



**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](mailto: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 – Signed by Tribal or City official)
- ☐ Tribal ID for the deceased

[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.)**

<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Maiden/Nick Name</b>
<b>Date of Birth:</b>	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Marital Status:</b>
<b>Social Security #:</b>	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
<b>Physical Address: (Or Directions to your home)</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Mailing Address:</b> <input type="checkbox"/> (Check if same as Physical Address)	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>E-mail Address:</b>	
<b>Tribally Enrolled with:</b>	<b>Tribal Enrollment #:</b> <small>(Please Provide Copy of Tribal Enrollment Card)</small>	<b>Living Situation:</b> <input type="checkbox"/> Own Home <input type="checkbox"/> Rent <input type="checkbox"/> Multi-family <input type="checkbox"/> Overcrowded situation <input type="checkbox"/> Other-Describe:	
<b>United States Citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No -Work Permit #:		<b>Highest Hourly Wage in Last 6 Months:</b> \$ _____	
<b>Military History:</b> <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			
<b>Selective Service Registered? (Male 18 YOA or older)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If Yes, SSR#:	<b>Do you hold a valid Driver's License?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Highest Grade completed</b> _____ <b>Year Graduate</b> _____

**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)**


**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](mailto: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:** \_\_\_\_\_

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

**Parent/Guardian:** \_\_\_\_\_ **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:** \_\_\_\_\_

**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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## 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](mailto: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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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](mailto: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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**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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**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\*

## 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

<b>Child Name (First, Middle, Last)</b>	<b>Date of Birth</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Site:</b> <input type="checkbox"/> Dillingham <input type="checkbox"/> Manokotak <input type="checkbox"/> New Stuyahok <input type="checkbox"/> Togiak	<b>How would you like to receive information?</b> <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Both	
<b>Language</b> Primary: _____ Secondary: _____	<b>Physical Address (Bus Pickup)</b>	
<b>Childs Race (please check all that apply)</b> <input type="checkbox"/> Alaska Native/American Indian <b><u>Tribal information required</u></b> <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: _____	<b>Questionnaire</b> <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 Nutrition: <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:	
<b>Child's Health Coverage</b> <input type="checkbox"/> Medicaid or Denali Kid Care <input type="checkbox"/> Private <input type="checkbox"/> Indian Health Services		

### Eligibility Information

<b>Temporary and Needy Family (TANF):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Supplemental Security Income (SSI):</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>100% Income Eligibility</b> Income for all family members including shared custody ( <i>not living in the home but providing financial support</i> ) are at		<b>130% Income Eligibility</b> Income for all family members including shared custody ( <i>not living in the home but providing financial support</i> ) are at	
<b>Size of Family Unit</b> <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	<b>Amount</b> \$ 18,810 \$ 25,540 \$ 32,270 \$ 39,000 \$ 45,730 \$ 52,460 \$ 59,190 \$ 65,920 \$ _____	<b>Size of Family Unit</b> <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	<b>Amount</b> \$ 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 \_\_\_\_\_