL RIGHTS ACT OF 1974 STATES "NO PERSON IN THE UNITED STATES, ON THE GROUND OF RACE, COLOR, OR NATIONAL ORIGIN, SHALL BE EXCLUDED FROM PARTICIPATING OR BEING DENIED THE BENEFITS OF FEDERAL ASSISTANCE." IF YOU FEEL YOU HAVE BEEN DISCRIMINATED AGAINST, YOU MAY FILE A COMPLAINT WITH TANANA CHIEFS CONFERENCE, INC. FAMILY SERVICES AND SUPPORT OR WITH THE UNITED STATES DEPARTMENT OF HEALTH AND HUMAN SERVICES.

AGREEMENT TO RECEIVE ENERGY ASSISTANCE

IF YOUR HOUSEHOLD RECEIVES ASSISTANCE, YOU MUST AGREE TO ALL OF THE STATEMENTS BELOW. ANY MEMBER OF YOUR HOUSEHOLD WHO DELIBERATELY BREAKS ANY RULES AND RECEIVES BENEFITS TO WHICH THEY ARE NOT ENTITLED WILL BE SANCTIONED FROM RECEIVING FUTURE ASSISTANCE UNTIL THEY REPAY THE BENEFITS AND MAY BE PROSECUTED.

- ☐ I AGREE TO NOTIFY TCC, FAMILY SERVICES AND SUPPORT OF ANY CHANGES IN ADDRESS OR NUMBER OF HOUSEHOLD MEMBERS WITHIN 10 DAYS FROM THE DATE OF THE CHANGE.
- ☐ I UNDERSTAND THAT A TCC REPRESENTATIVE MAY CALL MY HOME, AND MAY CONTACT OTHER PEOPLE IN ORDER TO VERIFY MY ELIGIBILITY FOR ASSISTANCE. I ALSO UNDERSTAND THAT THE INFORMATION I GIVE, MAY BE VERIFIED BY COMPUTER CROSS-MATCHING WITH OTHER STATE OR FEDERAL AGENCIES.
- ☐ I AUTHORIZE THE TANANA CHIEFS CONFERENCE, INC. FAMILY SERVICES AND SUPPORT TO COMMUNICATE WITH MY VENDOR(S) AND OTHER PRIVATE, STATE AND FEDERAL AGENCIES ON MY BEHALF, AS IT RELATES TO THE LOW INCOME HOME ENERGY ASSISTANCE PROGRAM.
- ☐ I UNDERSTAND THAT MY HOUSEHOLD CAN SUBMIT ONLY ONE ENERGY ASSISTANCE PROGRAM APPLICATION PER YEAR, FROM EITHER TCC THE STATE OF ALASKA OR OTHER STATE OR TRIBAL LIHEAP AND CERTIFY THAT THIS IS THE ONLY APPLICATION SUBMITTED FROM OR ON BEHALF OF MY HOUSEHOLD FOR ASSISTANCE BETWEEN OCTOBER 1 TO SEPTEMBER 30 OF THE CURRENT FEDERAL FISCAL YEAR.
- ☐ I CERTIFY UNDER PENALTY OF PERJURY, THAT THE STATEMENTS MADE REGARDING THE PERSONS IN MY HOME AND THEIR INCOME, AND ALL OTHER ITEMS THAT PERTAIN TO MY POSSIBLE ELIGIBILITY FOR BENEFITS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.
- ☐ I UNDERSTAND THAT IT IS AGAINST THE LAW TO MAKE FALSE STATEMENTS AND THAT I AM SUBJECT TO PROSECUTION IF I DO.

Printed Name

Legal Signature

Date

Tribal Representative Review

Has this information in this application been reviewed by an authorized Tribal Representative?

☐ Yes ☐ No

Title

Legal Signature Tribal Representative

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize to release income and or benefit information to the Tanana Chiefs Conference, Family Services & Support Division Energy Assistance Programs. The requested information shall be used solely for the purpose of determining eligibility for assistance from Tanana Chiefs Conference Energy Assistance Programs. Collateral's that may be contacted included, but are not limited to; State of Alaska, Department of Labor, Department of Military Affairs, Alaska State Housing Authority, U.S. Social Security Administration, Municipality of Anchorage, Tax Assessors, Financial Institutions, Native Corporations, Stock Brokerage Firms, Landlords, Employers, Retirement Pensions, and School Authorities.

This release of information shall remain in effect for eight months from the date indicated below.

_____ Head of Household Applicant Signature	_____ DOB	_____ SSN	_____ Date
_____ 1 st Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 2 nd Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 3 rd Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 4 th Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 5 th Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 6 th Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ 7 th Household Member Adult Signature	_____ DOB	_____ SSN	_____ Date
_____ Mailing Address		_____ Phone Number	

A reproduction of this release is as valid as the original

LOW INCOME HOUSEHOLD WATER ASSISTANCE PROGRAM

(Complete this form if you receive and are responsible for water/sewer services in your household.)

PRIMARY WATER/SEWER VENDOR INFORMATION

APPLICANT/ACCOUNT HOLDER (must live at the address provided on your Energy Assistance application. Please Note: commercial companies are not eligible for this program)

Applicant's First Name: _____ M.I. _____ Last Name: _____ Account Number _____

PRIMARY WATER/SEWER VENDOR NAME: _____ Vendor Contact Person _____

WATER/SEWER VENDOR ADDRESS: _____ Vendor Contact #: _____

MONTHLY WATER/SEWER UTILITY COST: _____ Amount Owed to Vendor: _____

TERMS OF AGREEMENT

I Agree

-To abide by all the terms and conditions of the program.

I Understand

-That program benefits are available between 10/01/2021 and 09/30/2022.

-Applications received for FY22 will not be accepted after 09/30/2022.

-My application is not considered complete until all application materials are received and verified by the Tribe.

-That my household is eligible for a yearly benefit not to exceed **\$3,200** as a water/sewer user.

-I must verify my total household income for the month prior to the date of this application.

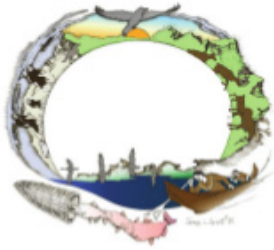
-If awarded, the grant amount will be applied to current water/sewer bill. I am legally responsible for any remaining past due balance on my water/sewer account with vendor.

-That I am responsible for the information provided on this application and that Tanana Chiefs Conference may take legal action to recover funds provided if any information provided is found to be willfully inaccurate.

-That by signing this application I agree to all the terms of agreement and to all applicable federal, state and local statutes governing this program.

X Sign Here _____ Application Date _____

Title Of Program	Description	Ext	Fax Number	Email
Adult Basic Education	Provides information, books, learning materials, and tutorial assistance for adults who are preparing to take the TABE and GED tests.	3185	907-459-3885	blanche.edwin@tananachiefs.org
Adult Vocational Training	Provides financial assistance for income eligible, post-secondary tribal members to attend trade school for an industry recognized certificate for eligible tribal members and beneficiaries.	3185	907-459-3885	blanche.murphy@tananachiefs.org
Burial Assistance	Provides financial assistance to income eligible tribal members who are not eligible for state assistance to help with funeral costs up to \$2,500 (of which \$400 can be used for potlatch-related food and supplies). The deceased must be a member of, or eligible for membership in, a federally recognized tribe and have resided in one of the interior villages/tribes listed here for the past 30 days. **TCC also provides a one-time \$1,000 Burial Assistance benefit to the family representative of a deceased member of any Interior tribe who does not qualify for burial assistance from the state, Veteran's Administration, other source or the above income based burial assistance program, regardless of where the deceased resided.	3414	907-459-3870	hannah.joe@tananachiefs.org
Child Care	Provides child care services to children under the age of 13 or children and children and youth with disabilities who are under the age of 19 who are enrolled members of or eligible for enrollment in a federally recognized tribe. The program provides assistance (based on household income) for childcare services while parents are working, attending school, attending training, participating in a treatment program, performing subsistence activities or engaged in searching for a job.	3365	907-459-3870	angela.martinez@tananachiefs.org
Child Protection	Provides information & referral, case management and advocacy services for parents of children in state or tribal custody. Assists Tribes to recruit and license Tribal foster homes.	3360	907-459-3984	miriam.titus@tananachiefs.org
Energy Assistance (LIHEAP)	Financial assistance (paid to a designated fuel vendor) for low-income households to help pay for a portion of their home heating costs. Additional assistance for the purchase of weatherization materials and fuel-efficient heating units is also available to prioritized applicants who are elders, have a disability or have very low income and a large number of dependents living in their household.	3457	907-459-3870	tawnya.peter@tananachiefs.org
General Assistance	Provides financial assistance to income eligible, tribal member adults without dependent children to pay for basic needs (food, clothing & shelter).	3414	907-459-3870	hannah.joe@tananachiefs.org
Prenatal to Five Headstart	Provides comprehensive early childhood development services to prenatal families, and children age's birth to five in TCC villages.	3187	907-459-3952	jill.ridenour@tananachiefs.org
TCC GO Program	The TCC GO program encourages Alaska Native high school students to pursue post-secondary education or vocational training. Students are provided with the opportunity to participate in University level courses (often for dual credit), to develop a career pathway, to receive tutoring assistance, to virtually job shadow health professionals through online resources, and to engage in paid micro-internship opportunities. These experiences, with our advisors' assistance, help students explore their interest in health-related and other careers.	3447	907-459-3885	stephanie.hinz@tananachiefs.org
Higher Education	Provide education services that support tribal self-determination, community development and strengthening of family, cultural, and spiritual values through scholarships to eligible tribal members and beneficiaries.	3032	907-459-3885	blanche.murphy@tananachiefs.org
Job Placement and Training	Provides job readiness training, job skills training and job preparedness services, along with assistance such as housing and travel for trainings which result in employment.	3231	907-459-3885	evelyn.ekada@tananachiefs.org
Johnson O'Malley	Provides funding to tribes for conducting academic tutoring, enrichment, and Native culture and language programs and services for school-age children and youth in Grayling, Minto, Dot Lake, Eagle, Holy Cross, Healy Lake, Tetlin, Telida, and Tanacross. TCC administers funds through contracts to these tribal governments.	3185	907-459-3885	blanche.murphy@tananachiefs.org
Temporary Assistance for Needy Families [TANF]	Provides financial assistance to low-income families with children under the age of 19 that are attending school, or guardians that are taking care of a relative child. Applicant filing as head of household has to be tribally enrolled or eligible for enrollment into a federal recognized tribe.	3390	907-459-3870	julie.settle@tananachiefs.org
Vocational Rehabilitation	Provides job counseling, case management, training, and job placement services for individuals with physical, cognitive or mental disabilities.	3232	907-459-3883	amanda.race@tananachiefs.org
WIA Adult	Provides support with work-related clothing, tools and equipment, transportation, and relocation costs (security deposit and first month's rent) for tribal members who have obtained a job outside their home community. All goals are geared toward self-sufficiency of our Tribal members, to increase economic opportunities in the villages, supporting local hire, and to help with barriers to employment.	3231	907-459-3885	evelyn.ekada@tananachiefs.org
WIA Youth	Youth Employment & Training provides career exploration and planning, subsidized work experience, soft skills, and training support for Native American youths ages 14 through 24 years. The mission is to empower youth facing barriers to employment by providing work experience, training, and educational opportunities designed to foster world-of-work skills.	3231	907-459-3885	evelyn.ekada@tananachiefs.org
Emergency Assistance	Provides \$1,000 of financial assistance for tribal- members who are the head of a household whose primary home has been severely damaged by fire, flood, wind or other "act of god" (one payment per household).	3414	907-459-3870	hannah.joe@tananachiefs.org
Title VI Elder Nutrition	Provides congregate (group) and home-delivered meals (2-3 times a week) and information, referral and advocacy services for elder tribal members (55 years or older) and their spouses.			bonnie.carroll-ginnis@tananachiefs.org
Infant Learning Program	Birth to Three family services for children with suspected developmental delays.	3232		amanda.race@tananachiefs.org



Standard Application For Service 3

**Tanana
Chiefs
Conference**

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Fairbanks, AK 99701-4897
Phone: (907) 452-8251
Toll-free in state: 1-800-478-6822
Toll-free out of state: 1-800-770-8251

Date received by TCC:

FAMILY SERVICES AND SUPPORT DIVISION - RELEASE OF INFORMATION

THE PURPOSE OF THIS RELEASE OF INFORMATION IS TO MAKE APPLYING FOR SERVICES WITHIN TANANA CHIEFS CONFERENCE (TCC) MORE EFFICIENT AND LESS BURDENSOME. BY SIGNING THIS RELEASE OF INFORMATION, YOU GIVE PERMISSION TO TCC'S FAMILY SERVICES AND SUPPORT DIVISION PROGRAMS AND PERSONNEL TO ACCESS THE INFORMATION CONTAINED IN THE STANDARD APPLICATION FOR SERVICE. THIS MEANS THAT FOR MANY SERVICES WITHIN TCC'S FAMILY SERVICES AND SUPPORT DIVISION, YOU WILL ONLY HAVE TO COMPLETE THE STANDARD APPLICATION FOR SERVICES ONCE AND THEN UPDATE WHEN IT CHANGES.

IF YOU REFUSE TO SIGN THIS RELEASE OF INFORMATION, YOU ARE STILL ELIGIBLE TO RECEIVE SERVICES FROM TCC'S FAMILY SERVICES AND SUPPORT DIVISION. HOWEVER, YOU WILL HAVE TO FILL OUT MULTIPLE STANDARD APPLICATION FOR SERVICES AS YOU NEED ADDITIONAL SERVICES.

I, _____, HEREBY AUTHORIZE TCC FAMILY SERVICES AND SUPPORT DIVISION PROGRAMS AND PERSONNEL TO SHARE AND USE INFORMATION CONTAINED IN THE STANDARD APPLICATION FOR SERVICE TO DETERMINE ELIGIBILITY FOR SERVICES.

I UNDERSTAND THAT THIS AUTHORIZATION IS VOLUNTARY. I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME BY NOTIFYING TCC'S FAMILY SERVICES AND SUPPORT DIVISION IN WRITING, BUT IF I DO, IT WON'T HAVE ANY EFFECT ON ACTIONS TAKEN ON THIS AUTHORIZATION BEFORE MY REVOCATION WAS RECEIVED.

SIGNATURE OF CLIENT / GUARDIAN

DATE

WITNESS (IF MARKED WITH "X" ABOVE)

DATE

REVOCATION

THIS AUTHORIZATION EXPIRES ON THE FOLLOWING DATE: _____ OR UNTIL
TCC FS&S SERVICES ARE NO LONGER REQUIRED.

SIGNATURE OF CLIENT / GUARDIAN

DATE

WITNESS (IF MARKED WITH "X" ABOVE)

DATE

ENERGY ASSISTANCE PROGRAM MONTHLY SELF-EMPLOYMENT INCOME REPORT FORM

*Gross Income has to be reported for the one month prior to the date you signed your application.

Name: _____

Month: _____ SSN: _____

Business Name: _____

Type of Business: _____

Year-Round Employment? ☐ Yes ☐ No

Seasonal Employment? ☐ Yes ☐ No If Yes, Which Months? _____

Income Received Ledger:

Use the ledger below to record income, expenses, tips, etc. It is a good tool for your own financial records and it can be used for Public Assistance & Energy Assistance. List the amount of self-employment income.

Date Income Received	Gross Income Amount	Type of Work Performed	Expenses
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
Total Gross Income (A): \$		Total Expenses (B): \$	
Total Gross Income after expenses has been deducted (A – B): \$			

ENERGY ASSISTANCE PROGRAM WORK STATEMENT

Only have employer complete if you **DO NOT** have copies of Pay Stubs for the month prior to the date you signed your application.

NOTE: A separate work statement needs to be filled out for all household members that you listed on having income on page 2 of your application.

Employee Name: _____

SSN: _____

Employer Name: _____

Gross Wages paid to the above employee for the month of _____, 20_____.

Gross Pay	Issue Date

****NOTE: The Employer Must Complete & Sign This Statement****

Employer Name (Please Print): _____

Employer Signature: _____ Date: _____

Employer Phone: _____ Employer Address: _____

Employee Signature: _____ Date: _____