



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) This application is only for this service
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: Do not 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 *



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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

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: _____

YOUTH EMPLOYMENT

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

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

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

APPLICATIONS ARE DUE BY May 15th OF EACH YEAR

Late or incomplete applications will not be eligible for work

NEW APPLICANT REQUIREMENTS:

- Social Security Card (For Applicant ONLY - 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)