Cheesh'na Tribal Council
HC01 Box 217
Gakona, AK 99586
907-822-3503
tribaladmin@cheeshna.com

General Assistance Application Packet

Check List of Required Documents

- ☐ Complete GA Application
  Application needs to be signed and dated by applicant and CTC
- ☐ Complete Individual Self Sufficiency Plan (ISP)
- ☐ Eligibility Review Form

Copies of the Following:

- ☐ Proof of Current Bills
  For Deductions and Residency
- ☐ Tribal ID or Certification of Indian Blood
- ☐ Photo ID
- ☐ Social Security Card
  If SSN is not listed on Application
- ☐ Proof of ALL income for the month the application is submitted
  Examples:
  - Employment Wages
  - Child Support
  - Unemployment Income
  - Self-Employment Income
  - Tax Returns
- ☐ Bank Statement for the month that the application was submitted

Date Received By CTC:

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Application For Welfare Assistance

****Incomplete Applications Will NOT be Processed****

APPLICANT INFORMATION

Name: (First)	(Middle)	(Last)	**Date of Birth:** / /
Maiden Name or other names used:	**Regional Corporation:**		
Mailing Address:	**City:**	**State:**	**Zip:**
Physical Address:	**City**	**State:**	**Zip:**
Home Phone:		**Message Phone:**	
Cell Phone:		**Email Address:**	

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

List ALL MEMBERS of the Household. Enter an asterisk (*) in the box at the left of the name for each person NOT INCLUDED in General Assistance application budget.

*	Full Name	Relationship To Head of Household	Birth Date	Social Security #	Sex M or F	Tribal Enrollment #	Monthly Income
			/ /				$
			/ /				$
			/ /				$
			/ /				$
			/ /				$
			/ /				$
			/ /				$
			/ /				$

Marital Status – Married (MA) Not Married (NM) Separated (SE) Legally Separated (LS) Divorced (DI) or Widowed (WI)

Highest Grade Completed: GR = Grade School HS/GED = High School Diploma BA = Bachelor's Degree

Members of Household with Physical or Mental Handicaps

Name	Nature of Problem	Temporary or Permanent	Minor or Major	Verified
				☐ Yes ☐ No
				☐ Yes ☐ No

How Many Persons Live in the Home: _____ **Adults** _____ **Children**

Type of Services Applying For: ☐ **General Assistance** ☐ **Emergency**
For home burnout, flooding, etc.
NOT for eviction/shutoff notices
Medical travel, funeral travel, etc.
Per 25 CFP Part 20

Where do you live now? ☐ **Own Home** ☐ **Rent House/Apartment** ☐ **Rent Room** ☐ **With Relatives**

☐ **With Friend(s)** ☐ **Other:** _____

Are you or any member of your household a shareholder in a Native Corporation? ☐ **Yes** ☐ **No**
If yes, list the name of the household member and Corporation(s) here: (use backside of form if necessary)

Members of Household Who Own Shares in a Native Corporation		
Name	**Native Corporation**	**#Shares Owned**

Have you received ATAP or TANF in the last month: ☐ **Yes** ☐ **No** **If yes, how much? $**_____

Has your ATAP or TANF been reduced due to penalties: ☐ **Yes** ☐ **No** **Reason:** _____

Have you been terminated from ATAP/TANF: ☐ **Yes** ☐ **No** **Date of Termination:** ____/____/____

Have you been determined ineligible for ATAP/TANF: ☐ **Yes** ☐ **No** **Reason:** _____

Have you been denied ATAP/TANF: ☐ **Yes** ☐ **No** **Reason:** _____

Are you eligible to reapply for ATAP/TANF: ☐ **Yes** ☐ **No** **Reason:** _____

What TANF Office did you receive assistance from: **Please list:** _____

Explain FULLY, how you have supported yourself during the past three (3) months and what has changed in your situation to cause you to apply for assistance. Failure to complete this section will render this application incomplete & therefore will not be processed.

RECORD OF INCOME AND RESOURCES

Does anyone in your household have income from any source? ☐ **Yes** ☐ **No**
*If yes, list the name of household member (s), source of income and amounts below***.**

***** YOU ARE REQUIRED TO REPORT INCOME RECEIVD FROM THE FOLLOWING*****

Source of Income & Resources	Amount	Name of Household Member
Salary #1: Applicants Income/Salary	**$**	
Salary #2: Spouses Income/Salary	**$**	
Tips or Gratuities	**$**	
ATAP-TANF – ASAP (State Assistance)	**$**	
Child Support and Alimony	**$**	
Foster Care Payments	**$**	
Adult Public Assistance (APA)	**$**	
Social Security (SSA)	**$**	
Supplemental Security Income (SSI)	**$**	
Disability Insurance	**$**	
Alaska State Permanent Fund (PFD)	**$**	
Cash Out of Retirement or Pension Plan	**$**	
State Longevity	**$**	
Veterans Benefits	**$**	
Unemployment Insurance Benefits	**$**	
Workers Compensation	**$**	
Food Stamps	**$**	
Medicare/Medicaid	**$**	
Native Corporation Dividends	**$**	
Checking Account Balance	**$**	
Savings Account Balance	**$**	
Student Loans/Grants/Scholarships	**$**	
Bingo or Pull Tab Winnings	**$**	
Other Income:	**$**	
TOTAL MONTHLY INCOME	**$**	

MONTHLY SHELTER COSTS

***** PROVIDE ALL EXPENSES FOR THE CURRENT MONTH *****

Rent	**$**	**Telephone**	**$**
Space Rent	**$**	**Water**	**$**
Mortgage Payment	**$**	**Sewer**	**$**
Electricity	**$**	**Household Oil/Fuel/Wood**	**$**
Heating	**$**	**Other:**	**$**
Other:	**$**	**Other:**	**$**

READ BEFORE SIGNING

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. ξ1001, the Federal Law concerning fraud which carried a fine of not more than $10,000 or imprisonment of not more than fives 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 Privacy Act.

Initials of Applicant _____

Applicant Signature	**Signature of Other Adult Household Member**
Printed Name	**Printed Name**
Date	**Date**
Tribal Representative Signature	**Date**

*********FOR OFFICE USE ONLY ************

Date Application Received: **Application Received By:**

DECISION OF APPLICATION: **□ Approved** **□ Denied** **Date: __/__/____**

Review Dates: 1 Month Review __/__/____ 3 Month Review __/__/____ 6 Month Review __/__/____

COMMENTS/NOTES:

Caseworker Signature: **Date: __/__/____**