

# *Kenaitze Indian Tribe*

P.O. Box 988, 1104 Mission Street, Kenai, AK 99611

Tel. 907-335-0669 Fax: 907-335-0989

[sbarbaza@kenaitze.org](mailto:sbarbaza@kenaitze.org) [www.kenaitze.org](http://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 907-335-0669 or email at [sbarbaza@kenaitze.org](mailto:sbarbaza@kenaitze.org) .

Thank you,

Sonja Barbaza  
Educational Services Assistant

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## Workforce Investment Act Comprehensive Services Application

GENERAL INFORMATION			Record No.
Last name	First	MI	SSN
Mailing address		City	State      Zip
Physical address		City	State      Zip
DOB	Sex:	Phone Number	Message Phone
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: _____			
<b>Permanent Contact Information:</b> 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 Elementary/secondary grade	<input type="checkbox"/> Junior or Senior in college
<input type="checkbox"/> Completed 11 <sup>th</sup> grade or went thru the 12 <sup>th</sup> grade but did not receive a diploma	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> High school graduate or equivalent (GED)	<input type="checkbox"/> 5 years of college
	<input type="checkbox"/> 6 or more years of college
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? <input type="checkbox"/> Yes <input type="checkbox"/> No    Receiving unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you exhausted unemployment insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Check your current employment status:	
<input type="checkbox"/> Employed, full time	<input type="checkbox"/> Employed, part time
<input type="checkbox"/> Not in Labor Force, not actively seeking work prior to applying for this program	<input type="checkbox"/> Unemployed
Do you need to work because of a change in your marital status due to death, divorce or separation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a current JOBS Program participant (within 6 mo.)? <input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_

## Plan for Employment and Training Activities

Last name	First	MI	Family Size	
Briefly summarize goal _____ _____				
Type of Training	Projected length of training	Name of School		
Address	City	AK	Zip	
List client responsibilities: _____ _____ _____				
WIA program responsibilities: _____ _____ _____				

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
KIT Employment and Training Counselor

\_\_\_\_\_  
Date

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## Authorization for Release of Information

Last name	First	MI	DOB	SSN
Mailing address		City	State	Zip
Employer's name			Phone number	
Employer's name			Phone number	
Name of School/College attended		Name of School/College attended		
<p>Check all services you have used:</p> <p><input type="checkbox"/> Job Service, name of counselor _____</p> <p><input type="checkbox"/> Public Assistance, name of caseworker _____</p> <p><input type="checkbox"/> State Agency, name of caseworker _____</p> <p><input type="checkbox"/> Tribal General Assistance, Nakenu Family Center or other Tribal Departments, name of case worker _____</p>				
<p>Additional comments: _____</p> <p>_____</p> <p>_____</p>				

Information needed: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the release of the information listed above to

**(Applicant's name)**

the Kenaitze Indian Tribe's (KIT) Career and Education Department, so that a determination can be made regarding my eligibility for training programs and development of employment and training plans (if applicable). By signing this document, I certify my permission to release the requested information to KIT.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date