



Bristol Bay Native Association – Workforce Development
P.O. Box 310 – Dillingham, AK 99576 Phone 907-842-2262 or
1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

Workforce Development Application for Services

The BBNA 477 Program is a critical program that builds capacity in Alaska Native villages by integrating eligible employment, training, and related services programs that support workforce development and, thereby, reduce the high unemployment rates in tribal communities.

Please Check all the services you are interested in applying for: (this application is used to determine all services)

- ☐ **Higher Education** BBNA cannot provide Higher Education services to the following communities; please contact the Tribal Council Nondalton, Naknek, Pedro Bay, and Iliamna
- ☐ **Adult Vocational Education (Must Reside in the Bristol Bay Region)** BBNA cannot provide AVT services to the following communities; please contact the Tribal Council -Nondalton, Igiugig, King Salmon, Naknek, Pedro Bay, Port Heiden, Ugashik, Iliamna, and Newhalen.
- ☐ **Youth Employment (Must reside in the Bristol Bay Region)**
- ☐ **Child Care Assistance (Must reside in the Bristol Bay Region, income required)**
- ☐ **Employment Services (Must reside in the Bristol Bay Region, income required)**
- ☐ **Tribal Temporary Assistance for Needy Families (TANF) (Must reside in the Bristol Bay Region, Income required)**
- ☐ **General Assistance (GA) (Must reside in the Bristol Bay Region, Income required)** BBNA cannot provide GA services to the following communities; please contact the Tribal Council – Nondalton, Igiugig, Naknek, Pedro Bay, Port Heiden, Ugashik, Iliamna, and Newhalen.
- ☐ **Heating Assistance (Must reside in the Bristol Bay Region, Income required)** BBNA cannot provide Heating Assistance services to the following communities; please contact the State of Alaska – Ekuk, Ivanof Bay, Pedro Bay, Perryville, Ugashik
- ☐ **Head Start – (Available for Dillingham, Manokotak, New Stuyahok, Togiak)**
- ☐ **Burial Assistance – (Must reside in the Bristol Bay Region, Income required)** BBNA cannot provide Burial services to the following communities; please contact the Tribal Council – Nondalton, Igiugig, Naknek, Pedro Bay, Port Heiden, Ugashik, Iliamna and Newhalen

OPT OUT: By Checking the box and signing below you are consenting to ONLY being considered for programs where income is not used to determine eligibility. You will not be required to submit your income or bank statements if you OPT OUT.

☐ Sign: _____ Date: _____

☐ Sign: _____ Date: _____

PLEASE BE AWARE THAT ADDITIONAL DOCUMENTS MAY BE REQUESTED.

(See Document Checklist)

APPLICATIONS MAY TAKE 30 DAYS TO PROCESS

Incomplete applications may take additional processing time

*Tribal Enrollment is required for 477 Funded Programs (except TANF, Heating Assistance & Head Start) *

*Some specific services may not be available to tribal members residing in **non-compacting** communities *



Bristol Bay Native Association – Workforce Development

DOCUMENTS CHECKLIST

ALL 477 Services – These documents are REQUIRED FOR ALL SERVICES

- ☐ Completed and signed 477 Application (**pages 1-10 – MUST BE SUBMITTED FOR ALL SERVICES EXCEPT BURIAL – see burial**)
- ☐ Tribal ID (For at least one Family Unit member) **not required for Heating Assistance, TANF or Head Start**
- ☐ Proof Of Selective Service Registration (If Male 18+)

Adult Vocational Training (Pg.11-12)

- ☐ Most Recent Transcript or Copy of High School Diploma
- ☐ Program Letter of Acceptance
- ☐ Completed Financial Aid Budget Sheet
- ☐ Signed Vocational Training Requirements and Responsibilities

Cash Assistance (TANF/GA) (Pg. 13-17)

- ☐ Current Rental agreement or Mortgage Statement
- ☐ Current Utility Statements (Water/Sewer, Elec., Phone, Fuel, etc.)
- ☐ Bank Statements (Cashapp and Venmo included)
- ☐ Birth Certificate for all Family Unit Members
- ☐ 2 most recent Pay Stubs or other income
- ☐ Social Security Cards for all Family Unit Members
- ☐ Completed Child Support Form (TANF ONLY) (Pg 14-15)

Heating Assistance (Pg. 18-24)

- ☐ Picture IDs for **All ADULT Household Members (HH)**
- ☐ Current Electric and Fuel Statement
- ☐ Income for **All ADULT HH Members**
- ☐ Release of Information signed by **All ADULT HH Members**
- ☐ Signed Statement of Truth by the Head(s) of Household
- ☐ Completed Questions about your Home, Heating and Electricity
- ☐ Completed Employment Statement, Seasonal Work Statement, Self-Employment Statement & Expense form.
- ☐ Current Rental Agreement (if Renting)
- ☐ 2 most recent Pay Stubs or other income

ALL ADULT HH MEMBERS

- ☐ Bank Statements (CashApp and Venmo included)
- ☐ Signed Heating Assistance Plan

Employment and Training (Pg. 25-27)

- ☐ Completed Statement of need
- ☐ Completed Budget
- ☐ Proof of Employment for 90 days
- ☐ 2 most Recent Pay Stubs or other income
- ☐ Copy of Marriage Certificate (if applicable)
- ☐ Bank Statements (Cashapp and Venmo included)
- ☐ Estimates for services (will be requested when plan is created)
- ☐ Additional information will be required and depends on what is being requested.

Higher Education-New Applicant (Pg.28-29)

(Affidavit Of Residency Not Required for Higher Education Svc)

- ☐ Most Recent Transcript or Copy of High School Diploma
- ☐ Program Letter of Acceptance
- ☐ Completed Financial Aid Budget Sheet
- ☐ Signed Higher Education Requirements and Responsibilities

RETURNING HIGHER EDUCATION STUDENT

- ☐ Most Recent Transcript
 - ☐ Completed Financial Aid Budget Sheet
- (NO NEW 477 APPLICATION REQUIRED)

Youth Employment (Ages 14-24) (Pg.30-32)

- ☐ Social Security Card (For Applicant)
 - ☐ Birth Certificate (For Applicant)
 - ☐ If 17 YOA or Under – Complete Parental Consent Form
- (Apply early if you need assistance with obtaining Documents)
- ☐ Youth 17 and under – [State of Alaska Work Permit](#)
 - ☐ Select session you would like to attend (dates are approximate)

Head Start (Pg. 33-34)

- ☐ Completed Head Start form for Each Child Attending
- ☐ Immunization record
- ☐ Signed Head Start Plan

Child Care Assistance (Pg. 35-36)

- ☐ Copy of Child(ren) Immunization record(s)
- ☐ Child Care Authorization form (Only for child(ren) needing care)
- ☐ 2 most Recent Pay Stubs or other income
- ☐ Tribal ID for All Children needing care

Burial Assistance (Pg. 7 & 37-41)

- ☐ Personal information for the deceased
- ☐ 2 most recent pay stubs for the deceased
- ☐ Current bank statement
- ☐ Proof of Residency (pg. 7)

[Please email all additional documents to eligibility@bbna.com](mailto:eligibility@bbna.com)

You will have 60 days to obtain a Birth Certificate and/or Social Security Card if you do not have one at the time of application



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

(Last)	(First)	(MI)	(Maiden/Nick Name)
Name:			
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status:
Social Security #:	If Female, Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Single <input type="checkbox"/> Living as Couple <input type="checkbox"/> Married
	Due Date:		<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Physical Address: (Or Directions to your home)	City:	State:	Zip Code:
Mailing Address: <input type="checkbox"/> (Check if same as Physical Address)	City:	State:	Zip Code:
Home Phone:	Cell Phone:	E-mail Address:	
Tribally Enrolled with:	Tribal Enrollment #: (Please Provide Copy of Tribal Enrollment Card)	Living Situation: <input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Multi-family <input type="checkbox"/> Overcrowded situation <input type="checkbox"/> Other-Describe:	
United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No -Work Permit #:		Highest Hourly Wage in Last 6 Months: \$ _____	
Military History: <input type="checkbox"/> Current Active Duty <input type="checkbox"/> Reserves <input type="checkbox"/> National Guard <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> None			
Selective Service Registered? (Male 18 YOA or older) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes, SSR#:	Do you hold a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Highest Grade completed _____ Year Graduate _____

Family Members (List all members that are in your Family Unit: Applicant, Spouse, Children in your care)

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

Name:	Relationship	Date of Birth:	Social Security #:	Sex: M/F	Tribally enrolled? Y/N	Race:

Household members (list all members of your household that are not included in your FAMILY UNIT)

Name:	Relationship	Date of Birth:	Social Security #:	Sex: M/F	Tribally enrolled? Y/N	Race:

Do you or does anyone in your household have a physical or mental condition that limits a person's movements, senses or activities of daily living*? _____ Yes _____ No (If yes, complete the section below for each disabled person)

Disabled Person in the home:

Name: _____ Age: _____ Name: _____ Age: _____

FAMILY UNIT INCOME or ALL HOUSEHOLD INCOME IF YOU ARE APPLYING FOR HEATING ASSISTANCE (Without proof of income, your application may be delayed or denied.)

- Provide ALL NET income (after taxes/ business expenses) received in the last 30 days for your FAMILY UNIT (if you are applying for LIHEAP, please include income for both the Family Unit and ALL Household members)
- You must provide proof of income and attach it to the application.

• Wages (W) • Tips and Gratuities (T) • Seasonal Employment (S) • Alaska PFD (P) • Corporation Dividends (DI) • Child Support/Alimony (CS) • Foster Care Payments (FC) • Rental Income (R) • Self-Employment Earnings (SE) • Senior Benefits (SB) Retirement/Pension • Unemployment Benefits (UB) • Fishing Wages & Crew Shares (FW) • Social Security (SS) • Veteran's Benefits (VB) • Survivor's Benefits (SV) • Worker's Compensation (WC) • Other: General Assistance, TANF, Food Stamps, Bingo/Pull tab Winnings, Scholarships, etc. (AT)

For each adult claiming no income, complete a declaration of no income on pg. 9 & 10

Name (First, Last)	Employer	Wage Type	Full Time =FT Part Time = PT Seasonal = S	Hrs/Wk	Hourly Wage or Mo. Salary	Amount Paid This Month	Amount Paid Next Month	How Often (Weekly, Bi-Weekly, Monthly, Annually)

*****All Adult members of the FAMILY UNIT must sign the application below*****

BBNA Workforce is a work-first program. Our services are designed to help you become employed, retain employment, or advance in your current employment through education and work support. Upon receipt of your application, you will be required to establish a self-sufficiency plan that outlines the steps you will take to reach your employment or educational goals.

All support services will be based on your continued efforts to complete the steps outlined in your personal plan.

“Workforce Development provides quality services to Bristol Bay residents, promoting individual and family self-sufficiency through employment and educational opportunities, which sustains cultural values, and reflects economic trends of the Bristol Bay Region.”

Statement of Truth

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 grounds for denial of services and may lead to prosecution, fines, and imprisonment.

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

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

(IF APPLICANT IS UNDER 17 YEARS OF AGE, a Parent or Guardian Signature is Required below)

Parent/Guardian: _____ **SIGNATURE:** _____ **DATE:** _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

A COPY OF THIS RELEASE IS AS VALID 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: 907-693-2262 or E-mail: eligibility@bbna.com

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:** _____

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

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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 the 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 household 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 the type of degree or training program attending.
- I understand that federal law concerning fraud states: “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: _____

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AFFIDAVIT OF RESIDENCY

An affidavit of Residency is required for each adult in the Family Unit

Proof of Residency NOT required for applicants requesting only Higher Education Services

NAME: _____

PHYSICAL ADDRESS: _____

PO BOX _____

CITY _____ STATE _____

To whom it may Concern,

I _____, formally acknowledge that I currently reside at the physical address of
_____, City _____ State _____ ZIP _____. I have resided at this
address since _____.

I have attached the following document(s) as verification of my residency: (Attach one form of verification listed below)

Documents submitted MUST HAVE applicants PHYSICAL ADDRESS listed. PO boxes are NOT accepted as proof of residency. Please send documentation below separately to eligibility@bbna.com

- | | | |
|--|--|--|
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Current year Food | <input type="checkbox"/> A signed statement by |
| <input type="checkbox"/> Rental Agreement | Stamp or Heating | the tribal council of City |
| <input type="checkbox"/> Current pay Stub, W-2 | assistance award letter | office. (Below) |

By signing this affidavit, I warrant that I am a resident of the community from which I am applying, and I attest that the documents submitted are true and accurate to the best of my knowledge. I acknowledge that any falsification or misrepresentation of the information submitted will result in the termination of benefits and I may be required to pay back any funds that were provided by BBNA as a result of the information provided.

Applicant Signature _____ DATE _____

This form MUST be signed by an Authorized Representative of the Village Tribal Council or the City Government if you are not able to provide a proof of residency document from the list above:

I verify that _____ is a resident of _____

and has been a resident for: _____ at least 30 days _____ 30 days to 6 months _____ 6 months or more

PRINT: _____ SIGNATURE: _____

ORGANIZATION: _____ DATE: _____



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CITY _____ STATE _____

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|--|--|--|
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Current year Food | <input type="checkbox"/> A signed statement by |
| <input type="checkbox"/> Rental Agreement | Stamp or Heating | the tribal council of City |
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PRINT: _____ SIGNATURE: _____

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Declaration of No Income/No Bank Accounts

(One form per person claiming no income and/or no bank account)

Applicant Name: _____ Date of Birth: _____

☐ I hereby certify that I do not individually have bank accounts (example: CashApp, Wells Fargo, Venmo, etc.)

☐ I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from the operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or cash gifts received from persons not living in my household;
- i. Sales from self-employed resources (Arts, Crafts, Food Sales, Etc.)
- j. Winnings (BINGO, On-line Games, etc.)
- k. Commercial Fishing or other seasonal work
- l. Any other source not named above.

Choose one: (If you are claiming no income)

☐ Currently, I have no income of any kind, but I have an employment letter/job offer, my employment starts ____/____/____.

☐ Currently, I have no income of any kind and while I am seeking employment, I have no definite job offer at this time.

☐ Currently, I have no income of any kind, and I will not be seeking employment at this time.

My basic living needs (shelter, food, utilities) have been paid for with the assistance of the person indicated below or as described below:

Name: _____ Phone: _____

Address: _____

Describe: _____

I hereby certify the information contained in the Declaration of No Income is complete and accurate to the best of my knowledge. I understand that I am signing this Declaration under the Penalty of Criminal Prosecution if I knowingly give false information, which results in assistance being distributed to an individual/family who is not eligible for such assistance.

Signature: _____ Date: _____

Submit one form for each Adult in the Family Unit or ALL ADULTS, if Applying for Heating Assistance, who are claiming ZERO income or that do not have a bank account



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Applicant Name: _____ Date of Birth: _____

☐ I hereby certify that I do not individually have bank accounts (example: CashApp, Wells Fargo, Venmo, etc.)

☐ I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from the operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or cash gifts received from persons not living in my household;
- i. Sales from self-employed resources (Arts, Crafts, Food Sales, Etc.)
- j. Winnings (BINGO, On-line Games, etc.)
- k. Commercial Fishing or other seasonal work
- l. Any other source not named above.

Choose one: (If you are claiming no income)

☐ Currently, I have no income of any kind, but I have an employment letter/job offer, my employment starts ____/____/____.

☐ Currently, I have no income of any kind and while I am seeking employment, I have no definite job offer at this time.

☐ Currently, I have no income of any kind, and I will not be seeking employment at this time.

My basic living needs (shelter, food, utilities) have been paid for with the assistance of the person indicated below or as described below:

Name: _____ Phone: _____

Address: _____

Describe: _____

I hereby certify the information contained in the Declaration of No Income is complete and accurate to the best of my knowledge. I understand that I am signing this Declaration under the Penalty of Criminal Prosecution if I knowingly give false information, which results in assistance being distributed to an individual/family who is not eligible for such assistance.

Signature: _____ Date: _____

Submit one form for each Adult in the Family Unit or ALL ADULTS, if Applying for Heating Assistance, who are claiming ZERO income or that do not have a bank account

ADULT VOCATIONAL TRAINING

BBNA Workforce accepts Adult Vocational Training applications from tribally enrolled students residing in an eligible community that are attending short-term or long-term vocational training and are in need of financial assistance to attend full-time institutional or vocational training at various accredited schools that have vocational or certificate training programs.

APPLICANT REQUIREMENTS: (In Addition to a completed 477 application and documentation)

- ☐ Most Recent Transcript or Copy of High School Diploma
- ☐ Program Letter of Acceptance
- ☐ Completed Financial Aid Budget Sheet
- ☐ Signed Vocational Training Requirements and Responsibilities
- ☐ Signed Plan (This will be done with your case worker)

VOCATIONAL TRAINING REQUIREMENTS AND RESPONSIBILITIES

- **Attendance** is mandatory, unexcused absences may result in the reduction or termination of funding. It is the student's responsibility to report all absences to the training institution. If absent for more than 3 consecutive days, a doctor's note must be submitted to the institution and BBNA WFD. Excessive absences or failure to attend class without good cause is reason for termination.
- **Minimum Workload and GPA Requirements** are full-time attendance at a minimum performance level of a 2.0 Grade Point Average (GPA) on a 4.0 grading scale or other standard set by the training institution. Failure to carry minimum workload and maintain satisfactory progress is reason for termination.
- **School Transcripts**, progress reports, copies of registration slips, and final grades must be submitted to the BBNA WFD Case Worker upon availability at the end of **each term or phase of training**. Unofficial transcripts accepted. Progress reports must be sent monthly or each scheduled phase and signed by the student and instructor.
- **Financial Status** includes receiving of any other scholarship awards and work income of the student or the spouse. Students are responsible for informing BBNA WFD Case Worker within 10 days of any financial changes.
- **Changes** in address, enrollment, or withdraws from a training program will be reported to BBNA WFD Case Worker within 10 days. If a student withdraws from a training program **without mitigating circumstances**, Student will be responsible to pay back any awards provided by BBNA WFD.
 - A. The date of failure to enroll, withdraw, or expulsion
 - B. Written statement with supporting documentation stating reason for failure to enroll, withdraw, or expulsion – including mitigating circumstances
 - C. A copy of applicant's request to the school that all funds are returned back to BBNA WFD
- **Repayment of services** will be required if a student is not entitled to receive them and if the fault of overpayment is theirs. If the fault of the overpayment is BBNA's, then BBNA may deduct the amount of the overpayment from later scheduled payments.
- **Transportation** may be approved as part of the training award, BBNA WFD reserves the right to refuse payment of returning transportation expenses for those students who are expelled or withdrew from their training program.
- **Tools** purchased by BBNA WFD as part of the training award will remain the property of BBNA until such time as the student successfully completes his/her training.
- **Participation** in the Adult Vocational Training Program in no way makes BBNA WFD liable for any debts incurred by a student before, during or after his/her participation.

I have read and understand my requirements and responsibilities as a BBNA WFD Adult Vocational Training Student. I hereby agree to follow all the rules, regulations and attendance requirements of the BBNA WFD Adult Vocational Training services. I understand that if I fail to comply with any of the requirements or responsibilities my services from BBNA WFD Adult Vocational Training may immediately terminate.

PRINT: _____ SIGNATURE: _____ DATE: _____

**BBNA Vocational Training Budget Sheet****Budget Information:**

Please include your training budget for the program for which you have applied.
Include only the budget information that is appropriate. This section must be complete.

ACTUAL COSTS:**STUDENT'S CONTRIBUTION:**

DESCRIPTION	Amount	Description	Amount
Tuition	\$ _____	Savings/Employment	\$ _____
Books/Fees	\$ _____	BBEDC	\$ _____
Airfare	\$ _____	BBNC	\$ _____
Room and Board	\$ _____	STATE of Ak (DOL)	\$ _____
Meals	\$ _____	Permanent Fund Dividend	\$ _____
Miscellaneous	\$ _____	Student Loan	\$ _____
- Rental cars are not covered)		Other _____	\$ _____
 TOTAL	 \$ _____	 TOTAL	 \$ _____

AMOUNT REQUESTED FROM BBNA \$ _____

What job do you intend to apply for after completing this training? _____

By signing this application, I warrant that all information submitted is true and accurate to the best of my knowledge. Any falsification or misrepresentation of the information submitted will result in the termination of benefits and the applicant may be required to pay back any funds that were provided by BBNA as a result of the information provided.

Applicants Signature_____
Date

Tribal Temporary Assistance for Needy Families (TANF)

The cash assistance service provides monthly cash benefits and supportive services to income eligible families or caretaker relatives residing in the Bristol Bay Region with children 18 or younger living in their households. Tribal TANF is limited to sixty (60) months of lifetime assistance per household. The Tribal TANF program is designed to help families address barriers to employment; assist with self-sufficiency skills; and end dependency.

Eligibility requirements include household income limit of \$2,000.00 or less and have children in or in preparation for re-establishment of a home. Households may be single parents; two-parent families; or caretaker relatives of children. Cooperation with Child Support is a requirement of the program, unless Good Cause is proved. Tribal TANF eligibility reviews are conducted every 6 months.

APPLICANT REQUIREMENTS: (In Addition to a completed 477 application and documentation)

- ☐ Current Rental agreement or Mortgage Statement
- ☐ Current Utility Statements (Water/Sewer, Electric, Phone, Fuel)
- ☐ Birth Certificate for all Family Unit Members
- ☐ Social Security Cards for all Family Unit Members
- ☐ Completed Child Support Form 1603 (TANF applicants ONLY – One form per Child is required)
- ☐ Signed Acknowledgement
- ☐ Signed Plan (This will be done with your caseworker)

Acknowledgement:

- I understand that I must be a current Bristol Bay Region resident to qualify for TANF Assistance benefits administered by the Bristol Bay Native Association Workforce Development (BBNA WFD). I further understand that, if my residency status changes, I must report the change to BBNA WFD within 10 days. I further understand that if I leave the Bristol Bay Region for 30 or more days, I must notify BBNA WFD of my absence, regardless of whether I consider myself a Bristol Bay resident/intend to return to Bristol Bay, or not.
- I understand that eligibility for TANF is determined in part by how much income my household has at its disposal. To that end, I understand that this application requires that I disclose all income received by myself and members of my Family Unit, including but not limited to income from the following sources: Employment (including Self-Employment), Alimony, Child Support, Unemployment, Net Rental/Royalty, Pension/Retirement, Supplemental Security Income, Veteran's Benefits, and Social Security Benefits.
- I understand that eligibility for TANF is determined in part by how many assets my Family Unit has at its disposal. To that end, I understand that this application requires that I disclose all assets possessed by myself and members of my Family Unit, including but not limited to the following types of assets: Property (regardless of whether the Property is paid for, still being paid for, or is jointly owned with someone else), all Bank Accounts (including checking and savings accounts, VENMO, CashAPP, Etc.), Cash on Hand, Certificates of Deposit, College Savings Plans, Life Insurance Policies, Pension Plans, Retirement Funds, Stocks Bonds and Annuities, Native Corporation Shares, Trust Funds, Safety Deposit Box contents, Mineral Rights, IRA Accounts, Commercial Fishing Permits, and Burial Policy Agreements.

I have read or heard read to me the "Rights and Responsibilities" section of the application and I understand my rights and responsibilities, including fraud penalties, as described in this application. I have read or heard read to me the "Acknowledgments" section of the application and understand each one. Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge.

Adult Applicant: _____

Signature

Date

Other Adult Applicant: _____

Signature

Date

APPENDIX D: Child Support Information

APPENDIX D: CHILD SUPPORT INFORMATION PLEASE PRINT IN INK.

Complete a form for each noncustodial parent. The information will be used to establish and/or enforce child support.

Your name: _____ Your SSN: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____ Driver's License: State and No. _____
 Your relationship to children: ☐ Father ☐ Mother ☐ Other (explain) _____
 Non-custodial parent's full legal name: _____ and their SSN: _____

Child's Full Name	Date of birth	Place of birth (city, county, state)	Child's SSN	Absent Parent Full name	Are both parents on birth certification?
					Yes No
					Yes No
					Yes No

Non-custodial parents: Date of birth: _____ Place of birth: _____
 Address: _____ City/State/Zip: _____
 Non-custodial parent's usual occupation, current employer and location: _____

Does the non-custodial parent have medical insurance for the children? Yes / No Union member? Yes / No
 Tribe or Native Corporation member? Yes / No Type/Policy: _____

<input type="checkbox"/> Married: _____ Date: _____ Where: _____
<input type="checkbox"/> Married and Separated: _____ Date of separation: _____ Where: _____
<input type="checkbox"/> Divorce pending: _____ Date filed and what court: _____
<input type="checkbox"/> Divorced: _____ Date final: _____ Where: _____
<input type="checkbox"/> Never married: If the parents never married, has paternity been established by court or administrative order for each child listed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____
Is there a custody order regarding the children? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information about the order: State/County: _____ Court/Agency: _____ Date: _____
Do you have a child support order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide the following information about the order: State/County: _____ Court/Agency: _____ Date: _____

CHILD SUPPORT COOPERATION AND ASSIGNMENT OF SUPPORT

You are required by law to help get child support for a child receiving Temporary Assistance (ATAP/TANF) payments or medical support for a child receiving medical assistance (Medicaid). This means you must help locate a non-custodial parent or establish paternity for a child with no legal father. You must sign over to the State agency any child/spousal support or medical support owed to you for any month you receive assistance. If the non-custodial parent pays support payments to you while you are receiving Temporary Assistance, you must turn the payments over to Child Support Services Division (CSSD). You must do this even if no support order in effect.

☐ If CSSD sends a payment to you in error, they will contact you for repayment of that money. If you want to repay gradually out of future child support payments, instead of immediately in a lump sum, check this box.

SUPPLYING INFORMATION TO CSSD - CONFIDENTIALITY AND SAFETY

If you believe that cooperating with CSSD to get child or medical support will bring harm to you or your children and you can provide support for your belief, you may claim good cause for not cooperating. You may be asked by a Public Assistance caseworker to provide documentation to support your good cause claim. It is up to the caseworker to decide if you have good cause for not cooperating. CSSD will continue to pursue child or medical support against the non-custodial parent, even if you DO NOT cooperate, unless the Division of Public Assistance approves good cause. Please check one of the boxes and sign below.

- ☐ I agree to cooperate with CSSD.
☐ I agree to cooperate with CSSD but I want my address kept confidential.
☐ I believe I have good cause to not cooperate with CSSD.

Signature _____ Date _____

APPENDIX D: Child Support Information

APPENDIX D: CHILD SUPPORT INFORMATION PLEASE PRINT IN INK.

Complete a form for each noncustodial parent. The information will be used to establish and/or enforce child support.

Your name: _____ Your SSN: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Email: _____ Driver's License: State and No. _____
 Your relationship to children: ☐ Father ☐ Mother ☐ Other (explain) _____
 Non-custodial parent's full legal name: _____ and their SSN: _____

Child's Full Name	Date of birth	Place of birth (city, county, state)	Child's SSN	Absent Parent Full name	Are both parents on birth certification?
					Yes No
					Yes No
					Yes No

Non-custodial parents: Date of birth: _____ Place of birth: _____
 Address: _____ City/State/Zip: _____
 Non-custodial parent's usual occupation, current employer and location: _____

Does the non-custodial parent have medical insurance for the children? Yes / No Union member? Yes / No
 Tribe or Native Corporation member? Yes / No Type/Policy: _____

☐ Married: _____ Date: _____ Where: _____

☐ Married and Separated: _____ Date of separation: _____ Where: _____

☐ Divorce pending: _____ Date filed and what court: _____

☐ Divorced: _____ Date final: _____ Where: _____

☐ Never married: If the parents never married, has paternity been established by court or administrative order for each child listed?
☐ Yes ☐ No If no, please explain: _____

Is there a custody order regarding the children? ☐ Yes ☐ No If yes, provide the following information about the order:
 State/County: _____ Court/Agency: _____ Date: _____

Do you have a child support order? ☐ Yes ☐ No If yes, provide the following information about the order:
 State/County: _____ Court/Agency: _____ Date: _____

CHILD SUPPORT COOPERATION AND ASSIGNMENT OF SUPPORT

You are required by law to help get child support for a child receiving Temporary Assistance (ATAP/TANF) payments or medical support for a child receiving medical assistance (Medicaid). This means you must help locate a non-custodial parent or establish paternity for a child with no legal father. You must sign over to the State agency any child/spousal support or medical support owed to you for any month you receive assistance. If the non-custodial parent pays support payments to you while you are receiving Temporary Assistance, you must turn the payments over to Child Support Services Division (CSSD). You must do this even if no support order in effect.

☐ If CSSD sends a payment to you in error, they will contact you for repayment of that money. If you want to repay gradually out of future child support payments, instead of immediately in a lump sum, check this box.

SUPPLYING INFORMATION TO CSSD - CONFIDENTIALITY AND SAFETY

If you believe that cooperating with CSSD to get child or medical support will bring harm to you or your children and you can provide support for your belief, you may claim good cause for not cooperating. You may be asked by a Public Assistance caseworker to provide documentation to support your good cause claim. It is up to the caseworker to decide if you have good cause for not cooperating. CSSD will continue to pursue child or medical support against the non-custodial parent, even if you DO NOT cooperate, unless the Division of Public Assistance approves good cause. Please check one of the boxes and sign below.

- ☐ I agree to cooperate with CSSD.
☐ I agree to cooperate with CSSD but I want my address kept confidential.
☐ I believe I have good cause to not cooperate with CSSD.

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 1-833-693-0570 eligibility@bbna.com

PREGNANCY VERIFICATION FORM

If you are reporting that you are pregnant, please use this form or another statement signed by your medical provider to verify pregnancy.

Patient Name: _____

Patient DOB: _____

I certify that the above-named individual is pregnant and that the following information is accurate:

Estimated Delivery Date (EDD): _____

Are Multiple Births expected? ____ Yes ____ No ____ Unknown If yes, how many? _____

Provider Name: _____

Provider Signature: _____

Provider Title: _____ Phone: ____ - ____ - _____

HEALTH CARE PROVIDER: Please complete the verification form and return it to your patient, or submit the form to BBNA WFD by mail, email, or fax.

MAIL:

EMAIL:

FAX:

BBNA WFD

eligibility@bbna.com

1-833-693-0570

ATTN: TANF

PO BOX 310

Dillingham, Ak 99576

GENERAL ASSISTANCE

General Assistance is a short-term, employment-focused, vendor-pay-only benefit, for unemployed or underemployed persons tribally enrolled and residing in an eligible community in the Bristol Bay Region with no other means of support. General Assistance can provide continued aid for disabled or unemployable persons while applying for and securing a continuing source of support, such as Supplemental Security Income or APA. BBNA GA provides financial assistance payments to eligible Alaska Native and American Indians, for essential needs:

- *Food (will require a Purchase order or an account number)*
- *Shelter (rental, mortgage payment)*
- *Clothing (will require a Purchase order or an account number)*
- *Basic necessary utilities*

Applicant(s) must apply for assistance from other Federal, State, Borough, or local programs for which they may be eligible.

Applicant(s) must have documented insufficient resources to meet the essential and special needs items as defined above. Married couples must apply for general assistance jointly.

APPLICANT REQUIREMENTS: (In Addition to a completed 477 application and documentation)

- ☐ Current Rental agreement or Mortgage Statement
- ☐ Current Utility Statements (Water/Sewer, Electric, Phone, Fuel)
- ☐ Birth Certificate for all Family Unit Members
- ☐ Social Security Cards for all Family Unit Members
- ☐ Signed Plan (This will be done with your case worker)
- ☐ Signed Basics of General Assistance

The Basics of General Assistance

- a) An applicant must:
 1. Actively seek employment while receiving GA benefits, including the use of available state, tribal, county, local or Bureau funded employment services, if unsubsidized work is not available the client must perform 20 hours of community work per week
 2. Make satisfactory progress in their Individual Self-Sufficiency Plan (ISP)
 3. Accept local and seasonal employment when it is available
- b) A head of household who does not comply with this section will not be eligible for General Assistance for a period of at least 60 days but not more than 90 days.
- c) An approved General Assistance Application is valid for three (3) months or (6) six months with a documented disability
- d) Applicants must be recertified prior to any payments after a three (3) month period or (6) six months with a documented disability
- e) Applicants that are unable to work and have a documented disability must apply concurrently with SSI and APA to receive BBNA General Assistance.

I have read and understand the basics of General Assistance

Signature _____ Date _____

Signature _____ Date _____

HEATING ASSISTANCE

Heating assistance provides assistance to all eligible low-income households residing in an eligible community in the Bristol Bay Region. The heating assistance service period runs from October 1st through September 30th. An eligible household may receive one heating assistance benefit during a service period.

APPLICANT REQUIREMENTS: (In addition to the 477 application supporting documentation requirements)

- ☐ Picture IDs for **All ADULT Household Members**
- ☐ Current Electric and Fuel Statement
- ☐ Income for **All ADULT Household Members**
- ☐ Release of Information signed by **All ADULT Household Members**
- ☐ Signed Statement of Truth by the Head(s) of Household
- ☐ Completed Questions about your Home, Heating and Electricity
- ☐ Completed Employment Statement, Seasonal Work Statement, Self-Employment Statement & Expense form.
- ☐ Current Rental Agreement (if Renting)
- ☐ Signed Heating Assistance Plan

****Failure to submit all required documents will result in a delay and/or denial of your application****

2025 Income Guidelines

Household Size	Net Income (per month)
1	2351.25
2	3192.00
3	4033.00
4	4875.00
5	5716.00
Add \$841.00 for each additional Household member	

Statement Of Truth

To receive assistance, you must agree to all the statements below & sign.

- I understand that I must notify BBNA within 10 days, if I move or household members change.
- I understand that a BBNA representative may call my home, may contact other people and complete a home visit to determine my eligibility for assistance.
- I understand that the information I give may be verified by computer cross-matching with other agencies.
- I authorize BBNA to release to the Division of Public Assistance information about my eligibility for unemployment insurance and work history.
- I authorize BBNA to communicate with my vendor(s) and other agencies on my behalf as it relates to the Heating Assistance program.
- I understand that I must be currently living in the home for which I am applying.
- I have read the Rights and Responsibilities sections of the application packet and understand them.
- I will not sell, barter, trade or give away the heating benefits I may receive.
- I have read the Release of Information sections of the application packet and understand them, including the penalties for fraud.

I certify under penalty of perjury or of unsworn falsification in violation of AS 11.56.210 that the statements made regarding the persons in my home, the income and all other items that pertain to my possible eligibility for assistance are true and correct to the best of my knowledge.

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

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

Questions About Your Home, Heating & Electricity

1. What assistance are you applying for:

- ☐ Heating Assistance
☐ Crisis Assistance ☐ Out of Fuel/Power disconnected ☐ Received a 48 hr. Shut off Notice (send with application)
☐ Heating Unit Repair/Replacement (Additional Forms will be required if determined eligible)

2. What is the primary heating source for your home?

Fuel Oil ☐ Wood Stove ☐ Propane ☐ Kerosene ☐ Coal ☐ Electricity ☐

3. What is the secondary heating source for your home?

Fuel Oil ☐ Wood Stove ☐ Propane ☐ Kerosene ☐ Coal ☐ Electricity ☐

4. What type of heat source do you have?

Boiler ☐ Forced Air Furnace ☐ Toyostove ☐ Monitor19 ☐

5. How Old is your primary heat source? _____ (approximately)

6. What make and model is your primary heat source? _____

7. Please answer the following if you heat your home with wood: ☐ Does not Apply

7a. ☐ I harvest my own wood ☐ I purchase wood from: _____ (Vendor name)

7b. How many cords of wood do you use per year? _____

7c. Wood Stove make and Model _____ Age of wood stove _____

8. Have you applied to receive weatherization assistance for you home through another agency?

☐ Yes – Applied ☐ No, have not applied ☐ Approved and received assistance ____ yrs ago

8a. What Agency? _____

8b. When did you apply? _____

9. Would you like 25% of your grant applied to electricity? ☐ YES ☐ NO

10. Tell us about your Fuel and Electric company.

	Fuel	Electric
Name of Company		
Name on Account		
Account Number		
Amount of Current Bill		

*If your Electric or Fuel account is in another person's name, please explain why: _____

11. What type of home do you live in?

☐ Apartment/Condominium

☐ Duplex (2 units)

☐ Triplex (3 units)

☐ 4 or more units

☐ Cabin

☐ Rent a Room

☐ Group Home

☐ Studio/Efficiency

☐ Boat

☐ Mobile Home ____ Height ____ length

☐ House (Please answer below)

Do you own your Home? ☐ YES ☐ NO

Do you still have a mortgage? ☐ YES ☐ NO

Is your Home a ☐ HUD home ☐ BIA home

****Subsidized Apartments do not Qualify for Heating Assistance****

Temporary housing

☐ Van

☐ Pick-Up Camper

☐ Boarding Home

☐ Motel/Hotel

☐ Travel Trailer

****If you live in Temporary housing, please provide a signed statement from someone who can prove you have lived there for 60 days.*****

12. How many bedrooms are in your home? _____

13. How much is your rent, mortgage or space rent per month? _____

14. If you rent, provide a contact name and phone number for your landlord manager below and submit a copy of your rental agreement.

Landlord _____ Phone number _____

15. Does anyone in your household receive rental income from property?

☐ Yes ☐ No *If yes, please provide the property owners name and amount received monthly

15 a. OWNER _____ Income(monthly) _____



Employment Statement (Form A)

Bristol Bay Native Association – Workforce Development
P.O. Box 310 – Dillingham, AK 99576 Phone 907-842-2262 or
1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

Name: _____ Social Security Number _____

Job Title: _____

Employer Name: _____

Next Section to be completed by Employer Only

Date Employment Started: _____ Date Employment Ended (If no longer employed): _____

Date Last Paycheck Was Issued: _____ Gross Amount Issued: _____

Payroll Contact Name: _____ Phone Number: _____

Provide the information below for the last eight (8) paychecks issued or attach a copy of a computer printout.

<u>Gross Pay \$</u>	<u>Issue Date</u>	<u>Tips Received \$</u>

Address: _____ Payroll Contact Name: _____ Phone Number: _____

Signature: _____ Date: _____

Employer: Please complete, sign, fax or mail this form to the above address. Thank You!



Seasonal Work Statement (Form B)

Bristol Bay Native Association – Workforce Development
P.O. Box 310 – Dillingham, AK 99576 Phone 907-842-2262 or
1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

Name: _____ Social Security Number: _____

Job Title _____

Employer Name: _____

Signature: _____ Date: _____

Next Section to be completed by Employer Only

Date Employment Started: _____ Date First Paycheck was issued: _____

Date Employment Ended (If employee no longer works for you): _____

Date Last Paycheck was issued: _____ Gross Amount Issued: _____

Circle the past 12 months of seasonal Employment:

20____ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Provide information below for the past 12-month period

<u>Gross Pay \$/Issue Date</u>	<u>Gross Pay \$/Issue Date</u>	<u>Gross Pay \$/Issue Date</u>

Address: _____

Payroll Contact Name: _____ Phone number: _____

Signature: _____ Date: _____

Employer: Please complete, sign, fax or mail this form to the above address. Thank You!

Self-Employment Income and Expenses (Form C)



Bristol Bay Native Association – Workforce Development
P.O. Box 310 – Dillingham, AK 99576 Phone 907-842-2262 or
1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

Examples of self-employment include: commercial fishing, guiding, charter fishing, carving, trapping, baby-sitting, day care, home party sales, cosmetic sales, taxi driving, owning your own business and rental income.

Name of Self-Employed Person: _____

Name of Business: _____

Type of Business: _____

Circle the past 24 months that you were self-employed:

20____ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

20____ JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Provide an itemized list of all business-related income and expenses received during the prior 12 months. Allowable business expenses are those that are necessary, non-personal costs of doing business. Non-Allowable business expenses are depreciation, amortization, and the principal portion of payments on business debt, personal or home expenses which the household would incur regardless of the business expense.

Itemized Business Expense

Itemized Business Expense

Date	Source	Amount		Date	Source	Amount
	12 Month Income Total				12 Month Expense Total	

Your total 12-month self-employment income, less allowable business-related expenses, and any other earned and unearned income, will be divided by 12 to arrive at a monthly average. Attach additional pages, as necessary.

If you are self-employed through fishing, please send a copy of your entire fishing settlement for the past 12 months. If you have computerized records, you may provide a copy of your ledger documenting your business-related income and expenses for the previous 12-month period. Please sign & date the ledger.

I certify under penalty and perjury or of unsworn falsification in violation of AS 11.56.240, that this income and expenditure information is true and correct to the best of my knowledge.

You must also provide a copy of your most recent IRS 1040 & Schedule C income tax forms

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 1-833-693-0570 eligibility@bbna.com

AUTHORIZATION FOR RELEASE OF INFORMATION FOR ADDITIONAL HOUSEHOLD MEMBERS

For the determination of Heating Assistance, all Household members 18 YOA or older must sign a release of information.

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.

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.

Household Member 1 – 18 YOA or Older

NAME: _____	
Social Security Number: _____	Date of Birth: _____
Signature: _____	Date: _____

Household Member 2 – 18 YOA or Older

NAME: _____	
Social Security Number: _____	Date of Birth: _____
Signature: _____	Date: _____

Household Member 3 – 18 YOA or Older

NAME: _____	
Social Security Number: _____	Date of Birth: _____
Signature: _____	Date : _____

Household Member 4 – 18 YOA or Older

NAME: _____	
Social Security Number: _____	Date of Birth: _____
Signature: _____	Date : _____

*** USE ADDITIONAL FORMS IF NEEDED ***



Bristol Bay Native Association – Workforce Development
P.O. Box 310 – Dillingham, AK 99576 Phone 907-842-2262 or
1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

Heating Assistance Plan

Please Review the following plan for maintaining heat and electricity in your home. This plan must be signed and submitted with our application in order for a benefit determination to be made.

Initial all spaces:

_____ I will ensure that I budget all my future income (Quarterly dividends, Annual dividends, Retirement, SSI/SSA, wages etc.) to make appropriate payments on my fuel and electric accounts.

_____ I will make regular payments on my fuel and electric account to avoid being disconnected

_____ If I get behind on a fuel or electric account, I will call my provider and establish a payment plan to avoid getting disconnected

_____ I will review my fuel and electricity statements every month to ensure that I am being billed properly and that my payments are being applied to my account correctly.

_____ I will not sell or barter my fuel

Print _____ Date _____

Signature _____

Print _____ Date _____

Signature _____

EMPLOYMENT & TRAINING SUPPORTIVE SERVICE

Employment services are available to tribally enrolled residents residing in the Bristol Bay Region. Employment services offer assistance with creating and updating resumes, conducting job searches, developing cover letters, employment counseling, and interview techniques. We also provide individual support for improving essential job skills and education levels. In addition, we offer supportive services to address emergent needs that may affect employment, such as car repairs, shipping, establishing utility services, first-month rent, and more. These services are available based on current employment status, are limited, and depend on the availability of funding.

New applicant requirements for obtaining employment (Documents, clothing, etc.) - \$500.00 in a lifetime
MUST BE ACTIVELY SEEKING EMPLOYMENT OR HAVE A JOB OFFER

- ☐ Copy of Marriage Certificate (If Applicable – for proof of name change)
- ☐ Statement of Need (Must reflect how this service will help you Obtain employment)
- ☐ Monthly Budget Sheet
- ☐ Signed Plan (This will be done with your caseworker)

New applicant requirements for maintaining employment/advancing employment - \$7500 in a lifetime
MUST BE FULL TIME EMPLOYED AND HAVE BEEN EMPLOYED FOR AT LEAST 90 DAYS

- ☐ Copy of Marriage Certificate (If Applicable – for proof of name change)
- ☐ Proof of Full-time employment for the last 90-days (Can be a Letter of Employment from Employer, Paystubs, Letter of hire)

Proof must include the following:

- Job Title
 - Wage
 - Dates of Employment
 - Full time Status
- ☐ Copy of Most Recent Pay Stubs (If not used as proof of employment)
- ☐ Copy of Most Recent Bank Statements
- ☐ Estimates for service requested (for example: cost of shipping, cost of hook ups, first and last month's rent, etc.)
- ☐ Statement of Need (Must reflect how this service will help you Maintain, or Advance your employment)
- ☐ Completed Monthly Budget Sheet
- ☐ Signed Plan (This will be done with your caseworker)



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1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

STATEMENT OF NEED

In the following space provided below, explain why you need the employment supportive service grant; how the funds will be utilized; and how it will help you obtain, retain or advance in employment.

[illegible]

Have you or your spouse received a support service for this need in the past? YES No

If yes, when did you receive the Supportive Service? / /

Who received the Supportive Service? _____

Signature: _____ Date: _____

Sig: _____ Date: _____



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P.O. Box 310 – Dillingham, AK 99576 Phone 907-842-2262 or
1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

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.

HIGHER EDUCATION

BBNA Workforce accepts Higher Education applications from full-time and part-time students that are tribally enrolled in an eligible community in the Bristol Bay Region who need financial assistance to attend various accredited schools that have college degree programs.

APPLICANT REQUIREMENTS: New Student

****Complete BBNA Workforce Application and submit the required documents in addition to the ones listed below****

- ☐ Higher Education Requirements and Responsibilities
- ☐ Financial Aid Budget Forecast Sheet
- ☐ Acceptance Letter from School * *New applicants only or if applicants changed schools*
- ☐ Most Recent Transcripts (Unofficial Transcripts Accepted)
- ☐ Signed Plan (This will be done with your caseworker)

APPLICANT REQUIREMENTS: Returning student (student that has not taken a semester off)

- ☐ Most Recent Transcripts (Unofficial Transcripts Accepted)
- ☐ Financial Aid Budget Forecast Sheet

HIGHER EDUCATION REQUIREMENTS AND RESPONSIBILITIES

- **Minimum GPA Requirements** are full-time and part-time attendance at a minimum performance level of a 2.0 Grade Point Average (GPA) on a 4.0 grading scale. Full-time attendance is defined as 12 Undergraduate credit hours per semester, or 10 Undergraduate credit hours per quarter, or 9 Graduate credit hours, respectively. Part-time attendance is defined as 6 Undergraduate credit hours, respectively.
- **Awards** will be mailed directly to the Financial Aid Office at the school to be applied towards tuition, books, fees, supplies and on-campus housing.
- **School Transcripts** must be submitted to the BBNA WFD Education Case Worker upon availability at the end of **each term**. Unofficial transcripts accepted.
- **Academic Probation** may be placed on a student who does not meet the minimum GPA and credit requirements for the following term.
- **Academic Suspension** may result if student continues to fail to meet the minimum GPA and credit requirements in subsequent school terms. Students will be **required to pay back** any portion of the grant received if, **without mitigating circumstances** in which academic standards were not attained.
- **Academic Suspension Removal** may be earned by students who successfully raise their GPA and earned credit hours at their own expense to regain eligibility for the BBNA WFD Higher Education service.
- **Repayment of services** may be required **if a student fails to notify BBNA WFD Education Case Worker within 10 days** of failure to enroll, withdraw, or are expelled from school **without mitigating circumstances**. Notices need to include:
 - D. The date of failure to enroll, withdraw, or expulsion
 - E. Written statement with supporting documentation stating reason for failure to enroll, withdraw, or expulsion – including mitigating circumstances
 - F. A copy of applicant's request to the school that all funds are returned back to BBNA WFD

I have read and understand my requirements and responsibilities as a BBNA WFD Higher Education Student. I hereby agree to follow all the rules, regulations and attendance requirements of the BBNA WFD Higher Education services. I understand that if I fail to comply with any of the requirements or responsibilities my services from BBNA WFD Higher Education may immediately terminate.

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 1-833-693-0570 eligibility@bbna.com

FINANCIAL AID BUDGET FORECAST SHEET

Name: _____ Student ID# _____
(First) (MI) (Last)

Class Standing: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior Enrollment Status: ☐ Full-time ☐ Part-time

Terms Attending: (Check all that apply) ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Expected Degree: ☐ Associate of Arts (M) ☐ Associate of Applied Science (AAS)
☐ Bachelor of Arts (BA) ☐ Bachelor of Science (BS) ☐ Masters

Major: _____ Minor: _____

Start Date: _____ Expected Graduation Date: _____

*****THIS SECTION MUST BE COMPLETED BY THE FINANCIAL AID OFFICER*****

Academic Year: _____ School Status: ☐ Semesters ☐ Quarters

SCHOOL EXPENSES

☐ On-Campus ☐ Off-Campus
Tuition _____
Fees _____
Books _____
Supplies _____
Room _____
Board _____
Other _____
Expense Total _____
Resource Total _____
UNMET NEED _____

STUDENT RESOURCE AND INSTITUTION AWARDS

Type of Aid	Fall	Winter	Spring	Summer	Total
Federal Pell Grant					
College Scholarship					
College Work Study					
Subsidized Direct FFEL Stafford Loan					
National SMART Grant					
Federal Perkins Loan					
Alaska Student Loan					
Unsubsidized Direct FFEL Stafford Loan					
Tuition Exemption					
Veterans Benefits					
Bristol Bay Native Corporation - Ed Foundation					
Bristol Bay Economic Development Corporation					
Other:					
Other:					
Other:					
Total Resources					

Name and address of Institute:

ATTN: Office of Financial Aid:

Phone: _____

Fax: _____

PRINT: _____ SIGNATURE: _____ DATE: _____

YOUTH EMPLOYMENT

Youth Employment is available for youth between the ages of 14-24 residing in the Bristol Bay Region. The program is designed to help youth gain valuable work skills that will lead them to additional employment opportunities.

Youth ages 14 and 15: will not be placed into a work site. Instead, they will be mailed four weekly work readiness academic packets. Each packet needs to be completed and will be graded. Youth achieving at least a 75% will receive a benefit payment of \$250.00 per weekly packet. Youth can earn up to \$1000 for completing the entire session.

Youth ages 16-24: will be placed on a work site this year. All work sites are filled on a first come, first served basis. Due to limited work sites, only complete applications will be considered. Applicants with a complete application who are not offered a work site will be offered an opportunity to complete a work readiness packet. Youth ages 17 & younger need parent/guardian signatures on forms. Please review these forms with your child(ren) before submitting to BBNA. (Ensure that all forms are completed, signed and dated.) Use the checklists below to help you complete your application.

APPLICATIONS ARE DUE BY May 15th OF EACH YEAR

Late or incomplete applications will not be eligible for work

NEW APPLICANT REQUIREMENTS:

- ☐ Social Security Card (For Applicant ONLY)
- ☐ Birth Certificate (For Applicant ONLY)
- ☐ If 17 YOA or Under - Parental Consent (pg.
(Apply early if you need assistance with obtaining Documents)
- ☐ Youth 17 and under – [State of Alaska Work Permit](#)
- ☐ Signed Plan (This will be done with your caseworker)

Which Session would you like to attend: (dates are approximate)

- ☐ Session 1 (First week of June to First week of July)
- ☐ Session 2 (Middle of July to Middle of August)

RETURNING APPLICANT REQUIREMENTS: (Must have completed a session last summer)

- ☐ If 17 YOA or Under - Parental Consent (pg.
(Apply early if you need assistance with obtaining Documents)
- ☐ Youth 17 and under – [State of Alaska Work Permit](#)

Which Session would you like to attend: (dates are approximate for each year)

- ☐ Session 1 (First week of June to First week of July)
- ☐ Session 2 (Middle of July to Middle of August)

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT

For departmental use only	
<input type="checkbox"/> INDIVIDUAL WORK PERMIT	
<input type="checkbox"/> APPROVED AS AMENDED:	
<input type="checkbox"/> DENIED	
By: _____	Date: _____



For departmental use only	
<input type="checkbox"/> GENERAL DUTIES WORK PERMIT	
APPROVED FOR:	
<input type="checkbox"/> 16 & 17 YEAR OLD MINORS; OR	
<input type="checkbox"/> 14 – 17 YEAR OLD MINORS	
By: _____	Date: _____

INDIVIDUAL WORK PERMIT:

1. Employer completes and signs *Section A*.
2. Parent or guardian completes and signs *Section B*.
3. Employer verifies minor's age, agrees to keep a copy of the proof of age on file at the employer's premises and submits work permit by email, fax or in person.
4. When the approved work permit is returned from the department, the minor may begin work.
5. Work permit is valid until employment is terminated.

GENERAL DUTIES WORK PERMIT:

1. Employer completes and signs *Section A*.
2. Employer submits work permit to Wage and Hour office.
3. The approved duties are returned to the employer.
4. Employer obtains the signature of the minor's parent or guardian in *Section B*, verifies minor's age and agrees to keep a copy of the proof of age on file at the employer's premises. The minor may then begin work.
5. Employer must return a copy of the completed work permit to the department within seven (7) calendar days of minor beginning to work.
6. Work permit is valid through the approved calendar year.

Section (A) to be completed by EMPLOYER

Name of Employer:	Doing Business As (DBA):	
Employer Email: (if no email, please provide fax number):	Employer Telephone Number:	Employer Fax Number:
Employer Local Mailing Address:	City and State:	Zip:
Location of Employment (Physical Address):	City and State:	Zip:
Duties to be performed by minor:	Tools, Equipment or Machinery to be used by minor (be specific):	
	Hourly Rate:	Pay Periods:
Will the minor be working at an establishment that serves alcohol? <input type="checkbox"/> YES <input type="checkbox"/> NO		Alcohol License #:
If yes, is your alcohol license a Restaurant or eating place license or do you have a restaurant endorsement with the Alcohol Beverage Control Board? <input type="checkbox"/> YES <input type="checkbox"/> NO		Restaurant Endorsement #:

✓ **SEE REVERSE SIDE - FEDERAL LIMITATIONS MAY BE MORE STRICT.**

HOURS OF WORK FOR YOUTHS AGES 14 AND 15 YEARS WILL BE RESTRICTED AS INDICATED BELOW:

When school is in session, hours will be limited to a combined total of nine hours of school attendance plus employment in any one day; work will be performed only between the hours of 5 a.m. and 9 p.m. Total hours worked in one week will be limited to 23 hours.

During school vacations, work hours will be limited to a maximum of 8 hours per day and a maximum of 40 hours per week; work will be performed only between the hours of 5 a.m. and 9 p.m.

I affirm and agree that such working conditions will be maintained and that any and all changes shall have the prior approval of the Commissioner of Labor and Workforce Development. I also affirm that I have verified and will keep on file valid proof of age of this minor employee at the employment premises.

Printed Name of Employer or Agent Acting for Employer _____ Signature _____ Date _____

Section (B) to be completed by PARENT or GUARDIAN prior to employment of minor

Name of Minor (Print):	Address:	Date of Birth:
I affirm that I am the <input type="checkbox"/> parent/stepparent or the <input type="checkbox"/> non-parent legal guardian of the above-named minor and that such minor has my consent to be employed in any occupation authorized by the Alaska child labor laws, Alaska Statutes 23.10.325-370.		
Printed name of parent/legal guardian _____	Signature (Legal guardian must attach documentation (Power of Attorney or Guardianship documents)) _____	Telephone Number _____
		Date _____

NOTICE: All information requested is required to process this work permit. Records of the Department are public records and may be subject to inspection and copying under AS 40.25.110 or be provided to other State agencies (see AS 47.12.310).

DOLWD – LSS
Wage and Hour
P.O. Box 111149
Juneau, AK 99811-1149
Phone: (907) 465-4842
Statewide.wagehour@alaska.gov

DOLWD – LSS
Wage and Hour
1251 Muldoon Road, Suite 113
Anchorage, AK 99504
Phone: (907) 269-4900
Statewide.wagehour@alaska.gov

DOLWD – LSS
Wage and Hour
675 Seventh Avenue, Station J-1
Fairbanks, AK 99701
Phone: (907) 451-2886
Statewide.wagehour@alaska.gov

EMPLOYERS PLEASE NOTE:

OCCUPATIONS PROHIBITED TO ALL MINORS UNDER 18:

1. Occupations in manufacturing, handling, or use of explosives.
2. Occupations of motor vehicle driver or helper (limited exceptions.)
3. Mining operations including coal.
4. Logging or occupations in the operations of any sawmill, lath mill, shingle mill or cooperage.
5. Operations of power-driven woodworking machines.
6. Occupations with exposure to radioactive substances and to ionizing radiation.
7. Occupations involving exposure to bloodborne pathogens.
8. Operation of elevators or other power-driven hoisting apparatus.
9. Operation of power-driven metal forming, punching, and shearing machines.
10. Occupations involving slaughtering, meatpacking or processing, or rendering.
11. Occupations involved in the operation and cleaning of power-driven bakery machines.
12. Occupations involved in the operation of power-driven paper products machines.
13. Occupations involved in the manufacture of brick, tile, and kindred products.
14. Occupations involved in the operation and cleaning of circular saws, band saws and guillotine shears.
15. Occupations involved in wrecking, demolition, and shipbreaking operations.
16. Occupations involved in roofing operations.
17. Occupations involved with excavation operations.
18. Electrical work with voltages exceeding 220, or outside erection or repair, and meter-testing, including telegraph and telephone lines.
19. Occupations involved in canvassing, peddling, door-to-door solicitation, or sales.

IF UNDER 16 THESE ADDITIONAL OCCUPATIONS ARE ALSO PROHIBITED:

1. Occupations in manufacturing, mining, or processing, including work rooms or places where goods are manufactured, mined, or otherwise processed.
2. Occupations involved in operation of hoisting or power-driven machinery other than office machines.
3. Operation of motor vehicle or service as helper on motor vehicle.
4. Public messenger service.
5. Occupations in or about canneries, seafood plants, including cutting, slicing, or butchering, or the operation of any floating plant and including loading or unloading.
6. Work performed in or about boilers, engine rooms, or retorts.
7. Work involved with maintenance or repair of the establishment's machines or equipment.
8. Occupations that involve working from window sills, ladders, scaffolds, or their substitutes.
9. Occupations which involve operating, setting up, adjusting, cleaning, oiling, or repair of power-driven food slicers, grinders, choppers, cutters, and bakery-type mixers.
10. Work in freezers, meat coolers, or preparation of meat for sale.
11. Loading or unloading to and from trucks, railroad cars, or meat conveyors.
12. Occupations in warehouses except office and clerical work.
13. Occupations involving use of sharpened tools.
14. Occupations in transportation of persons or property, warehousing and storage, construction (including demolition and repair) except office or sales work in connection with these occupations.

The federal prohibition on the hours 14 and 15 year old minors may be allowed to work is stricter than Alaskan law. Due to this conflict, an employer of 14 or 15 year old minors may find that they are in compliance with State law, but in violation of federal law. For example:

Federal Law

Children 14 and 15 years old may only work:

1. Outside school hours.
2. No more than 40 hours in any one week when school is not in session.
3. Not more than 18 hours in any week when school is in session.
4. Not more than 8 hours in any one day when school is not in session.
5. Not more than 3 hours in any one day when school is in session.
6. Between 7 a.m. and 7 p.m. in any one day except during the summer (June 1 through Labor Day), when the evening hours will be 9 p.m.

State Law

Children 14 and 15 years old may work:

1. A total of 9 hours of school and work combined in one day.
2. Only between the hours of 5 a.m. to 9 p.m.
3. No more than 23 hours per week outside of school hours (domestic work and babysitting excepted).
4. No more than 6 days per week.

There are certain exceptions to the federal law; for example, children in work-study programs through their schools are exempt from some or all of the hour restrictions. For further information on the federal law, contact the United States Department of Labor, Wage and Hour Division, Telephone: 1-866-487-9243. Or in Anchorage: (907) 271-2867

TITLE 4 ALCOHOLIC BEVERAGES and MARIJUANA/CANNABIS-- ALASKA STATUTES

AS 04.16.049. Access of persons under the age of 21 to licensed premises.

(a) A person under 21 years of age may not knowingly enter or remain in premises licensed under this title unless

- (1) accompanied by a parent, guardian, or spouse who has attained 21 years of age;
- (2) the person is allowed to enter and remain on the premises under a 76 restaurant or eating place license issued under AS 04.09.210, seasonal restaurant or eating place tourism license issued under AS 04.09.360, or restaurant endorsement issued under AS 04.09.450;
- (3) the person is permitted on the premises under a club license issued AS 04.09.220(g) or former AS 04.11.110(g); or
- (4) otherwise provided under (c), (d), or (g) of this section.

(b) Notwithstanding (a) of this section, a license or an agent or employee of the licensee may refuse entry to a person under 21 years of age to that part of licensed premises in which alcoholic beverages are sold, served, or consumed, may refuse service to a person under 21 years of age, or may require a person under 21 years of age to leave the portion of the licensed premises in which alcoholic beverages are sold, served, or consumed.

(c) Notwithstanding any other provision in this section, a person 16 or 17 years of age may enter and remain within the licensed premises of a hotel or motel, large resort, golf course, general wholesaler, limited brewed beverage and wine wholesaler, common carrier dispensary, outdoor recreation lodge, or restaurant in the course of employment if

- (1) the employment does not involve the serving, mixing, delivering, or dispensing of alcoholic beverages;
- (2) the person has the written consent of a parent or guardian; and
- (3) an exemption from the prohibition of AS 23.10.355 is granted by the Department of Labor and Workforce Development.

TOBACCO and PULL-TABS

AS 11.76.106 restricts access to areas where tobacco and tobacco products are sold. Minors under 19 years may not sell tobacco or tobacco products in the course of their employment. 15 AAC 160.480(b) prohibits the sale of pull-tabs by anyone under the age of 21.

THIS FORM IS AVAILABLE ON THE INTERNET AT: www.labor.state.ak.us/lss/forms/workpermit.pdf

HEAD START

The Head Start Mission is to promote and develop the education, health, culture and wellbeing of our children, families and communities. Head Start is available in Dillingham, Manokotak, New Stuyahok and Togiak.

Application Requirements: (ONE For Each Child)

- ☐ Complete the Head Start Application for each child that will be attending (See Below)
- ☐ Immunizations record for each child that will be attending
- ☐ Signed Head Start Plan

Head Start Application

Child Name (First, Middle, Last)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Site: <input type="checkbox"/> Dillingham <input type="checkbox"/> Manokotak <input type="checkbox"/> New Stuyahok <input type="checkbox"/> Togiak	How would you like to receive information? <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both	
Language Primary: _____ Secondary: _____	Physical Address (Bus Pickup)	
Childs Race (please check all that apply) <input type="checkbox"/> Alaska Native/American Indian <u>Tribal information required</u> <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic (Full/Part) <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____	Questionnaire <i>Child Disability:</i> <input type="checkbox"/> Suspected/Maybe <input type="checkbox"/> IEP/IFSP <input type="checkbox"/> None <i>Child Health :</i> <input type="checkbox"/> Physical <input type="checkbox"/> Behavioral <input type="checkbox"/> None <i>Is the Child :</i> <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care <input type="checkbox"/> Dual Language <i>Military Family:</i> <input type="checkbox"/> Active <input type="checkbox"/> Guard <input type="checkbox"/> None <i>Nutrition:</i> <input type="checkbox"/> WIC <input type="checkbox"/> SNAP (Food Stamps) <i>Needs/Concerns:</i> <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Abuse/Neglect <input type="checkbox"/> Immediate Family Death/Serious Illness <input type="checkbox"/> Alcohol/Drug Use <input type="checkbox"/> Other:	
Child's Health Coverage <input type="checkbox"/> Medicaid or Denali Kid Care <input type="checkbox"/> Private <input type="checkbox"/> Indian Health Services		

Eligibility Information

Temporary and Needy Family (TANF): <input type="checkbox"/> Yes <input type="checkbox"/> No		Supplemental Security Income (SSI): <input type="checkbox"/> Yes <input type="checkbox"/> No	
100% Income Eligibility Income for all family members including shared custody (<i>not living in the home but providing financial support</i>) are at		130% Income Eligibility Income for all family members including shared custody (<i>not living in the home but providing financial support</i>) are at	
Size of Family Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Add \$6,730 for each additional person	Amount \$ 18,810 \$ 25,540 \$ 32,270 \$ 39,000 \$ 45,730 \$ 52,460 \$ 59,190 \$ 65,920 \$ _____	Size of Family Unit <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> Add \$8,749 for each additional person	Amount \$ 24,453 \$ 33,202 \$ 41,951 \$ 50,700 \$ 59,449 \$ 68,198 \$ 76,947 \$ 85,696 \$ _____

I certify that the above information is true to the best of my knowledge. If any part is proven false, your child's status may be changed.

I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

I understand that my child will not be considered for enrollment until income documentation has been received.

Parent/Legal Guardian Signature

Date

BBNA Head Start is NOT a first come first serve program. All information on this application determines the eligibility for students that are enrolled.

BBNA Head Start does not discriminate on the basis of race, sex, age, color, ethnic or national origin, cultural affiliation, citizenship, religious belief, disability or political standing.

Head Start Plan

Please Review the following plan for meeting the Head Start Requirements. This plan must be signed and submitted with our application for a determination to be made.

Initial all spaces:

_____ I will ensure my child attends Head Start 85% of the time while Head Start is in session. A session runs from August to May and weekly from Monday through Friday, unless it is a scheduled holiday or BBNA closure.

_____ I will ensure that my child is outfitted properly for the weather. (i.e. Winter gear for winter, jacket for spring and waterproof boots, etc.)

_____ I will meet with my child's teacher 4 times a year to create and discuss learning goals for my child

_____ I will abide by the guidelines in the parent handbook

_____ If at any time I am unable to meet the above requirements I will meet with my case worker to discuss my plan.

Print _____ Date _____

Signature _____

Print _____ Date _____

Signature _____

BBNA CHILD CARE ASSISTANCE

Applicant Requirements

- ☐ Complete Child Care Authorization Form
- ☐ Provide a Copy of Child/Children's Tribal Card
- ☐ Copy of Child/Children's Immunization Records

CHILD CARE ASSISTANCE INFORMATION

Application:

Parent/Guardian must apply for Child Care assistance using the [477-Services Application](#) along with [Child Care Authorization Form](#). Parents/Guardian must identify their Child Care Provider. Provider must be approved and certified BBNA provider or [State of Alaska Licensed Child Care Provider](#).

- A. The Child Care Provider can be a relative, friend or State of Alaska Licensed Child Care Provider.
- B. If the client chooses Legally Exempt Provider (Relative or Non-Relative) they must be approved by BBNA.

The provider must be 18 or older and pass a background check.

- C. State of Alaska Licensed Child Care Provider must provide a copy of their state child care license, parent handbook, center policies and procedures and last monitor review.
- D. BBNA has 30 days to determine eligibility upon receiving a completed application. We cannot determine eligibility until we have a complete application including all required documents. A completed application does not automatically mean a client is eligible for childcare assistance.

Eligibility:

A client's eligibility is based on the following criteria:

- A. Parent/Guardian must be involved in one of the following activities: working, education or training, or subsistence activities.
- B. Children must be Native Descendants.
- C. Parent/s past 12 months income must not exceed income guidelines.
- D. Out of Region for Short-Term Education and Training (Outside of BBNA Region)

Income:

Eligibility is determined by using the client's previous 12-month income OR projecting the client's current income.

- A. Gross income will be used.
- B. Projected Gross Income will be used.

Childcare is approved from the date we receive all the necessary documents to determine your case; no childcare is approved before that date. Parents/Guardians are responsible for all of childcare expenses unless otherwise notified by BBNA.

BBNA Rate of Pay: BBNA will provide notification of the maximum number of approved hours for payment per day, anything over this is the responsibility of the parent.

	Relative Providers (Only)	Non-Relative Providers (Only)	
Age	Hourly Rate	Half Day	Full Day
0-1 Year	\$7.00 per hour	\$35.00 per day	\$70.00 per day
13-48 Months	\$6.50 per hour	\$32.50 per day	\$65.00 per day
4 Years - 12 Years	\$6.00 per hour	\$30.00 per day	\$60.00 per day



Bristol Bay Native Association – Workforce Development
P.O. Box 310 – Dillingham, AK 99576 Phone 907-842-2262 or
1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

CHILDCARE AUTHORIZATION FORM

I, _____ am requesting _____ hours of child care per day,
_____ days a week for the following children in my household, who are up to age 13:

Child 1: _____ Date of Birth: ____/____/____

Child 2: _____ Date of Birth: ____/____/____

Child 3: _____ Date of Birth: ____/____/____

Child 4: _____ Date of Birth: ____/____/____

Child 5: _____ Date of Birth: ____/____/____

***If the child care provider cares for more than four (4) children, unrelated to him/her, it is necessary that the provider be licensed by the State of Alaska Child Care Program.** In this case, the provider must contact the State of Alaska Child Care Program at 1-888- 268-4632 for licensure. You can find information, forms and applications to their website at <https://health.alaska.gov/dpa/Pages/ccare/providers.aspx>. **BBNA requires that caregivers are in compliance with all State and Tribal licensing before authorization of payment.**

I am in need of Child Care Assistance because:

☐ I currently work _____ hours per day, ____ days a week.

Employer: _____ Phone # _____

☐ I am enrolled ☐ Full time OR ☐ Part-time at name of school _____

☐ I am attending training from ____/____/____ to ____/____/____ at name_ I or my spouse engages in subsistence activities ☐ Full-time OR ☐ Part-time to help support my family

☐ My spouse works _____ hours per day, ____ days a week.

Employer: _____ Phone # _____

☐ I have TANF work activity requirements

My chosen providers: _____

Care provided by: ☐ Relative¹ ☐ Non-Relative ☒ State of Alaska Licensed Childcare Provider

Emergency Contact: _____

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

¹ Relative Providers

• Grandparent / • Great-Grandparent / • Aunt / • Uncle / • First Generation Sibling

BURIAL ASSISTANCE

The Burial Assistance service is for tribally enrolled indigent Alaska Native or American Indians residing in an eligible community in the Bristol Bay Region when no other resources are available. Applications will be accepted from surviving spouse or if none, the relative responsible for making arrangements.

Eligibility is based on the income available to the deceased. Upon determination that the deceased meets the basic eligibility conditions, a maximum standard amount (minus any available income) is paid directly to vendors that have been listed on the application. BBNA does NOT REIMBURSE applicants or family members.

NOTE: Casket supplies for casket building require approval of the application and a purchase order prior to picking up materials.

- **If deceased were receiving State of Alaska Public Assistance, an application must be submitted to the State of Alaska.**
- **Burial Assistance does not cover the cost of transporting relatives to and from the community to attend the funeral.**
- **Burial assistance will not exceed \$3500.00**

APPLICANT REQUIREMENTS:

- ☐ Completed PERSONAL INFORMATION for the DECEASED
- ☐ 2 most recent pay stubs for the deceased
- ☐ Current bank statement for the deceased (Or a Statement
- ☐ Proof of Residency (pg. 7 – Must be certified by the Tribal office or City Government)



Bristol Bay Native Association – Workforce Development
P.O. Box 310 – Dillingham, AK 99576 Phone 907-842-2262 or
1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

Section I – Personal Information for the deceased

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)

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	Ekwo	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 (If Yes, Please complete BBNC memorial Fund application)

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

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

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

FAMILY STATUS: ☐ Single Parent ☐ Two Parent ☐ Foster Parents ☐ Teen Parent ☐ Other _____

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: _____

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.)

IF DECEASED WAS EMPLOYED:

Hr. Wage \$ _____ Occupation: _____

Employer: _____

Employer Phone Number: _____

Answer the following:

1. Was deceased receiving state or public Assistance? ☐ Yes ☐ No
2. Did the deceased have life insurance? ☐ Yes ☐ No
3. Is there any other tribe or corporation providing burial assistance? ☐ Yes ☐ No
4. Was the deceased a veteran? ☐ Yes ☐ No
5. Was the deceased married at the time of death? ☐ Yes ☐ No
6. Does the deceased have a prepaid funeral plan? ☐ Yes ☐ No
7. Was the deceased transported to Anchorage by the State of Alaska ☐ Yes ☐ No

Section II – Household Information**HOUSEHOLD MEMBERS:** (Please list ALL household members)

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

Section III – DECEASED’S Income and Resources

List all sources if income that apply: YOU MUST PROVIDE PROOF OF INCOME WITH THIS APPLICATION AND A MOST RECENT BANK STATEMENT (If no income or bank statement – complete declaration of not income/Bank statement on the next page)

Type of Payment	How Much	How Often	Type of Payment	How Much	How Often
Social Security (Blue/Green Check)			State Checks for Aid to Blind, Disabled, Aged		
Supplemental Security Income			Retirement/Pension		
Veteran Benefits			ATAP / TANF / GA Benefit		
Unemployment Insurance			Child Support/Alimony		
Native Dividend Payments			Payments from Renters/ Boarders		
Money from Friends or Relatives (Not loans) and Go Fund Me, Fundraisers, kick starts, etc.			Interest or Dividends from Savings, Stocks, etc...		
Other (specify); Longevity bonus/Permanent Fund, Inheritance, donations, etc...			Senior Benefits (Longevity)		
Employment			Self-Employment (Selling crafts, In-home daycare, Foster Care etc.)		



Bristol Bay Native Association – Workforce Development
P.O. Box 310 – Dillingham, AK 99576 Phone 907-842-2262 or
1-888-285-2262 Fax 1-833-693-0570 eligibility@bbna.com

Declaration of No Income/No Bank Accounts for the DECEASED

Name of the Deceased: _____

Name of the person completing the application: _____

☐ I hereby certify that there are no Bank accounts accessible by me or another relative for the deceased

☐ I hereby certify there is no income from any of the following sources for the deceased:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from the operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or cash gifts received from persons not living in my household;
- i. Sales from self-employed resources (Arts, Crafts, Food Sales, Etc.)
- j. Winnings (BINGO, On-line Games, etc.)
- k. Commercial Fishing or other seasonal work
- l. Any other source not named above.

Basic living needs (shelter, food, utilities) were paid for with the assistance of the person indicated below or as described below:

Name: _____ Phone: _____

Address: _____

Describe: _____

I hereby certify the information contained in the Declaration of No Income/Bank account is complete and accurate to the best of my knowledge. I understand that I am signing this Declaration under the Penalty of Criminal Prosecution if I knowingly give false information, which results in assistance being distributed to an individual/family who is not eligible for such assistance.

Signature: _____ Date: _____

Submit one form for each Adult in the Family Unit or ALL ADULTS, if Applying for Heating Assistance, who are claiming ZERO income or that do not have a bank account

Section IV – Burial Service Information

Place of Death:		Date of Death:	
Please Check the services below that you are requesting -			
Casket provided by BBNA - <input type="checkbox"/> Yes <input type="checkbox"/> No (BBNA only stocks silver caskets)			
Transportation to burial site <input type="checkbox"/> Yes <input type="checkbox"/> No	From:	To:	
Funeral home services <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Funeral Home			
Funeral Home Contact Name			
Funeral Home Contact Number			
Casket Building Materials <input type="checkbox"/> Yes <input type="checkbox"/> No (application must be approved prior to picking up supplies)			
Burial Feast <input type="checkbox"/> Yes <input type="checkbox"/> No (Will not exceed \$500.00 and is limited to the amount remaining after burial services.)		Check one: <input type="checkbox"/> Bigfoot <input type="checkbox"/> Alaska Commercial	

Section V – Your Information

Name of Applicant (first, Middle, Last)	Relationship to Deceased	Birthdate	Social Security Number
Mailing Address (Street or P.O. Box)	City	State/Zip	Phone Number

I am applying for Burial Assistance because I cannot afford to pay for the burial from my own resources.
BBNA will not reimburse you - BBNA WILL ONLY MAKE CHECKS PAYABLE TO VENDORS if application is approved

IMPORTANT NOTICE ABOUT YOUR RIGHTS

FAIR HEARING: If you do not agree with any decision made in any matter concerning your case, you have the right to a fair hearing. You may make this request in writing or in person to any office of the Bristol Bay Native Association.

AGREEMENT

I certify that I have checked the information on this application carefully and that it is a true and complete statement of facts according to my best knowledge and belief.

I understand that it is against the law to make false statements and that I am subject to prosecution if I do. I further understand that some of all statements on this application may be subject to investigation by the Bristol Bay Native Association.

I agree to notify the Bristol Bay Native Association within 10 days if I become aware of additional information that was either incorrectly stated or omitted on this application. I acknowledge that this future information includes crowd sourcing accounts (e.g. – Go Fund Me, Kickstarter, or other like accounts or donations), life insurance, burial insurance, property owned by the deceased, bank accounts, available liquid resources, or other assets easily converted into cash.

I understand the Bristol Bay Native Association may place a claim against the estate of the deceased, not to exceed the payment amount for services requested with this application, should I supply false information regarding this application.

I understand that in order for the Bristol Bay Native Association, Workforce Development Center to serve me under the General Assistance Burial Program they will need information from the State, Federal, City Councils, Village Councils, Employers, Private or Educational Agencies. I hereby give my authorization to release information (including income) to the Bristol Bay Native Association.

I understand the above and I agree to provide any documents necessary to prove my eligibility for assistance. If documents are not available, I agree to provide name(s) of persons or organization the Bristol Bay Native Association may contact to obtain the necessary proof. I also authorize the Alaska Department of Labor to release to the Bristol Bay Native Association information about any eligibility for Unemployment compensation benefits or wage credits.

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