

Please Bring the Items Listed Below With Your Application

Sending proof with your application may help you receive benefits faster!

☐ **Proof of identification and Tribal Membership, such as:**

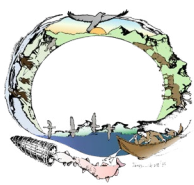
- Driver's License or State ID
- Tribal ID with Photo
- Passport

☐ **Proof of income, such as:**

- Pay stubs for the past 30 days
- Employer statement of gross wages (form at the end of this application)
- Self-employment business records
- Unemployment compensation
- Retirement benefits
- Bank statement (checking and savings)
- Child support
- Veteran's benefits
- Rental income

☐ **Proof of expenses, such as:**

- Mortgage statement, property taxes, home insurance, lease agreement, space rent, condo dues
- Utility bills (gas, electric, wood) - Required for Energy Assistance
- Legally-obligated child support, dependent care, and medical expenses (if you are disabled or at least 60 years of age).



Date received by TCC:

What service(s) are you apply for? (Check all)

Adult Employment

Domestic Violence Prot.

Elder Nutrition

Temporary Assistance

Burial Assistance

Education, University

Emergency Assistance

Vocational Rehab.

Child Care

Education, Vocational

Energy Assistance

Youth Employment

Child Protection

Education, General Ed.

General Assistance

Water Assistance

Dev. Disability

(GED)

Job Placement/Trng

Last Name:	First Name:	Suffix (Jr, Sr):	Maiden Name or Any Other Names Used:
Primary Phone:	Other Phone:	Email:	
Mailing Address:	City:	State:	Zipcode:
Physical Address:	City:	State:	Zipcode:
How long have you lived at the above address?	Income for the last 12 months?	If the beneficiary is 18 years of age or older and still living with parents or guardians AND claimed on their income tax return last year? Yes No	

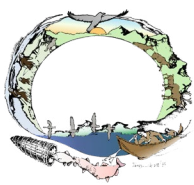
List all additional people in the household.

Name (Last, First)	Relationship to Beneficiary	DOB	SSN	Marital Status*	Disabled (Y or N)	Veteran (Y or N)	Tribal Affiliation*
DOE, JANE	SELF	11/11/11	111-11-1111	NM	N	N	OTH

*Use codes below to complete this section.

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

Tribal Affiliation: 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 Minchumina (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

GR - General Relief

PAB - Public Assistance Burial Funds

VB - Veterans Benefits

CS - Alimony and/or Child Support

GW - Gambling Winnings

SE - Self Employment

SC - Scholarships and/or Student
Grants/Loans

TI - Tips or Gratuities

PFD - Alaska Permanent Fund Div.

GA - GIA General Assistance/TWEP

APA - Adult Public Education (OAA,
APD, AB)

WC - Workers Compensation

STL - State Longevity

PE - Pension or Retirement (not VA)

FC - Foster Care Payments

ASP - Athabascan Self-Sufficiency

NCD - Native Corporation Dividend

UI - Unemployment Insurance

RI - Rental Income

FS - Food

CO - Cash Outs of Retirement/Pension

DI - Disability Insurance/SSA/SSI

OTH - Other Income

Name (Last, First)	Type of Income (Use Above Codes)	Amount	Where from	How often the payment is recieved	Office use
DOE, JANE	WA	\$900	WORK PLACE	MONTHLY	

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.

Signature: _____

Date: _____

Signature: _____

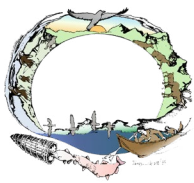
Date: _____

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 (Check all that apply)

Subsistence Lifestyle

Personal Savings

Other (Please Explain):

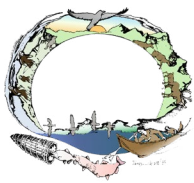


Housing Information

What kind of housing do you live in?				
Cabin	Apartment	House	Mobile Home	Duplex/Triplex
Other (please describe):				
Please check which box best describes your home ownership:				
Own your home	Buying your home	Renting		
How much is your rent or mortgage?				
If renting, do you receive any of the following subsidies?				
None	IRHA	HUD	Section 8	FHA
Other:				
Landlord / Mortgage-Holder Information				
Name:			Phone:	

Home Heating Information

Please check which box best describes how you pay to heat your home:				
Billed Directly for Home Heating	Home Heating Included with Rent	Wood - Self Harvest		
What is your main heat source?				
Wood	Propane	Coal	Oil	Gas
Other:				
What ONE heating source are you requesting payment towards if approved for service?				
Would you like to be sent a separate application for Winterization?				
			Yes	No
Please tell us the name of your heat vendor (Required).				



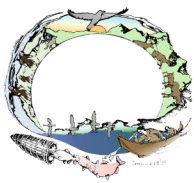
Authorization for Release of Information

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. Collaterals that may be contacted include but are not limited to: State of Alaska, Department of Labor, Department of Military Affairs, Alaska State Housing Authority, U.S. Social Security Administration, Tax Assessors, State of Alaska Division of Public Assistance, 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

A reproduction of this release is as valid as the original.



Application Certification

Permanent Contact (Optional)

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

Name:	Email or Mailing Address:
Phone:	Relation to Applicant:

Certification of Applicant

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.

Signature of Applicant

Date

Tribal Representative Review

Has this information been reviewed by an authorized Tribal Representative?

Yes

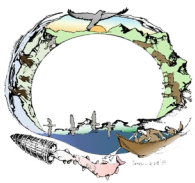
No

Name of Tribal Representative

Title

Signature of Tribal Representative

Date



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 500, 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 in or 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.

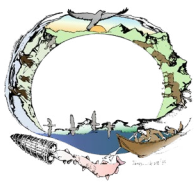
- I agree to notify TCC Family Services and Support of any changes in address or number of household members within 10 days from the date of change.
- I understand that a TCC representative may call my home and may contact other people in order to verify my eligibility for assistance. I also understand 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, 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

Signature

Date



Release of Information

The purpose of this form is to make applying for services within the Tanana Chiefs Conference (TCC) Family Services and Support Division less burdensome.

I give permission for the following components of TCC's Family Services and Support Division to access the information I provided in my Standard Application for Services:

All Family Services Programs

Adult Employment

Education, Vocational

Job Placement/Training

Burial Assistance

Education, General Ed.

Temporary Assistance

Child Care

Elder Assistance

Vocational Rehab.

Child Protection

Emergency Assistance

Youth Employment

Domestic Violence Protection

Energy Assistance

Education, University

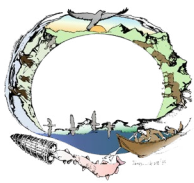
General Assistance

By signing this form, I authorize the program indicated above and their personnel to share and use information contained in my Standard Application for Services to determine my eligibility for services.

I understand that I may revoke this authorization at any time by notifying TCC's Family Services and Support Division of my intent to do so in writing. However, a revocation will not have any effect on actions taken by TCC programs or personnel based on this Release of Information before my written revocation was received.

I understand that signing this Release of Information is voluntary. I understand that if I decline to sign this Release of Information or decline to release information to some programs, I will not lose eligibility for any TCC programs. However, I will need to fill out multiple Applications for Services if I wish to receive services from a program that I have not released my information to.

Name of Patient (Print)	Relationship to Patient (if applicable)
Signature of Patient or Parent/Guardian	Date



Work Statement Form (When Paystubs Are Not Available)

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 as having income on page 3 of your application.

Employee Name: _____ SSN: _____

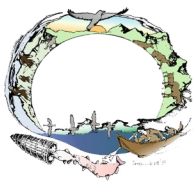
Employer Name: _____

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 Address:	Employer Phone:
Employee Signature:	Date:



**Monthly Self-Employment Income Report Form
(Only for Self-Employed)**

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

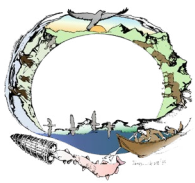
Name:	Month:
SSN:	Business Name:
Type of Business:	Seasonal Employment? Yes No
Year-Round Employment? Yes No	If yes, which months?

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 amounts 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 have been deducted (A-B): \$			

STOP HERE IF APPLYING FOR ENERGY ASSISTANCE ONLY



Client Intake Form

Date received by TCC:

Date: _____

Case Manager's Name: _____

Client's Name: _____

Client's Pronouns: _____

Client Development Program Policy & Guidelines

TODAY WE WILL BE COVERING:

- √ Informed consent/fees, income qualifications
- √ Client feedback and filing a grievance
- √ Exceptions to confidentiality
- √ Confidentiality & mandated reporting
- √ Rescheduling appointments
- √ You are required to initial the client intake form as we go through the policy and procedures.

INFORMED CONSENT:

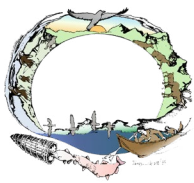
Services we offer (go through first page of application).

- **Policies**

- » Program fees: there are no fees to you for most of the programs available here. Most programs are based off of your income
 - ◇ Once you fill out the applications, we can determine which services we can offer you at this time.
- » We do ask that if you are not going to make it to a scheduled appointment, you call us 24 hours in advance to ensure that we reschedule with you for a time that works best for you.

Please know we always look forward to feedback. We also have a process for filing a grievance which includes you letting me know that you would like to talk with my supervisor to go over any issues that arise. If they are not available, we can schedule an appointment with the Client Services Director.

Initial here: _____



EXCEPTIONS TO CONFIDENTIALITY

- **Policies**

» Exceptions to this include:

- ◇ Written consent via releases of information, which can be revoked at any time.
- ◇ Discussions with your team or department at your agency for program referrals.
- ◇ Mandated reporting responsibilities that may be an exception to confidentiality. Some examples are if you wanted to harm or abuse yourself or others around you.
 - If you were to share something like this, your case manager will let their immediate supervisor know. They will inform you of all steps in the process or any next steps.

Initial here: _____

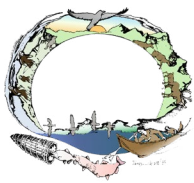
CONFIDENTIALITY & MANDATED REPORTING POLICIES

Most applications require a release of information to determine your eligibility for a program. All information will not be shared and what we talk about together will not be discussed without your consent

Policies

- » Before we go any further, I want to talk to you about confidentiality. Everything you share here is confidential, and will only be shared with your written approval. There are a few exceptions to that which include:
 - ◇ Anyone you give written consent for me to talk to.
 - Talking with my team here at the agency will allow me to ask questions, review cases, or get resources from.
 - ◇ My legal obligations as a mandated reporter. I am mandated by law to report suspicion of child abuse and neglect, and abuse of elderly and other vulnerable individuals. Let me tell you what that means. If I suspect that you have used excessive physical discipline on a child, a child has been sexually abused in your home, or if there seems to be chronic neglect in the home, I am obligated by law to call the Office of Children's Services to report my concern. This also applies if I suspect abuse or neglect of an elderly person or disabled person in your home.
 - I am also required to make a report to police if I suspect a child has been sexually abused.
 - ◇ Lastly, if you share with me that you want to harm yourself or someone else, and I believe that you have a plan and can follow through with that plan, I am also obligated to make a report to the police.
- » Do you have any questions regarding this, or did my explanation make sense? If so, is there anything I've said that you'd like me to repeat or clarify?

Initial here: _____



Date received by TCC:

Client Assistance Plan & Goals

Client and Case Manager will create a brief description of your goals, services, and create an assignment based off of eligibility to qualifying programs.

Client Description: Tell us a little bit about yourself and what brought you in today.

GOAL Setting

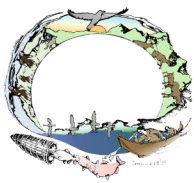
GOAL 1:

GOAL 2:

GOAL 3:

Client Assignments:

Initial here: _____



Date received by TCC:

Thank you for coming in today and sharing your story with me. It was so nice to meet you. Please let me know if you have any questions after today's session.

Yes, I still have questions.

No, I don't have any questions right now.

Would you like to schedule a follow up meeting with me two weeks from now? Yes No

Schedule Date: _____

Client Intake Form Signatures

CLIENT:

CASE MANAGER:

Client's Name (Printed)

Case Manager's Name (Printed)

Client's Signature

Case Manager's Signature

Date

Date