



Bristol Bay Native Association - Workforce Development
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262
Fax 907-842-3498 • www.bbna.com

EMPLOYMENT SUPPORTIVE SERVICE ADDENDUM

Applicants must demonstrate a need for financial assistance. The purpose of this program service is to obtain, retain or advance in employment.

DEADLINE 30 DAYS PRIOR TO SERVICE NEEDS

****Only complete applications will be considered and funding is contingent upon available funds****

NEW APPLICANT REQUIREMENTS:

- Complete BBNA WFD Application
- Copy of Tribal Enrollment Card
- Copy of Driver's License or State ID
- Copy of Marriage Certificate (If Applicable)
- Letter of Employment from Employer – Letter must include the following:
 - A. A statement that the job is of a permanent Full-time nature
 - B. Job Title
 - C. Beginning Wage
 - D. First Date of Employment
 - E. First Payday
 - F. First Full Payday
- Copy of Most Recent Pay Stubs
- Copy of Most Recent Bank Statements
- Statement of Need
- Estimates for services or prospective mover and rental agreements
- Monthly Budget Sheet

Repeat services - Repeat applicants (those who received previous services) will be low priority for consideration of funding. Repeat requests will be determined on an individual basis and considered by need, ability, prior performance, present motivation and current employment opportunities available for the applicant. Repeat request will only be allowed twice in a lifetime with a minimum of 3 years in between services.

Funds cannot be used to pay prior debt.

If you have any questions please do not hesitate to contact us.

MONTHLY BUDGET SHEET

Sources of Income	Amount	Monthly Expenses	Monthly Costs	Split Costs 1 st Paycheck	Spilt Costs 2 nd Paycheck
Paycheck 1	\$	Rent/Mortgage	\$	\$	\$
Paycheck 2	\$	Phone	\$	\$	\$
		Cell Phone	\$	\$	\$
Paycheck 1	\$	Electric	\$	\$	\$
Paycheck 2	\$	Cable	\$	\$	\$
		Internet	\$	\$	\$
PFD	\$	Oil	\$	\$	\$
		Gas	\$	\$	\$
Native Dividends		Car Payment	\$	\$	\$
	\$	Car Insurance	\$	\$	\$
	\$	Food	\$	\$	\$
	\$	Child Care	\$	\$	\$
	\$	Credit Card	\$	\$	\$
		Credit Card	\$	\$	\$
Other		Other	\$	\$	\$
	\$	Other	\$	\$	\$
	\$	Other	\$	\$	\$
	\$	Other	\$	\$	\$
TOTAL	\$		\$	\$	\$

Please demonstrate a monthly budget of the cost of living based on your current household income supporting your request for employment supportive services.

Print Name: _____ Signature: _____ Date: _____



Bristol Bay Native Association - Workforce Development
 P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262
 Fax 907-842-3498 • www.bbna.com

WFD APPLICATION

NAME: _____
 (First) (Middle) (Last) (Also known as / Maiden Name)

SOCIAL SECURITY # _____ **DATE OF BIRTH:** ____/____/____ **GENDER:** Male Female

MAILING ADDRESS: _____
 (P.O. Box #) (City) (State) (Zip Code)

PHYSICAL ADDRESS: _____
 (Street Address) (City) (State) (Zip Code)

HOME # (____) - _____ **WORK #:** (____) - _____ **CELL #:** (____) - _____

EMAIL ADDRESS: _____

TRIBAL ENROLLMENT: (Please circle one or indicate "Other" and provide a Copy of Tribal Card)

Aleknagik	Chignik Bay	Chignik Lagoon	Chignik Lake	Clarks Point	Dillingham	Egegik
Ekuk	Ekwok	Igiugig	Iliamna	Ivanof Bay	Kanatak	King Salmon
Kokhanok	Koliganek	Levelock	Manokotak	Naknek	New Stuyahok	Newhalen
Nondalton	Pedro Bay	Perryville	Pilot Point	Port Heiden	Portage Creek	South Naknek
Togiak	Twin Hills	Ugashik				

Other: _____ BBNC Shareholder? No Yes BBNC Shareholder Descendant? No Yes

ETHNICITY: Alaska Native American Indian Asian African American Hispanic or Latino
 Native Hawaiian Pacific Islander Caucasian Other: _____

UNITED STATES CITIZEN? Yes No – Work Permit # _____

SELECTIVE SERVICE REGISTERED: Yes No **VETERAN:** No Yes - **Date of Discharge:** ____/____/____

FAMILY / LIVING SITUATION: (Please check ALL that apply)

MARITAL STATUS: Single Living as a Couple Married Separated Divorced Widowed

FAMILY STATUS: Single Individual One Parent Family Two Parent Family Teen Parent Pregnant

LIVING SITUATION: Own Home Rent Home Rent Room Multi-family Home Overcrowded Living Situation
 Homeless-Describe: _____ Other-Describe: _____

EDUCATIONAL STATUS: Student: Current Grade: _____ HS Dropout: Highest Grade Completed: _____
 High School Graduate – Year: _____ GED Graduate – Year: _____ Some College/No Degree
 College Graduate: Type of Degree: AA/AAS BA/BS MA/MS Vocational Graduate: _____

EMPLOYMENT HISTORY: (Last or Present) Number of Jobs within the last year: _____

Employer: _____ Job Title: _____
 Supervisor Name: _____ Phone #: _____

Brief Descript of Job Duties: _____

Salary: Starting Hourly Wage: \$ _____ Ending Hourly Wage: \$ _____
 Seasonal Wage: \$ _____ Annual Wage: \$ _____

Dates Worked: From: (Month/Year) _____ To: (Month/Year) _____

Reason for Leaving _____

EMPLOYMENT SKILLS: (Please check ALL that apply)

- Alaska Driver's License Commercial Driver's License Heavy Equipment Operator Hazwoper Certification
- CPR/First Aid Certified Asbestos Certification Electrician Carpenter Mechanic Plumber
- Welder Laborer Flagger Certified Fisherman - Permit Holder: Yes No - Set-Net or Drift
- Subsistence Provider Other Self Employment Traditional Craftsman: Carving/Beading/Sewing
- BBNA Child Care Provider State Licensed Child Care Provider
- Multi-line Phone System Fax Machine Copy Machine 10-Key Calculator Typing - WPM: _____
- Computer Skills: Word Processing Excel PowerPoint Publisher Outlook Web Design CAD
- Other Software: _____
- Additional Skills: _____

CURRENT EMPLOYMENT STATUS: (Please check ALL that apply)

- Full-time Employed Part-time Employed Seasonal Employed-In Season Seasonal Employed- Not in Season
- Hold Multiple Jobs Unemployed Collecting Unemployment - 15+ weeks: Yes No
- Dislocated Worker Migrant Worker Not in the Labor Force
- On Public Assistance (ATAP, TANF, General Assistance (GA), Food Stamps, etc.)
 - Receiving Received within last 6 months Long-term TANF/GA Recipient

EMPLOYMENT BARRIERS: (Please check ALL that apply)

- Currently Employed- Low Income Lack of Child Care Lacks Significant Work History Lack of work in Village
- Living in a Rural Area Homemaker Limited English Proficiency- Require translator- Yes No
- Substance/Alcohol Abuse Never had Driver's License License Revoked/Suspended No Transportation
- Documented Disability No Yes-Describe: _____
- In Specialized Treatment (Substance Abuse, Behavioral Health, API, etc.) Release Date: _____ / _____ / _____
- In Correctional Facilities - Release Date: _____ / _____ / _____ Open Court Case/s - Yes No
- Offender - Probation ends: _____ / _____ / _____ Felony Misdemeanor
- On Third Party Custody - Release Date: _____ / _____ / _____
- None of the above

Some BBNA WFD services are subject to drug testing. **ARE YOU WILLING TO TAKE A DRUG TEST?** Yes No

EMPLOYMENT GOALS: (Please check one)

- Obtain a Job Retain Current Job Advance in Current Job
- Obtain Alaska Driver's License/Commercial Driver's License (CDL)
- Earn High School Diploma Obtain GED Earn College Degree Earn Vocational Certificate Educational Gain
- Receive Child Care Assistance Receive Self Employment Activity Assistance (Carving, Beading, Sewing, etc.)

PRIORITIZED GOALS:

- Employment Goal** _____ Anticipated Completion Date: _____ / _____ / _____
- Training Goal** _____
(Name of School) (Name of Program)
Anticipated Start Date: _____ / _____ / _____ Anticipated Completion Date: _____ / _____ / _____
- Education Goal** _____
(Name of School) (Type of Degree) (Major)
Anticipated Start Date: _____ / _____ / _____ Anticipated Completion Date: _____ / _____ / _____
- Other Goal- Describe:** _____ Anticipated Completion Date: _____ / _____ / _____

HOUSEHOLD MEMBERS: (Please list ALL household members)

First, MI and Last Name	Relationship to Applicant	Tribal Enrollment	Date of Birth	Social Security #

Types of Income: (Please use code in Type of Income column)

- | | | |
|---|---------------------------------------|---|
| WA – Wages | TT – Tribal TANF | FC – Foster Care Payments |
| SEA – Seasonal Work / Fishing | WC – Workers Compensation | BIA – BIA General Assistance |
| SE – Self Employment | BP – Bingo / Pull-tab Winnings | SL – Student Loans / Grants |
| DI – Dividends | UI – Unemployment Benefits | IN – Interest |
| SSI – Supplemental Security Income | TI – Tips and Gratuity | CS – Child Support & Alimony |
| SSA – Social Security | RI – Rental Income | APA – Adult Public Assistance |
| PFD – Permanent Fund Dividend | VB – Veterans Benefits | PE – Pension (Other than VB) |
| GR – General Relief | FLS – Family Support (Explain) | CO – Cash out Retirement / Pension |
| OT – Other (Explain) | | |

Household Income: (Please list ALL household members' income; provide copies of all household income)

Household Member Name	Type of Income Code	Weekly Bi-weekly Semi-Monthly Monthly Annually Seasonal			Gross Income Amount	Form of Proof	Last day received or worked

I hereby certify that all the information listed above is true and correct. I understand that submitting misleading or falsifying information to gain benefits are ground to denial of services and may lead to prosecution, fines and imprisonment. I understand that my name will never be used in any report and that all data will be kept strictly confidential within BBNA. I have read, and understand my rights and responsibilities.

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____



Bristol Bay Native Association - Workforce Development
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262
Fax 907-842-3498 • www.bbna.com

AUTHORIZATION FOR RELEASE OF INFORMATION

A COPY OF THIS RELEASE IS AS VAILD AS THE ORIGINAL.

I authorize and release any and all information needed by Bristol Bay Native Association (BBNA) Workforce Development Center (WFD) or its agents within the Department of Law. I understand the requested information will only be used in the administration of BBNA and BBNA Workforce Development services, and will not be released to any other person or agency outside BBNA or its agents within the Department of Law.

Persons or organizations that may be contacted include, but are not limited to: Department of Law; Department of Public Safety; Department of Fish and Game; Department of Labor; Department of Military and Veterans Affairs; Department of Revenue; Bureau of Citizenship and Immigration Services; Alaska Housing Finance Corporation; Social Security Administration; Tribal Children's Service Worker (TCSW), Office of Child Services (OCS), Commercial Fishing Companies; Funeral Homes; Local Governments; City Councils; Village Councils; State, Federal, and Private Educational agencies; Public Assistance program contractors and grantees; tax assessors; financial institutions; Native Corporations; stock brokerage firms; landlords; employers; school authorities; and private individuals.

Information requested can be sent to: **Bristol Bay Native Association
Workforce Development Center
P.O. Box 310
Dillingham, AK 99576**

Fax: 907-842-3498 or 1-888-285-3498

This release will remain in effect while I am an applicant or recipient of BBNA WFD program services, and for any later investigations of my eligibility and receipt of benefits.

PRINT: _____ SIGNATURE: _____ DATE: _____

IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required

PRINT: _____ SIGNATURE: _____ DATE: _____



RIGHTS AND RESPONSIBILITIES

Rights:

- *I shall be treated with respect.*
- *I understand that under Title VI SEC. 601 of the Civil Rights Act of 1964 that "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participation or be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."*
- *I understand that all information collected by BBNA WFD will remain confidential within BBNA.*
- *I understand that in order for the Bristol Bay Native Association Workforce Development to provide services, it is necessary that I provide required documentation to determine eligibility to receive services*
- *I will be fully informed and participate in developing a comprehensive individualized or family self-sufficiency plan within BBNA programs of services.*
- *I understand that I may be required to obtain other funding sources such as state, federal, local or regional private, including financial self-support.*
- *I must cooperate and adhere to individual program regulations, rules or requirements to access or maintain BBNA services.*

Responsibilities:

- *I will treat BBNA staff with respect.*
- *I will report changes in my households within 10 working days a change occurs.*
- *I will report if a child leaves the home within 5 days.*
- *I will report if someone moves into my home.*
- *I will report starting or stopping a job, change of wage rate, change from part-time to full time or full time to part time.*
- *I will report money received from other sources other than working changes by more than \$50.*
- *I will report if I move or change a mailing address.*
- *I will report change of schools or training locations.*
- *I will report withdrawing from a higher education or training program.*
- *I will report a change in type of degree or training program attending.*
- *I understand that federal law concerning fraud states that "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or voices up by any trick, scheme or devise a material fact, or makes 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.*
- *I understand if I acquire services fraudulently, that I may be denied further services as determined by program regulations.*
- *I understand that a home visit may be required for program services.*

What if I disagree with a decision made?

You have the right to discuss any action taken on your application or case with a caseworker or supervisor. If you disagree with an action taken by BBNA which affects the benefits or services you receive. You may ask for a fair hearing or file an appeal. The formal process begins with the person filing the complaint. He/she prepares a written statement that clearly indicates "Notice of Appeal" requesting a hearing or reconsideration. The appeal must contain his/her name, address, and telephone number; the condition, situation, or individual being complained about, the reason for the complaint and the requested remedy. A complaint regarding a denial of services needs to be filed within fifteen (15) working days after receiving the notice of the decision. The complaint needs to be signed, dated and filed with the individual closest to the complaint. At the hearing, you may represent yourself or be represented by a legal representative, friend or relative. You may continue to receive benefits until a decision is made. If the decision is not in your favor, you may be required to repay the benefits you received while you waited for a decision.

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____

IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____