



**NOME ESKIMO COMMUNITY**  
TRIBAL SERVICES PROGRAM  
P.O. BOX 1090  
NOME, AK 99762  
PHONE (907) 443-9110  
FAX (907) 443-9144



## **DIRECT EMPLOYMENT ASSISTANCE**

Direct Employment assistance is available to eligible applicants who require financial assistance for transitional needs to secure and/or retain employment. Transitional needs may include: travel costs, household staples, professional work attire, work gear specific to their job duties, tools, rental and utility assistance or other identified needs.

Assistance will not be granted for part-time employment unless the applicant's financial documentation reflects income that will sustain living expenses on part-time employment.

Repeat services will be determined, considering ability, prior performance, an identified financial need. Employment history since prior service will be evaluated. No more than one (1) repeat service per client will be approved unless it is determined that the request for assistance is justifiable and denial of services will cause undue hardship.

### **Pre-Employment Services:**

These services include licensing, certification, CDLs and costs associated with obtaining physicals as long as the request is required to obtain employment.

### **Eligibility Criteria:**

- 1) Tribal members residing in Nome and enrolled to Nome Eskimo Community or a tribe located outside the region.
- 2) Accepted regular employment that will meet their basic needs.
- 3) Applicant reflects a documented need for financial assistance during a transitional period.

A resident is defined as an individual who has physically lived in the Bering Strait region for a minimum duration of one (1) year. The only exception is for individuals moving to the community.

Alaska Natives or American Indians who are enrolled with a federally recognized tribe located outside the Nome but live within the community for a minimum duration of one (1) year shall be eligible to apply for services, but will be encouraged to contact and apply through their tribal entity before services are considered.

Nome Eskimo Community tribal members who have moved and currently reside in another region within one year are eligible to apply, but are low priority. These requests will be determined on a case-by-case basis.

**Application deadlines:** Applications are processed as received. Determinations are made based on the order that complete applications are received.

**Application procedures:** Applicants must submit the following documents

- 1) Tribal Services Direct Employment Assistance Application
- 2) Employment Verification that reflects: title of position, hire date, starting date, position status (full-time or part-time), starting wage and date of first pay check.
- 3) Landlord Verification (if applicable).
- 4) Tribal enrollment verification for applicant (if you are enrolled with Nome Eskimo Community the Tribal Services staff can verify your membership with the Tribal Enrollment Officer).
- 5) Marriage certificate and tribal membership verification for spouse, if applicable.
- 6) State issued birth certificate and tribal membership verification for dependents, if applicable.
- 7) Letter from the applicant itemizing basic need item(s) and amount.

Applications will not be processed until **all** required documents are received and the file is complete.

**Determination process:**

- 1) Application is reviewed upon receipt.
- 2) If incomplete, staff will request required documents to complete the application. If the applicant fails to submit required documents, the request will not be considered.
- 3) When complete, a determination for services will be made applying the Direct Employment Assistance policies and procedures to determine eligibility.
- 4) The Applicant will be notified immediately of determination.
- 5) If approved, the process to render services will begin. If denied, the applicant will be provided a letter outlining the basis for denial and the appeals process, should the applicant choose to appeal.

**Nome Eskimo Community**  
**Application for Tribal Services Assistance**  
**\*\*\*INCOMPLETE APPLICATION WILL NOT BE PROCESSED\*\*\***

DATE OF APPLICATION: \_\_\_\_\_

**1. What service or assistance are you applying for?**

Higher Education/Vocational Training – supplemental funds to assist eligible applicants.  
 Direct Employment – one-time assistance with transitional costs to obtain and/or retain employment.  
 Welfare – assistance with shelter, utilities, food or clothing when insufficient resources are available.  
 Other (PLEASE LIST): \_\_\_\_\_

**2. CONTACT INFORMATION**

Home Phone #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**3. HOUSEHOLD INFORMATION**

Full Legal Name	Social Security Number	Date of Birth			Age	Relation to Applicant	Enrolled w/ what tribe	Grade Completed
1.						SELF		
2.								
3.								
4.								
5.								
6.								
7.								
8.								

**4. Are you a veteran?**    Yes    No    If yes, date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. Are you registered with selective service?**    Yes    No

**6. Where do you live now?**    Own Home    Rent House or Apartment    Rent Room  
 With Relatives    With Friend    Other (please explain): \_\_\_\_\_



8. List each household member's expenses he/she is responsible for paying. Blank rows are provided if any household member has expenses not listed so the information may be listed for the review in this assistance application.

Expense/Bill	Amount Due	Date Due	Total Bill	Recipient of Expense
Rent or Mortgage				
Utilities – electricity, water, sewer, garbage				
Heating – household oil, fuel, wood				
Food				
Telephone				
Propane				
Transportation (for work)				
Household cleaning supplies				
Personal hygiene supplies				
Clothing				
Other (child care)				
other				
TOTAL MONTHLY EXPENSE				

9. List account information and availability of funds, use the back page if more space is needed:

Name of Bank or Financial Institution	Type of Account	Balance Available	Name(s) on Account
	Checking Savings Other (explain)		
	Checking Savings Other (explain)		

**10. READ BEFORE SIGNING:** I (We) apply for financial assistance for 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. The Federal law concerning fraud states: "whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes or uses any false writing documents, knowing the same to contain any false fictitious or fraudulent statements or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both. I (We) agree to supply information regarding resources and income and to notify the agency of any charges in my (our) situation. NEC Tribal Services is authorized to obtain information necessary to establish eligibility for assistance.

Applicants Signature

Date

Co-Applicants Signature Date





I, \_\_\_\_\_, Social Security No. \_\_\_\_\_,  
(print your name)

Do hereby request the State of Alaska, department of Labor and Workforce Development, Employment Security Division, to release copies of documents and/or information. As specifically described hereon, from the confidential records maintained by the Employment Security Division, to:

**Recipient:** \_\_\_\_\_  
(Print Recipient's name)

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

**Records/Information to Release:** (Please specifically describe the records and/information you are requesting to be released to the recipient): \_\_\_\_\_  
\_\_\_\_\_

**Purpose:** If approved by the Employment Security division, the specific purpose(s) for which the request records or information about me are to be released is are (described or explained what you intent the records to be used for by the recipient named above), and are not to be used for any other purpose by the recipient named above, nor are the records to be re-disclosed by the recipient to any other party for any purpose: \_\_\_\_\_  
\_\_\_\_\_

**Authorization:** (please sign your name below to authorize release of records and/or information to recipient named above for the purpose stated above)

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Date)

**My Authorization for release of Records/Information expires on** \_\_\_\_\_  
(Date)

Please return the original signed copy on this Request to Release Confidential Records/Information form to:

**Alaska Department of Labor and Workforce Development  
Employment Security Division  
P.O. Box 115509  
Juneau, Alaska 99811-5509  
Attn: UI Support Unit/Custodian of Records**

**You may FAX a copy of this signed request form to UI Support Unit  
Fax: (907) 465-2741**

**(PLEASE SEE Special note on THE THIS PAGE)**

Special Note: Alaska Statute )AS) 23.20.110 prohibits disclosure, re-disclosure or use of any confidential records or information maintained by the State of Alaska, Department of Labor and Workforce Development, Employment Security division, for any purpose not authorized by AS 23.20.110, and without the express permission of the

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Employment Security Division. Under Alaska statutes 23.30.110 and 23.20.115, whoever discloses, re-discloses, or mis-uses records or information under AS 23.20.110. is guilty of a Class B Misdemeanor.

As an individual requesting the disclosure of records, you request for disclosure may be denied by the Employment Security division if disclosure is not allowed under Alaska Statute 23.20.110

Please contact the UI Support Unit at (907) 465-4691, if you have any question concerning the disclosure of confidential Unemployment Insurance or Wage records by the Employment Security Division.

## INDIVIDUAL SELF-SUFFICIENCY PLAN

Applicant Name:

Date of Plan:

I understand the purpose of this Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment through specific action steps. I understand that I am required to follow the steps developed in this ISP and I must participate in activities developed in the plan that will promote my self-sufficiency. I understand that failure to do so may constitute suspension

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from the Tribal Services Program for a period of 60 days, but not more than 90 days. I also understand that if there are any changes to be made that I will contact my Caseworker in a timely manner to ensure my success.

**GOALS FOR SELF-SUFFICIENCY**

What is your short-term employment goal to be self-sufficient?

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What is your long-term employment goal to be self-sufficient?

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**STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY**

**Work Activities**

- Job Search
- Employment: full-time or part-time
- Volunteer Work Experience
- Job Sampling or Job Shadow
- On-the-Job Training
- Job Readiness

**Education/Training**

- High School Diploma
- GED
- ESL (English as a 2<sup>nd</sup> Language)
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling

**Other Activities**

- Life Skills Instruction
- Parenting Workshop
- Child Care Assistance
- Child Support
- Assessment
- Treatment

**SELF-SUFFICIENCY ACTIVITY PLAN FOR GOALS**

START DATE	ACTIVITY	PERSON RESPONSIBLE	ACHIEVEMENT DATE

Re-Determination of Eligibility Review Date:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Worker Signature

\_\_\_\_\_  
Date

**WORK SEARCH ACTIVITY SHEET**

**Applicant:** Must apply for a minimum of (3) three jobs as required to be considered eligible for services.

**Employer:** Please complete the form below for the applicant who is pursuing employment with your organization or business

**Work Search #1** Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer or Business Name: \_\_\_\_\_

<b>Submitted a Complete Application</b>	Yes	No	<b>Was Applicant Offered Employment</b>	Yes	No	
<b>Submitted a Resume</b>		Yes	No	<b>Did Applicant Accept Employment</b>	Yes	No
<b>Was Applicant Interview for a Job</b>	Yes	No	<b>Did Applicant Refuse Employment</b>	Yes	No	

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Employer/Supervisor printed Name

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Work Search #2** Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer or Business Name: \_\_\_\_\_

<b>Submitted a Complete Application</b>	Yes	No	<b>Was Applicant Offered Employment</b>	Yes	No	
<b>Submitted a Resume</b>		Yes	No	<b>Did Applicant Accept Employment</b>	Yes	No
<b>Was Applicant Interview for a Job</b>	Yes	No	<b>Did Applicant Refuse Employment</b>	Yes	No	

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Employer/Supervisor printed Name

Comments: \_\_\_\_\_  
\_\_\_\_\_

**Work Search #3** Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer or Business Name: \_\_\_\_\_

<b>Submitted a Complete Application</b>	Yes	No	<b>Was Applicant Offered Employment</b>	Yes	No	
<b>Submitted a Resume</b>		Yes	No	<b>Did Applicant Accept Employment</b>	Yes	No
<b>Was Applicant Interview for a Job</b>	Yes	No	<b>Did Applicant Refuse Employment</b>	Yes	No	

\_\_\_\_\_  
Employer/Supervisor Signature

\_\_\_\_\_  
Employer/Supervisor printed Name

Comments: \_\_\_\_\_  
\_\_\_\_\_