



Kenaitze Indian Tribe Na'ini Social Services

150 N. Willow St. / P.O. Box 988 Kenai, AK 99611

Phone: 907.335.7200 Fax: 907.335.7239

www.kenaitze.org

Workforce Investment Act (WIA) Comprehensive Services (CS)

The Workforce Investment Program provides meaningful work experience and career exploration for participants. Comprehensive Services Program serves adults 22 and above to increase skills so they may be employed and or employed at a higher wage.

To qualify for the Workforce Investment Program you must be Alaska Native/American Indian, with an established financial need. Please provide copies of the documentation listed below. IF copies of the documentation are not submitted with this application or the applications incomplete, **your application will be returned to you.**

Participant requirements:

- Application Form
- Proof of Alaska Native/American Indian Lineage (CIB or Tribal Card)
- ID Card, Driver License, Driver Permit
- Social Security Card
- Birth Certificate
- Proof of Residence (copy of utility bill, permanent fund, anything with address & name)
- Pay Check Stubs
- If applies: Unemployment Verification, Proof of Food Stamps, Public Assistance, General Assistance, SSI or Other.

If you have any additional question please call me at 907-335.7200 or email at DKnight@kenaitze.org.

Thank you,

David Knight

Na'ini Social Service Specialist



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Workforce Investment Act Comprehensive Services Application

GENERAL INFORMATION

| | | | | |
|---|-------|---|--|---|
| Last name | First | MI | SSN | Email |
| Mailing address | | City | State | Zip |
| Physical address | | City | State | Zip |
| DOB | Sex: | Phone Number | Message Phone | |
| Tribe Affiliation | | | Native Corporation (If applies) | |
| Race or Ethnic group: <input type="checkbox"/> Alaska Native <input type="checkbox"/> American Indian | | Place of Residence <input type="checkbox"/> Kenai <input type="checkbox"/> Soldotna <input type="checkbox"/> none of the above, please list _____ | | |
| Is it hard for you to read, write or speak English? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you under treatment for alcohol or drug abuse? | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Family status: <input type="checkbox"/> Independent individual <input type="checkbox"/> Single parent <input type="checkbox"/> Parent in two parent family <input type="checkbox"/> Other Family member, but not a parent (includes married person with no children) | | | | |
| No. of family members living with you (including yourself): _____ No. of children under 18 living with you: _____ | | | | |
| Permanent Contact Information: Provide the following information below on an individual who does NOT live with you, but who knows how to contact you if you move. It is IMPORTANT that this person have a telephone. | | | | |
| Last name | First | Relationship to self | | Phone number |
| | | | | |
| Address | | City | State | Zip |
| | | | | |

SOCIAL SERVICES

Indicate whether you or a member of your family receives or are using any of these services:

- | | | |
|--|------------------------------|-----------------------------|
| Alaska Permanent Dividend | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| AFDC (Aid for families with dependant children) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your name on the grant of AFCD? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refugee Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your name on the grant for refugee assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| General Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your name on the grant for general assistance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supplemental Sec. Income | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your name on the grant for Sup. Sec. Income? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aid to the Needy Disabled | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Aid to the Blind | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| State Old Age Assistance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Unemployment insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you receiving or have you been determined within the last 6 months to be eligible to receive food stamps? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Child support | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DVR (Division of Vocational Rehabilitation) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| JOBS (Job Opportunities and Basic Skills) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other financial assistance received: _____

EDUCATION AND EMPLOYMENT

- | | |
|---|--|
| Check the highest grade completed: | <input type="checkbox"/> Freshman in college |
| <input type="checkbox"/> No educational grades completed | <input type="checkbox"/> Sophomore in college |
| <input type="checkbox"/> Grades between 1-10 completed in | <input type="checkbox"/> Junior or Senior in college |
| <input type="checkbox"/> Elementary/secondary grade | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Completed 11 th grade or went thru the | <input type="checkbox"/> 5 years of college |
| <input type="checkbox"/> 12 th grade but did not receive a diploma | <input type="checkbox"/> 6 or more years of college |
| <input type="checkbox"/> High school graduate or equivalent (GED) | |

Education status:

- | | |
|---|--|
| <input type="checkbox"/> Student; attending high school or less | <input type="checkbox"/> Not attending high school; dropout |
| <input type="checkbox"/> Student, attending post high school | <input type="checkbox"/> Not attending high school; high school graduate |

Have you received training under JTPA or WIA? Yes No Receiving unemployment? Yes No

Have you exhausted unemployment insurance claim? Yes No

Check your current employment status:

- Employed, full time Employed, part time Unemployed

Not in Labor Force, not actively seeking work prior to applying for this program

Do you need to work because of a change in your marital status due to death, divorce or separation

- Yes No

Are you a current JOBS Program participant (within 6 mo.)? Yes No

| | | |
|---|------------------------------------|------------------|
| How many weeks out of the past 26 weeks have you worked? | What was the date you last worked? | Last hourly wage |
|---|------------------------------------|------------------|

| | | |
|------------------|------------|----------------|
| Name of employer | Occupation | Hours per week |
|------------------|------------|----------------|

Reason for Leaving:

FINANCIAL

List the amount of any other income YOU had during the past 6 months:

| | |
|-------------------------------|----------|
| Applicant Wages | \$ _____ |
| Net Self Employment Income | \$ _____ |
| Net Rental Income | \$ _____ |
| Pensions | \$ _____ |
| Alimony | \$ _____ |
| Retirement – Armed Forces | \$ _____ |
| Retirement – Government/Other | \$ _____ |
| Insurance Policy Annuities | \$ _____ |
| Dividends and Interest | \$ _____ |
| TOTAL | \$ _____ |

If YOU had no income in the last six months, please explain: _____

Family members are persons related to each other by blood, marriage, or decree of court who are living in the same home. (Such persons are: husband, wife, guardian and dependent children)

List all family members and their total income (include all sources of income welfare, social security, veterans benefits, Workman’s comp. or other) during the PAST SIX MONTHS (Enter a zero in the income column if the person had no earnings or income. DO NOT include any income listed in the boxed area.)

| Name | Relationship to applicant | Total Income |
|-------------------------|---|--------------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | TOTAL | \$ |
| | Total Applicant wages (listed in section above) | \$ |
| **FOR AGENCY USE ONLY** | Less Exclusions | \$ |
| | Net Income | \$ |

*******MALES ONLY*******

SELECTIVE/MILITARY SERVICE - SELF CERTIFICATION

Section 3 (a) of the Military Selective Services Act requires that male citizens of the United States who were born after December 31, 1959 and are between the ages of eighteen (18) and twenty six (26) MUST register for the Selective Service.

Section 504 of the Employment and Training Programs require that all participants be in compliance with the Military Selective Services Act registration requirements.

I realize that I cannot be service under the Employment and Training Programs unless I have registered with the Military Selective Service. I further understand that the Kenaitze Indian Tribe as an Employment and Training Grantee can verify my registration with the Selective Service System and if I am found not registered, I can be terminated from the program. I also understand that if I falsify information I can be prosecuted for fraud.

| | | | |
|---|-----------------|---|----------------|
| _____ | | _____ | |
| Signature of Applicant | | Date | |
| Are you exempt from Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Registered for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Place of registration | | Registration number | |
| Branch of Service | Type of Service | Type of discharge | |
| Were you active in Desert Storm/Desert Shield? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Enlistment date | Discharge date |

*****ALL APPLICANTS PLEASE SIGN THE FOLLOWING*****

**PRIVACY ACT (P.L. 579)
NOTICE OF RECORDS SYSTEM**

The U.S. Congress has passed a law that requires every office maintaining records about people to inform each person from whom information is being obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by the Kenaitze Indian Tribe's Employment and Training Office since we have a contract with the U.S. Dept. of Labor and the Bureau of Indian Affairs.

The purpose of the forms and questions asked of you is to enable us to organize staff and provided comprehensive Employment and Vocational services to the people we serve. In some instances, you may choose not to answer questions if you so desire without risk of entitlements. However, by giving information requested of you, we will be able to carry our responsibilities to you more effectively, and render better services.

Information provided by you are held in confidence and are only used to determine your eligibility for services and plan better training on your behalf.

I certify that I understand the authority by which information is asked of me, and the purpose and use to which that information will be used, and that providing any information is voluntary on my part.

Applicant Signature _____
Date

CERTIFICATION

I certify that the information provided is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification, and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible for enrollment and could be prosecuted for fraud and/or perjury. I authorize release of this information for verification purposes and understand that it will be used to determine by eligibility.

Applicant Signature

Date

Program Personnel

Date

RECERTIFICATION

Note: if more than 45 days have elapsed between the date of this application and the date of enrollment, a new application may be completed or this application may be updated, re-signed, and re-dated (not required for the SYETP program)

I/we certify that since the date of the initial application, the applicant has not obtained full-time employment, and none of the information has changed except where indicated.

Applicant Signature

Date

Program Personnel

Date

For Agency Use Only

Total Income \$ _____ Net Income \$ _____

Date Received: __/__/__ Date Input: __/__/__ Reviewed and Input By: _____

Eligible _____ Not Eligible _____ Determined on: __/__/__ Determined by: _____



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Plan for Training to Employment

| | | | |
|-----------------------------------|------------------------------|------------------|-------------------------|
| Last name | First | MI | Family Size |
| Briefly summarize goal: | | | |
| | | | |
| Type of Training | Projected length of training | Name of Training | |
| Address | City | AK | Zip Contact Number |
| | | | |
| First Goal to Employment: | | | |
| | | | |
| | | | |
| Second Goal to Employment | | | |
| | | | |
| | | | |
| Third Goal to Employment | | | |
| | | | |
| | | | |
| List client's responsibilities: | | | |
| | | | |
| | | | |
| WIA Program's responsibilities: : | | | |
| | | | |

Applicant's Signature

Date

KIT Employment and Training Counselor

Date