



Cook Inlet Tribal Council Tribal Temporary Assistance to Needy Families APPLICATION FOR SERVICES

WHAT KIND OF HELP DO YOU NEED? *PLEASE CHECK*

Cook Inlet Tribal Council Tribal TANF delivers the following services: / For State of Alaska services please check below:

<input type="checkbox"/> Tribal Temporary Assistance <input type="checkbox"/> BIA General Assistance <input type="checkbox"/> Burial Assistance <input type="checkbox"/> Supportive Services	Other Services: <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation <input type="checkbox"/> Finding Work <input type="checkbox"/> Child Support <input type="checkbox"/> Prenatal Support	State of Alaska Services: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid <input type="checkbox"/> General Relief: ___ Rent/Utilities ___ Burial </div> <div> <input type="checkbox"/> Chronic & Acute Medical Assistance <input type="checkbox"/> Adult Public Assistance ___ assistance for the blind or disabled ___ assistance for the elderly </div> </div>
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For Heating Assistance, complete an Energy Assistance Program application.

You may file a "Request for Service" now by completing this page and giving it to the CITC Tribal Temporary Assistance Office.

If you are eligible, Cook Inlet Tribal Council Tribal TANF, Food Stamp, and Medicaid benefits start the date we received your "Request for Service." APA benefits may start later. Your application will be denied if we do not receive a completed application and if you do not have an interview within 30 days.

PLEASE PRINT

Name		Social Security Number		Other Names Used	
Home Address / Directions to Your Home		City		State	Zip
Mailing Address		City		State	Zip
SIGN HERE		Date	Home Phone Number		Message Phone

Certain applicants who are found eligible may be entitled to get food stamps within seven days. Please answer these questions so we can see if you qualify for expedited service.

- | | | |
|---|------------------------------|-----------------------------|
| • Is cash and money in bank \$100 or less? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Is your household's monthly gross income less than \$150? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Are your household's monthly rent/mortgage and utility payments more than your combined monthly gross income and liquid assets? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

NOTE: If more space is needed, please write the information on page 6 or attach another piece of paper.

INFORMATION ABOUT YOU AND THE PEOPLE WHO LIVE WITH YOU

PLEASE PRINT

Name First M.I. Last			Relation to you If not related write NR.	Birth Date	Sex M-Male F-Female	Provide the information requested below for the people for whom you want benefits.		Ethnicity (Optional) Hispanic Or Latino?	Race (Optional) Select one or more: AN - Alaska Native AI - American Indian AS - Asian BL - Black/African-American PI - Native Hawaiian/ Pacific Islander WH - White			Education Level Write in highest grade completed in school
						Social Security Number	U.S. Citizen Or National?					
			Self				YES NO	YES NO	AN BL	AI PI	AS WH	
							YES NO	YES NO	AN BL	AI PI	AS WH	
							YES NO	YES NO	AN BL	AI PI	AS WH	
							YES NO	YES NO	AN BL	AI PI	AS WH	
							YES NO	YES NO	AN BL	AI PI	AS WH	
							YES NO	YES NO	AN BL	AI PI	AS WH	
							YES NO	YES NO	AN BL	AI PI	AS WH	
							YES NO	YES NO	AN BL	AI PI	AS WH	

Note: Disclosure of your Race and Ethnicity information is voluntary and will not affect your eligibility or level of benefits. This information will be used to assure that program benefits are distributed without regard to race, color or national origin.

1. Has anyone received or is expected to receive money from a job or self employment? ☐ Yes ☐ No *If yes, complete the information below.*

person employed	employer	# hours worked	hourly wage	how often paid?
		/week		
		/week		
		/week		
		/week		

2. Has anyone received or is expected to receive any money from any other sources (not including income listed above)?

(SSI, Native TANF, unemployment insurance, VA, Worker's Compensation, etc.)

owner/source/amount	owner/source/amount	owner/source/amount

3. List how much money your household has in cash or bank/credit union accounts.

cash	bank/credit union	account holder	bank/credit union name	account number	account type
\$	\$				
\$	\$				
\$	\$				
\$	\$				

4. List any land or buildings, fishing permits, stocks, bonds, or other items of value owned by you or anyone in your household.

owner	type of property/asset	value	owner	type of property/asset	value	owner	type of property/asset	value
		\$			\$			\$
		\$			\$			\$

5. List all vehicles owned by you or anyone in your household (cars, trucks, motorcycles, boats, RVs, snowmobiles, etc.).

owner	type of vehicle/model	year	how is vehicle used?	value	amount owed
				\$	\$
				\$	\$
				\$	\$
				\$	\$

6. List how much your family pays each month for rent/mortgage and utilities. <i>Do you pay for your home heating costs?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		rent/mortgage amount \$	utilities amount \$
7. Does anyone in your household pay for child care or dependent care expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No		amount \$	
8. Does anyone in your household pay child support? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, who?</i>		amount \$	
9. Are you requesting assistance for anyone in your household who is pregnant? <i>If yes, who?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>When is baby due?</i>	
10. Has anyone in your household received public assistance (Temporary Assistance, cash, food stamps, Medicaid) in Alaska or any other state? <i>If yes, who, when and where?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Is any adult in your household fleeing from prosecution, custody, or confinement for a felony or class A misdemeanor? <i>If yes, who?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Have you or anyone in your household been convicted of a drug-related felony for an offense that occurred on or after August 22, 1996? <i>If yes, who?</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you are not applying for medical assistance, skip questions 13-16.

13. Is anyone in your household eligible for personal or employer-provided health insurance, Public Health Service, Indian Health Service, TRICARE, or VA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, complete the following:</i>			
names of insured persons		insurance company name, address and phone number	
		policy and group number	
14. Does anyone in your household have Medicare coverage? <i>If yes, complete the following:</i> <input type="checkbox"/> Yes <input type="checkbox"/> No			
person's name	Medicare claim number	person's name	Medicare claim number
15. Does anyone in your household have unpaid medical bills from the last three months? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, who?</i> <i>What months?</i>			
16. Does anyone in your household have medical problems or medical costs due to an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, who?</i> <i>Date of the accident</i>			

AUTHORIZED REPRESENTATIVE

I have asked this person to help with my public assistance case.

Name of Person

Phone/Message Number

ALTERNATE PAYEE

Do not complete this section if you do not want someone else to receive or spend your Tribal Temporary Assistance or Food Stamp benefits.

I want this person to be able to receive and spend my Tribal Temporary Assistance or Food Stamp benefits on behalf of my household.

Which benefits? ☐ Cash ☐ Food

Name of Person

Phone/Message Number

Address

City

State

Zip

Food Stamps Subsistence Statement--for rural areas only

My household intends to satisfy a substantial portion of our food needs by subsistence hunting and fishing. We do not intend to use these food stamps to buy equipment for commercial hunting and fishing. We understand we may not use the food stamps to buy guns, rifles, traps, fuel, ammunition, or clothing.

Signature of Applicant or Other Adult Household Member

Date

STATEMENT OF TRUTH

Under penalty of perjury or unsworn falsification, I certify that the statements made on the application and during my interview for assistance regarding the persons in my home, income, resources, property, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge.

I have read (or had read to me) and understand my rights and responsibilities as described in the "Your Rights and Responsibilities" page that is included in this application.

Signature of Applicant

Date

Signature of Other Adult Applicant

Date

Signature of Fee Agent or Helper

Date

Signature of Witness if Signed with an "X"

Date

NOTES

A large, empty rectangular box with a thin black border, occupying the majority of the page below the 'NOTES' header. It is intended for the user to write their notes.

COOK INLET TRIBAL COUNCIL
TRIBAL TEMPORARY ASSISTANCE TO NEEDY FAMILIES
REQUEST FOR CONTACT PERSONS AND
ORGANIZATIONS

We often need to contact persons or organizations that can verify your situation to determine your eligibility for temporary assistance. When we contact these persons or organizations, we tell them our name, title, and that we work for Cook Inlet Tribal Council Tribal TANF Program or the Division of Public Assistance. We are prohibited by law from telling them anything about you or about your Temporary Assistance Case.

The information we most often need to verify is where you live, who lives with you, and your household's income and resources. We may also ask for information about absent parents for Temporary Assistance and Medicaid applicants.

Please provide the information requested below:

NAME OF SOMEONE WHO KNOWS YOU WELL

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER

NAME OF SOMEONE WHO KNOWS YOU WELL

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER

NAME OF LANDLORD

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER

FINANCIAL INSTITUTION (BANK, CREDIT UNION)

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER

EMPLOYER

MAILING ADDRESS

DAYTIME TELEPHONE NUMBER

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PARTICIPANT APPEAL

If you disagree with an action taken by the CITC Tribal TANF program that affects the benefits, you may file an appeal within 30 days of action. You may continue to receive Tribal TANF benefits until a CITC agency appeal decision is made if you request in writing continuing cash assistance. If the appeal decision is not in your favor, you will be responsible to pay back any extra benefits you received while awaiting the appeal decision.

CITC CLIENT GRIEVANCE

If you disagree with the services offered, or the way you are treated, you must follow the client grievance procedure outlined in CITC Policy #3.100.

The first step in either an appeal or grievance is to contact the staff with whom you have a complaint to attempt to resolve the disputed action.

If you are unable to resolve the disputed action with the staff, you then meet with the staff's supervisor who will work with you to resolve the complaint.

For a grievance, if your complaint remains unresolved, you then provide a written complaint to the CITC CRP Officer at 3600 San Jeronimo Drive, Anchorage, AK 99508. You will work with the CRP officer until a solution is reached.

CHANGES IN HOUSEHOLD CIRCUMSTANCES

You must report changes in your household within 10 days of when you learn of the change. You may do this by contacting the CITC Tribal TANF office by phone, in person or in writing. You are required to report the following changes:

1. Changes in employment-starting or stopping a job, change in wage rate, change from part-time to full-time or full-time to part-time.
2. Changes in the source of unearned income and changes in the amount of total unearned income greater than \$50.00 per month. (Examples: Social Security or Unemployment)
3. When someone moves into or out of your home (report within 5 days when a child is/or going to be absent)
4. If you change your residence or get a new mailing address; you need to verify your new shelter costs if you move or we cannot use them in calculating your benefits.
5. If your household gets a vehicle or sells any item to obtain cash.
6. If your household has more than \$2000 in cash and money in bank accounts.
7. Changes in your legal obligations to pay child support

WORK/SCHOOL REQUIREMENTS

Tribal Temporary Assistance is a Work First program. To receive Tribal Temporary Assistance you may have to participate in work activities. Tribal Temporary Assistance participants must meet with their case manager and develop a family self-sufficiency plan that lists steps you will take to become financially independent. You must participate in approved work activities unless you qualify for an exemption. If you are employed and voluntarily reduce your hours or income without good cause and do not have approval from the case manager, a job quit penalty may be applied to the case. If you are an unmarried minor parent, to receive Tribal Temporary Assistance you must live with a parent or in another approved living arrangement and attend school or training. If you have school age children they must be enrolled and attending school. Failure to provide school attendance and grade verification reports may result in a penalty being applied to the case. If you do not fulfill these work and education requirements, or minor parent requirements your cash assistance benefits may be reduced or ended.

HOME VISITS

A CITC Tribal Temporary Assistance worker may visit your home and may contact other people to verify your eligibility for assistance for any or all of the following reasons: household composition, residence, and/or income and resources. If you do not cooperate with the home visit, your TANF case will be closed. A home visit may also be conducted if you are under a Tribal Temporary Assistance penalty. It is in your best interest to cooperate with a penalty home visit. If there is no cooperation, your assistance could be further reduced or ended. For these several types of home visits, no appointment will be set up with the participant ahead of time.

FRAUD PENALTY WARNINGS

You may be prosecuted if you knowingly give false, incorrect, or incomplete information to get or try to get Tribal Temporary Assistance benefits you are not eligible for, or to help someone else get benefits for which they are not eligible. You must repay any benefit you wrongly receive.

WARNING: Any information you provide to Cook Inlet Tribal TANF Program may be used against you in a Court of Law or for implementing an Administrative Disqualification Hearing which will result in an Intentional Program Violation disqualification from Tribal TANF.

If you misrepresent your residence or identity to receive multiple benefits, you can be barred from receiving Tribal Temporary Assistance for 10 years.

Other penalties may also apply.

POST TRIBAL TANF SERVICES

If your Tribal TANF case closes because of earnings, you may still be eligible for other services to help your family move from welfare to work. Tribal TANF recipients may get child care assistance and caseworker support when their case closes for earnings, please contact the CITC Tribal TANF office for more information.

You may also be eligible for additional services offered by the State of Alaska Division of Public Assistance such as Food Stamps and Medicaid, please contact your case manager or nearest Division of Public Assistance Office for more information.

CHILD SUPPORT INFORMATION AND COOPERATION

Alaska must collect child support and medical support from any parent who has the duty to pay support to a Tribal Temporary Assistance recipient. This includes any money owed to you at the time you apply, as well as current and future child support payments.

Any child support payments given or paid to you while receiving Tribal Temporary Assistance benefits must be reported and turned over to the CITC Tribal Temporary Assistance Program immediately. If you wish to change a child support order, you must obtain a new court order or get permission from the State of Alaska Child Support Services Division (CSSD).

Note: If you believe you have a good reason not to cooperate with CSSD for the Tribal Temporary Assistance program, you must tell your caseworker immediately. You may be asked to provide information to support your reason.

When you apply for Tribal Temporary Assistance you must:

- Sign over to the CITC Tribal Temporary Assistance Program your right to receive and keep child support payments due to you or to a child on Tribal Temporary Assistance.
- Cooperate with the Child Support Services Division (CSSD) by providing information to establish paternity, help locate an absent parent, and enforce a child support obligation.
- Non-cooperation with CSSD can result in a penalty applied to the case or case closure.

AMERICANS WITH DISABILITIES ACT OF 1990

Cook Inlet Tribal Council, Inc. complies with Title II of the Americans with Disabilities Act of 1990. If you have questions, contact the CITC Corporate Affairs Officer at (907) 793-3407.

SOCIAL SECURITY NUMBERS

You must provide or apply for a social security number for yourself and each household member for whom you are seeking benefits from the CITC Tribal Temporary Assistance program (42 CFR 435.910). Cook Inlet Tribal Council will use social security numbers to access information from the Social Security Administration data system.

SPENDING POLICIES FOR TANF ASSISTANCE PROGRAMS: Under Federal Law (section 4004(c) of P.L. 112-96) it is illegal to make purchases with or to access the cash benefits on EBT cards at any ATMs that are located in bars, liquor stores, gambling or adult entertainment establishments. If you fail to abide to this policy a payee may be required.

I certify that I have read and understand the entirety of this document.

Signature of Participant/ Date

Signature of Other Adult/ Date