



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 & Training Services (Must reside in the Bristol Bay Region, income required) 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.
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 (see above) 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**)
- Picture ID (Tribal ID/State ID) For at least one Family Unit member **\*\*tribal ID not required for Heating Assistance, TANF or Head Start\*\***
- Proof Of Selective Service Registration (Males born after 1970 must submit verification or a statement indicating why they did not register)

#### Adult Vocational Training (Pg.10-11)

- 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. 12-16)

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

#### Heating Assistance (Pg. 17-23)

- Picture IDs for **All ADULT Household Members (HH)**
- Current Electric Statement
- Current 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 for **All ADULT HH MEMBERS**
- Bank Statements (CashApp and Venmo included)
- Signed Heating Assistance Plan

#### Employment and Training (Pg. 24-26)

- 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.27-28)

(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\*\*

(No break between semesters)

- Most Recent Transcript
- Completed Financial Aid Budget Sheet

#### Youth Employment (Ages 14-24) (Pg.29)

(Apply early if you need assistance with obtaining Documents)

- Social Security (SS) Card (For Applicant)
  - Birth Certificate (For Applicant)
- (Staff can assist you with obtaining a Birth certificate and SS card)
- If 17 YOA or Under – Complete Parental Consent Form
  - Youth 17 and under – [State of Alaska Work Permit](#)
  - Select session you would like to attend (dates are approximate)
- (Staff can assist you with obtaining a Birth certificate and SS card)

#### Head Start (Pg. 30-31)

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

#### Child Care Assistance (Pg. 32-33)

- 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. 34-40)

- 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)

Applications submitted without supporting documentation will experience delayed processing and will be closed after 30 days



**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 (RP) • 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.

**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 18 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; other Departments within BBNA, 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 18 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 18 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: \_\_\_\_\_ & \_\_\_\_\_ (other Adult HH member)

PHYSICAL ADDRESS: \_\_\_\_\_

PO BOX \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

To whom it may Concern,

I \_\_\_\_\_ & \_\_\_\_\_, formally acknowledge that I/we 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

- Utility Bill, Rental Agreement, Current pay Stub, W-2, Current year Food Stamp or Heating assistance award letter, A signed statement by the tribal council of City 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 \_\_\_\_\_
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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- 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;
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- k. Commercial Fishing or other seasonal work
- l. Any other source not named above.

**Choose one: (If you are claiming no income)**

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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: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## 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:** \_\_\_\_\_



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**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 _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

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 having 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)

**\*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\***

**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 by 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

## **Tribal Temporary Assistance for Needy Families (TANF) Diversion Option**

The purpose of Diversion is to reduce welfare dependence by providing immediate, targeted assistance to job-ready applicants. This is done by making an assistance payment(s) to meet specific needs, instead of ongoing TANF benefits. The eligibility worker is responsible for determining if a TANF applicant meets the criteria for Diversion.

Diversion is an option available only to adult **applicants** for TANF. TANF **participants** are not eligible for Diversion.

Adults who choose to receive a Diversion payment are not considered TANF participants. Therefore, a Diversion payment does not count as a month of TANF when calculating the 60-month time limit.

To qualify you must meet all of the following:

**Job ready:** For the purposes of Diversion, job-ready means currently working or having prospects for employment within 30 days. A prospect for employment means the adult has a bona fide job offer or has marketable skills and/or work experience and can reasonably expect to find a job within 30 days.

**Short-term needs:** Short-term needs are necessities or financial obligations which prevent the adult from accepting or keeping a job. Short-term needs include but are not limited to:

- Shelter;
- Child care;
- Vehicle costs and transportation expense (such as repairs and insurance, or towards purchase of a vehicle);
- Driver’s or occupations licenses;
- Clothing and tools needed to perform a job; and
- Relocation to accept employment.

**Lack of resources:** The family does not have the personal resources to meet their identified needs. The only personal resources considered in the Diversion determination are countable cash on hand and other liquid resources that can be readily used to meet the short-term needs.

**To qualify for Diversion, a family must submit:**

- A completed 477 application (pages 1-8, if applicable)
- A paystub or job offer letter of an adult who is working or is ready to work;
- Provide proof of specific short-term needs which must be met to help the adult secure or maintain employment;
- Signed acknowledgement of no other means available, apart from a Diversion payment, to meet the identified needs;
- Appear to meet these general factors of Temporary Assistance eligibility:
  - U.S. Citizenship or Eligible Alien status;
  - Residency in Alaska;
  - Age;
  - Living in Home of a Caretaker Relative;
  - Social Security Enumeration;
  - Financial Need – Resources; and
  - Financial Need – Income;
  - Not have received a Diversion payment in the 11 months preceding the month of application; and
- Complete the Diversion Agreement form (will be provided by your eligibility worker once application is processed)

**Acknowledgement of no other means available:**

I hereby certify that I am experiencing significant financial difficulty. I acknowledge that I have no other available financial resources or means to cover my living expenses currently. I am requesting assistance in the form of a Diversion payment to gain or maintain employment.

Adult Applicant: \_\_\_\_\_  
Signature Date

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: \_\_\_\_\_

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](mailto: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 :**

BBNA WFD  
 ATTN: TANF  
 PO BOX 310  
 Dillingham, Ak 99576

**EMAIL :**

[eligibility@bbna.com](mailto:eligibility@bbna.com)

**FAX :**

1-833-693-0570

## 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 with heating homes to all eligible low-income households residing in an eligible community in the Bristol Bay Region. The heating assistance service period runs from October 1<sup>st</sup> through September 30<sup>th</sup>. Applications received after August 15<sup>th</sup> will be processed for the following grant year. An eligible household may receive one heating assistance benefit during a service period.

**\*\*Crisis Application processing: November 1 through April 30.\*\***

**APPLICANT REQUIREMENTS: (In addition to the 477 application, pages 1-10, you must submit the following documents)**

- 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 a denial of your application after 45 days\*\***

### 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, give away or buy gasoline with 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

**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.\*\***

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

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](mailto: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](mailto: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](mailto: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
	<b>12 Month Income Total</b>				<b>12 Month Expense Total</b>	

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](mailto: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; other Departments within BBNA, 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](mailto: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

\_\_\_\_\_ I will only purchase home energy products. *In accordance with Alaska State Regulation 7 AAC 40.051, LIHEAP will make heating assistance payments only for home energy products, including fuel oil, kerosene, electricity, natural gas (Not gasoline), one (1) bottle of propane per fiscal cycle, and, if approved, wood, wood pellets, and coal.*

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)



1-888-285-2262 Fax 1-833-693-0570 [eligibility@bbna.com](mailto:eligibility@bbna.com)

<b>MONTHLY BUDGET SHEET</b>					
<b>Sources of Income</b>	<b>Amount</b>	<b>Monthly Expenses</b>	<b>Monthly Costs</b>	<b>Split Costs 1<sup>st</sup> Paycheck</b>	<b>Spilt Costs 2<sup>nd</sup> Paycheck</b>
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	\$	\$	\$
<b>TOTAL</b>	<b>\$</b>		<b>\$</b>	<b>\$</b>	<b>\$</b>
<p><b>Please demonstrate a monthly budget of the cost of living based on your current household income supporting your request for employment supportive services.</b></p>					

## 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:** \_\_\_\_\_



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## 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:					
<b>Total Resources</b>					

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 15<sup>th</sup> OF EACH YEAR**

**Late or incomplete applications will not be eligible for work**

**NEW APPLICANT REQUIREMENTS:**

- Social Security Card (For Applicant ONLY - Apply early if you need assistance with obtaining Documents)
- Birth Certificate (For Applicant ONLY - Apply early if you need assistance with obtaining Documents)
- If 17 YOA or Under - Parental Consent (pg.
- 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.
- 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)

## 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 <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:	
<b>Child's Health Coverage</b> <input type="checkbox"/> Medicaid or Denali Kid Care <input type="checkbox"/> Private <input type="checkbox"/> Indian Health Services		

**Custody Information**

**Who currently has custody/guardianship of this child?**

- Two parents: living together
  - Both parents: living in Separate homes **Is this Shared Custody court ordered?**  Yes  No  
**Mom's Race:**  AIAN  African American  Caucasian  Asian/Pacific  Other \_\_\_\_\_  
**Dad's Race:**  AIAN  African American  Caucasian  Asian/Pacific  Other \_\_\_\_\_
  - Mother ONLY (Father is: \_\_\_\_\_)
  - Father ONLY (Mother is: \_\_\_\_\_)
  - Grandparent(s) \_\_\_\_\_ Parents are: \_\_\_\_\_
  - Other: \_\_\_\_\_
  - State OCS Custody  Tribal Custody \_\_\_\_\_
- If, non-parent:** Do you have Power of Attorney for this child  Yes  No

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.

\_\_\_\_\_  
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.

\_\_\_\_\_ 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.

Age	Relative Providers (Only)	Non-Relative Providers (Only)	
	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



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### 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 childcare provider cares for more than five (5) 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:**  Relative<sup>1</sup>  Non-Relative  State of Alaska Licensed Childcare Provider

**Emergency Contact:** \_\_\_\_\_

**PRINT:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<sup>1</sup> **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 (Or a signed Declaration of no Income/Bank Account for the Deceased)
- Current bank statement for the deceased (Or a signed Declaration of no Income/Bank Account for the Deceased)
- Proof of Residency form completed for the deceased (pg. 41 – MUST be certified by the Tribal office or City Government)
- Tribal ID for the deceased



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**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	Ekwok	Igiugig	Iliamna	Ivanof Bay	Kanatak	King Salmon
Kokhanok	Koliganek	Levelock	Manokotak	Naknek	New Stuyahok	Newhalen
Nondalton	Pedro Bay	Perryville	Pilot Point	Port Heiden	Portage Creek	South Naknek
Togiak	Twin Hills	Ugashik	Other: _____			

**BBNC Shareholder?**  No  Yes (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.)		



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**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:** \_\_\_\_\_



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**AFFIDAVIT OF RESIDENCY FOR THE DECEASED**

NAME OF THE DECEASED: \_\_\_\_\_

PHYSICAL ADDRESS OF THE DECEASED: \_\_\_\_\_

PO BOX OF THE DECEASED \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

To whom it may Concern,

The deceased, \_\_\_\_\_, resided at the physical address of  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_. The deceased resided at this  
address since \_\_\_\_\_.

Name of Person completing this Form: \_\_\_\_\_ DATE \_\_\_\_\_

Phone number \_\_\_\_\_ email \_\_\_\_\_

**This form MUST be signed by an Authorized Representative of the Village Tribal Council or the City Government.**

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: \_\_\_\_\_

**WHEN COMPLETED PLEASE FAX BACK TO 1-844-697-2701 /EMAIL: allison.obrien@bba.com**

**TEFAP Application and Registration**

Effective October 1, 2024, through September 30, 2025

Please **Print FIRST AND LAST NAMES OF EACH HOUSEHOLD MEMBER** and **CIRCLE** number in household

TOTAL PEOPLE IN HOUSEHOLD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
1)						6)										
2)						7)										
3)						8)										
4)						9)										
5)						10)										
MAILING ADDRESS																
PHYSICAL ADDRESS																
CITY, STATE & ZIP																
PHONE NUMBER																
PROXY NAME																

**PROGRAMS BENEFITS:** If you currently participate in a program listed below, you are automatically eligible to receive TEFAP and do not need to look at the income scale.

<b>SNAP</b>		<b>TANF</b>		<b>SSI</b>		<b>CSFP or FDPIR</b>		<b>NSLP Free and Reduced Meal</b>	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

**INCOME:** Permanent Fund Dividend; did anyone in your household receive the current year’s PFD? If YES, include the PFD amount received in your Annual Household Income. The table below shows yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive TEFAP donated food. Proof of income is not required to apply for TEFAP.

Household Size	1	2	3	4	5	6	7	8*
Annual Income	\$56,430	\$76,620	\$96,810	\$117,000	\$137,190	\$157,380	\$177,570	\$197,760

**\*For each additional household member, add \$20,190**

I certify, under penalty of perjury, that the above information is true and correct to the best of my knowledge and that I am eligible to receive USDA Foods according to current income guidelines.

Signature \_\_\_\_\_ DATE: \_\_\_\_\_

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**For intake workers use only: Please print!**

**Intake Worker (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

Eligible  Ineligible-Reason