

Tribal Affiliation

Alaska Native/American Indian

Tribal Affiliation: _____

Descendent of Member: _____

Roll Number: _____

Section 2 Characteristics of Client

Family Income Certification:

Total Family Income for last 12 months: _____

TANF \$ _____ Date Started _____ Date Ending _____

Food Stamps \$ _____ Date Started _____ Date Ending _____

Social Security \$ _____ Date Started _____ Date Ending _____

Disability \$ _____ Date Started _____ Date Ending _____

Workman's Compensation \$ _____ Date Started _____ Date Ending _____

Child Support \$ _____

Food Commodities/Distribution \$ _____

Medicaid: ____ Yes ____ No

Other Assistance Received: _____

Check all that applies to your immediate request for services:

Work Activities	Education and Training	Other Activities
<input type="checkbox"/> Employment	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Life Skills
<input type="checkbox"/> Job Search	<input type="checkbox"/> GED	<input type="checkbox"/> Parenting Skills
<input type="checkbox"/> Volunteer Work Experience	<input type="checkbox"/> ESL	<input type="checkbox"/> Establishing Paternity
	<input type="checkbox"/> Literacy Improvement	<input type="checkbox"/> Get Child Support
	<input type="checkbox"/> Job Skills Training	<input type="checkbox"/> Substance Abuse
	<input type="checkbox"/> Employment Counseling	
Other _____	Other _____	Other _____

Section 3 Barriers to Employment (Multiple Barriers=3 or more)

For Federal program reporting purposes- please check all that apply:

<input type="checkbox"/> Single Head of Household	<input type="checkbox"/> Did not complete High School	<input type="checkbox"/> Homeless
<input type="checkbox"/> Limited English proficiency	<input type="checkbox"/> No GED	<input type="checkbox"/> Unemployed 15 weeks or more
<input type="checkbox"/> Disabled individual	<input type="checkbox"/> Low math skills (below 7 th grade)	<input type="checkbox"/> Not in Labor Force
<input type="checkbox"/> Ex-offender	<input type="checkbox"/> Substance abuse issues	<input type="checkbox"/> TANF recipient
<input type="checkbox"/> Limited reading skills	<input type="checkbox"/> Lacks work history	<input type="checkbox"/> Long Term TANF (60 months or more)
<input type="checkbox"/> Receiving Public Assistance (Government or Tribal)	<input type="checkbox"/> Pregnant/parenting teen	<input type="checkbox"/> Under employed/Low Income

I certify that the information given on page one (1) is true to the best of my knowledge. I understand that this information may be confirmed. Any state, Federal or local Agency, or former employer is free to release information about me regarding this application. I understand that if I have deliberately given false information, to disseminate employment and educational information to potential employers for the purpose of assisting me in obtaining assistance, training, education or employment.

Applicant Signature

Date

Guardians Signature

Date

