

General and Emergency Assistance

NOTE: Applicants <u>MUST</u> submit a completed application AND attach ALL required documentation to be considered a complete application. If a question does not apply, please write in "N/A". If this application is incomplete or does not have all required documentation submitted, it will not be processed!

If you have questions or need assistance in filling out this application please contact the Program Administrator in the Tribal Community Services department at 822-5241.

Required Documents for all Programs

- CIB or verification of Tribal enrollment for all persons to be included in assistance
- o Identification of ALL household members (Birth certificates, driver's license, ID, etc.)
- Proof of residency within CRNAs service area (utility bill, lease, voter registration, etc.)
 MUST show PHYSICAL address, a PO Box is unacceptable.
- o Proof of military service (if applicable veteran preference is given)
- Proof of enrolling with the selective service for all males over 18 years of age in the household
- High school Diploma or GED
- o Copy of marriage certificate (if applicable)
- o Copy of divorce decree or child custody arrangement (if applicable)
- o Proof of all income for the month of application (earned AND unearned)
- o Bank statements
- o All CURRENT utility bills



Who to include in your application

- o Dependent children including adopted and foster
- Shared custody children include these children ONLY in the SAME years you will be filing them as dependents on your tax return
- Children under 21 include them if they live with you, even if you cannot claim them as dependents on your tax return
- o Unborn children DO NOT include unborn children
- o Dependent Parents Include ONLY if you clam them on your tax returns
- Dependent siblings and other relatives Include them ONLY if you claim them as dependents on your tax returns
- o Spouse Include your legally married spouse
- Spouse, legally separated or divorced Do NOT include, even if you live together
- Spouse, living apart Include your spouse unless you're legally separated or divorced
- Spouse (for victims of domestic violence or spousal abandonment) In these cases, you don't have to include your spouse (see rules for victims of domestic violence/abuse or spousal abandonment) (income-andhousehold-information/household size/domestic abuse)
- Unmarried domestic partner Include your unmarried domestic partner ONLY if you have a child together or you'll claim your partner as a tax dependent
- Roommate Do NOT include people you just live with UNLESS they're a spouse, tax dependent or covered by another exception in this list OR you share expenses.



Date Received:	Received By:		
WHICH VILLAGE ARE YOU RESIDIN	IG IN?KLUTI-KAAHGAKONACANTWELL		
Type of Service Applying for: General Assistance			
Emergency *for home burnou	t, flooding, etc.		
	dical travel, funeral travel, etc. per 25 CFR Part 20 §20.329.		
•			
If you need more space to answe	r these questions, please use another sheet of paper.		
Name:	SS#:		
Maiden Name or			
Other Names Used:	Date of Birth: / /		
Mailing Address:	Email:		
P.O. Box or Street Addre	ess, City, State, Zip		
Physical Address:			
Street Address / Milepo	ost City State Zip		
Main Phone: Mes	sage Phone: Work Phone:		
Tribe enrolled in or descent of			
(Without proof of enrollment of	or descent you will not be eligible for our programs)		
Emergency Contact:			
Facebook (only if no other means are	Phone Number Address e available to contact you):		
Registered with Selective Servi	ice (males 18+): Yes No Veteran: Yes No		
Spouse or Significant Other Informat	<u>ion</u>		
Name:	SS#:		
Maiden Name or Other Names Used:	Date of Birth: / /		
Mailing Address	F.m. all.		
Mailing Address: P.O. Box or Street Address	Email:		
	:ss, спу, этапе, <i>д</i> гр		
Physical Address: Street Address / Milepo	ost City State Zip		
	·		
Main Phone: Mes	ssage Phone: Work Phone:		
Emergency Contact:			
Registered with Selective Servi	ice (males 18+): Yes No Veteran: Yes No		

Tribal and Community Services Department PO Box H Copper Center, Alaska 99573 (907) 822-5241 Fax (907) 822-8800



Applicant Status (circle):					
Single ☐ Married ☐ Separated ☐ Divorced ☐ Single Parent ☐ Foster Parent ☐ Head of Household ☐ Dependent ☐ 2 Parent Family ☐ Adoptive Parent ☐ Grandparent Guardian ☐ Legal Guardian					
How many persons Who are they?	live in the home?	Adults		Children	
Name	Relation	Birth Date	Sex	Last 4 of SSN	Tribe Enrolled in
Where do you live r Own Home With Friends Other (explain	Rent home/ap				ives
	orted yourself dur	ring the past th		nonths AND what ha	•
☐ Disabled ☐ Hor	Self-Employed [aid Family W		ment □Part-Time Seeking work □S	
If unemployed, who					
If employed please	ask for an Employ	ment Verificati	on Form		

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Edu	lucation History	
Are	e you a high school graduate or did you	u obtain your GED?
	High School Name:	
	Date completed:	GPA:
Wha		
Are		Did you graduate?
	College/University Name:	
	Date completed:	GPA:
Are		
	School Name:	CDA
	Date completed:	GPA:
Dox	o vou ovnoct any changes in your	income or expenses? If yes, explain what changes
	nd when?	
anu	vou are without transportation of	do you need part of your assistance to go to bus
I + x74		do you need part of your assistance to go to bus
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fare		s program? If so, where would you need to go, and
fare		program? If so, where would you need to go, and
fare		
fare wha	hat dates and times?	
fare wha	hat dates and times?es No	
fare wha	es No Do you have a valid Alaska Dr	river's License? If yes,
fare wha	es No Do you have a valid Alaska Dr License Number:	river's License? If yes,Exp. Date
fare wha	es No Do you have a valid Alaska Dr License Number:	river's License? If yes,
fare wha	es No Do you have a valid Alaska Dr License Number: Do you have your own reliabl	river's License? If yes, Exp. Date e transportation? If yes, what kind:
fare wha	es No Do you have a valid Alaska Dr License Number: Do you have your own reliabl	river's License? If yes,Exp. Date
fare wha	es No Do you have a valid Alaska Dr License Number: Do you have your own reliable Have you ever been convicted	river's License? If yes,Exp. Date e transportation? If yes, what kind: d of a DUI/DWI? If yes, when:
fare wha	es No Do you have a valid Alaska Dr License Number: Do you have your own reliable Have you ever been convicted	river's License? If yes, Exp. Date e transportation? If yes, what kind:
fare wha	es No Do you have a valid Alaska Dr License Number: Do you have your own reliabl Have you ever been convicted Have you ever been convicted	river's License? If yes,Exp. Date e transportation? If yes, what kind: d of a DUI/DWI? If yes, when: d of a felony? If, yes, when:
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fare wha	es No Do you have a valid Alaska Dr License Number: Do you have your own reliable Have you ever been convicted Have you ever been convicted Are you currently on probatio	river's License? If yes,Exp. Date e transportation? If yes, what kind: d of a DUI/DWI? If yes, when: d of a felony? If, yes, when:
fare wha	es No Do you have a valid Alaska Dr License Number: Do you have your own reliable Have you ever been convicted Have you ever been convicted Are you currently on probation Are you under treatment for a	river's License? If yes,Exp. Date e transportation? If yes, what kind: d of a DUI/DWI? If yes, when: d of a felony? If, yes, when: en or parole? If yes, do you report to: alcohol/substance abuse? If yes, how long & where:



Date

I/We apply for financial assistance/ services for the listed members of my (our) household who are in need. I/We have received a copy of and have had explained to us, and understand the provisions of Federal Law governing fraud. ☐ Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. §1001, the Federal Law concerning fraud which carries a fine of not more than \$10,000 or imprisonment of not more than five years or both. Initials of applicant_ ☐ I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. Release of Information: Human Services is authorized to obtain/exchange information necessary to establish eligibility for assistance. I (We) have read, or had explained to me/us, the provision of our protection under the Paperwork Reduction Act and the Privacy Act. Initials of applicant_ Other Adult Household Member Signature **Applicant Signature Printed Name Printed Name** Date Date Signature of Witness if signed with a "X" **Printed Name**



RECORD OF INCOME AND RESOURCES

YOU ARE REQUIRED TO REPORT INCOME RECEIVED FOR ALL HOUSEHOLD MEMBERS

Proof of income MUST be attached to application

SOURCE OF INCOME & RESOURCES	AMOUNT	COMMENTS
Salary #1: Applicant's Income/Salary	\$	
Salary #2: Spouse's Income/Salary	\$	
Retirement Benefits	\$	
Tips or Gratuities	\$	
ATAP –TANF-ASAP (State assistance)	\$	
Child Support / Alimony	\$	
Foster Care Payments	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA)	\$	
Supplemental Security Income (SSI)	\$	
Disability Insurance	\$	
Senior Care cash benefits	\$	
Alaska State Permanent Fund (PFD)	\$	
Cash outs of Retirement or Pension Plans	\$	
State Longevity	\$	
Veteran's Benefit (VA)	\$	
Unemployment Insurance Benefits	\$	
Workers Compensation or Health Coverage	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Native Corporation Dividends	\$	
Checking Account	\$	
Savings Account	\$	
Student Loans/Grants/Scholarships	\$	
Bingo or Pull Tab Winnings	\$	
Investment Income	\$	
Other Income	\$	
TOTAL MONTHLY INCOME	\$	



HOUSEHOLD MONTHLY EXPENSE INFORMATION ***Proof of expenses MUST be attached to application***

Monthly Expenses	Amount	Who Pays / Comments
Rent/Mortgage/Space Rent	\$	
Heating Oil/Fuel/Wood	\$	
Electricity	\$	
Telephone/Cell Phone	\$	
Water/Sewer/Garbage	\$	
Medical/Dental/Vision	\$	
Food/ Household Supplies	\$	
Propane	\$	
Child Care	\$	
Child Support	\$	
Transportation (Car, Bus,	\$	
etc.)		
Other	\$	
Total Monthly Expenses	\$	



Release of Information

I hereby authorize Copper River native Association to disclose or receive the following information from my records:

Name:	Date of Birth:
Address:	
Phone Number:	SSN:
Information to be released to CRNA:	
the action has been taken in reliance to this au	d in writing at any time except to the extent that thorization. Unless otherwise revoked, this event, or condition:
Information is to be released to Copper River N programs administered under Tribal and Comm officers, and physicians are hereby released of of the above information to the extent indicate	nunity Services. This facility, its employees, any legal responsibility or liability for disclosure
Signature	Date
Signature of Parent/guardian or other Authorized Persor	n Date

PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by federal regulations (42 CFR Part 2) prohibiting you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains.

A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. Federal Regulations state that any persons who knowingly violate any provision of this law shall be fined not more than \$50,000, in case of a first offense, and not more than \$1.5 million in the case of each subsequent offense. This release of information shall be in effect while I am an applicant or recipient of the CRNA TCS P.L. 102-477 Program, and for any later investigations pertaining to my eligibility and receipt of the CRNA TCS P.L. 102-477 Program benefits. A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

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