

GWICH'IN TRIBAL GOVERNMENT  
GENERAL ASSISTANCE-WORK EXPERIENCE PROGRAM

Before the Gwichyaa Gwich'in Tribal Government can give Social Services help, it must get information about you and your family. The authority which authorizes the Gwichyaa Gwich'in Tribal Government to provide such published in Title 25 of the United States Code at Section 13 and is that necessary for Social Services to decide if you qualify for help. That is the main purpose it will be used for. Payment standards are based on the applicable ASAP assistance rates for the state in which the program is administered.

You have just filed an application out for the Gwichyaa Gwich'in Tribal Government/General Assistance-Work Experience Program (GA-WEP). GA-WEP can give you cash assistance if you meet certain eligibility requirements.

Under the Privacy Act, 5 U.S.C. 552(a) Sect. 7(a)(1)(2), Social Services cannot give out the information you give the caseworker except Social Services can share this information with other Federal, State, Tribal offices and programs who have some responsibility with the Social Services for which you are applying. The information can also be given to agencies when you ask them for a job or for some other benefit and for law enforcement purposes. This can be done without your written consent. For any other person or program wanting information from your case record file, you must first give your written consent. You have a right to know what information is in your case record and you can ask to see it. If you believe some information is inaccurate, ask your caseworker about how to change the information in the case record.

The amount of grant assistance you may receive is based on State standards of public assistance less your income resources. The information you give must be accurate, if your circumstances change, you must report this to your Social Services office. In this way, Social Services can give you the proper assistance you are eligible to receive. Within the limits of the authority, the Social Services Program wants to help you. Ask your caseworker to more fully explain any of the information given to you. If you give inaccurate information and receive assistance to which you are not entitled, you must pay it back.

There is a work search requirement under the GA-WEP. This means that you will normally be required to look for work each month. Children, people who cannot work because of age or physical, mental disabilities and people who are working are among those who may not be required to look for work. If you are required to look for work your assistance may be discontinued if you do not follow through with the work search each month.

When you fill out an application for Social Services, you have a right to a written decision within 30 days, in some cases, it may take up to 45 days. If you disagree with the decision, you may have a review of the decision by seeing your caseworker or supervisor. You also may file an appeal and have a hearing. The policy for Social Services is in Title 25 of the Code of Federal Regulations at Part 20 and in Part 66 of the Bureau of Indian Affairs Manual.

NOTICE FOR AN INTERESTED PARTY TO A DECISION

AFTER THE DATE THAT YOU HAVE APPLIED FOR THE GA-WEP ALL INCOME MUST BE REPORTED. SUCH AS: EMERGENCY FIRE FIGHTING, EMPLOYMENT AND ALL OTHER BENEFITS, DIVIDENDS, UNEMPLOYMENT, ETC.

25 CFR CH.I (4-1-86 EDITION)

20.14 ADJUSTING INCORRECT PAYMENTS

(A) WHEN THE GWICHYAA GWICHIN TRIBAL GOVERNMENT GA-WEP FINDS THAT AN INCORRECT PAYMENT OF FINANCIAL ASSISTANCE HAS BEEN MADE TO AN INDIVIDUAL OR FAMILY. PROPER ADJUSTMENT OR RECOVERY SHALL BE REQUIRED, BASED UPON THE INDIVIDUALS NEED AS APPROPRIATE TO THE CIRCUMSTANCES THAT RESULTED IN AN INCORRECT PAYMENT, HOWEVER PRIOR TO ADJUSTMENT OR RECOVERY BY THE GWICHYAA GWICHIN TRIBAL GOVERNMENT, THE RECIPIENT SHALL BE NOTIFIED OF THE PROPOSAL TO CORRECT THE PAYMENT AND GIVEN AN INFORMAL OPPORTUNITY TO RESOLVE THE MATTER. IF BE ATTAINED, THE RECIPIENT IS ENTITLED TO A WRITTEN NOTICE OF DECISION, AND A HEARING IF REQUESTED, IN ACCORDANCE WITH 20.12, 20.13, AND 20.30. UNLESS A HEARING IS REQUESTED OR AN APPEAL MADE, THE PROPOSED DECISION SHALL BECOME FINAL WITHIN 20 DAYS AFTER WRITTEN NOTICE IS MAILED OR DELIVERED TO THE RECIPIENT.

(B) APPLICANTS AND RECIPIENTS WHO KNOWINGLY AND WILLINGLY PROVIDE THE GWICHYAA GWICHIN TRIBAL GOVERNMENT WITH FALSE FICTIOUS OR FRAUDULENT INFORMATION ARE SUBJECT TO PROSECUTION UNDER 18 U.S.C. 1001, WHICH CARRIES A FINE OF NOT MORE THAN \$10,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

Basic Eligibility Conditions shall be:

1. The applicant must be one-fourth degree or more Indian/Alaska Native
2. Must not be eligible for/oc receiving financial assistance from ASAP (Athabaskan Self-Sufficiency Assistance Partnership) or Supplemental Security Income (Aid to the Disabled, Aid to the Blind, Old Age Assistance) are not-eligible to receive the GA-WEP. "Gwichyaa Gwich'in Tribal Government" is not intended to supplant local, State, Federal, Public Assistance, nor is it to be considered an entitlement program. GA-WEP, a component of the Gwichyaa Gwich'in Tribal Government-Social Service Programs a secondary or residual source of financial assistance for eligible Indians/Alaska Native people.
3. Must have insufficient resources to meet certain specified "essential needs" items defined by the BIA standard of assistance. The program is designed to provide temporary financial assistance for the purpose of meeting the unmet "essential needs" of food, clothing, shelter, utilities, and certain costs directly related to care for adults when no other resource is available; and provision of the GA-WEP agreement. Beyond the cost of these basic needs, only burial expensed may be included.
4. Must apply for assistance form other Federal, State or Local programs for which they may be eligible concurrent with application for the Gwichyaa Gwich'in Tribal Government-GA/WEP. As an applicant for GA-WEP, you will be required to apply for other ASAP or disability you have filed an application for one of these programs before you are allowed to receive GA-WEP.
5. Must live within the service area of the program being applied for assistance, for a period of no less than 30 days. If you are planning to make Fort Yukon your home, you must provide proof of residency by doing the following: Purchase a Post Office Box, Light Bill, Water, Sewer, etc. Need bills that show you will be paying.
6. A letter of denial from the Public Assistance Program to which you have applied. Example: (ASAP, Social Security Insurance Benefits, Unemployment Benefits, etc.) If you have complied with any requirement to file such an application, you do not have to a denial from one of these programs before you can receive GA-WEP. You may be eligible to receive GA-WEP until you are approved for and begin receiving assistance from another program. You are required to inform us of any other assistance you have received as soon as possible.
7. Must identify all household members.
8. Must be willing to cooperate with a monthly home visit.
9. Report any changes in the household. (Example: Any kind of income coming in.) Once you receive GA-WEP, you are responsible for telling us right away about changes in your income, resources, where you live, or how many people you live with. Reporting this information promptly will help you get all the GA-WEP Benefits you are entitled to, this will also help to avoid over payment.



EMERGENCY SERVICE IN TRIBAL GOVERNMENTS  
APPLICATION FOR GENERAL ASSISTANCE

**INSTRUCTIONS:** Application must be fully completed on both sides for financial assistance. Incomplete applications will not be processed.

1. Name: \_\_\_\_\_ 2. Social Security No: \_\_\_\_\_

3. Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Marital Status    SINGLE    MARRIED    SEPARATED    DIVORCED    WIDOWED

5. LIST ALL MEMBERS OF HOUSEHOLD: ENTER ASTERICK(\*) AT LEFT OF EACH PERSON NOT INCLUDED IN GENERAL ASSISTANCE-BUDGET.

NAME & SOCIAL SECURITY	DATE OF BIRTH	SEX	RELATION TO HEAD	TRIBE	GRADE COMPLETED	MONTHLY INCOME

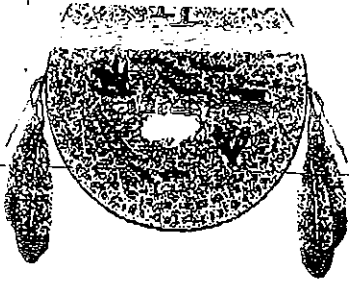
TYPE OF SERVICE APPLYING FOR:  
 GENERAL ASSISTANCE \_\_\_\_\_ BURIAL ASSISTANCE \_\_\_\_\_ EMERGENCY \_\_\_\_\_

6. WHERE DO YOU LIVE NOW:    \_\_\_ Own Home    \_\_\_ Rent    \_\_\_ Rent Room    \_\_\_ With Relatives    \_\_\_ Other

7. HOW MANY PERSONS LIVE IN THE HOUSE:    \_\_\_ ADULTS    \_\_\_ CHILDREN

8. EXPLAIN FULLY, HOW YOU HAVE SUPPORTED YOURSELF DURING THE PAST THREE MONTHS AND WHAT HAS CHANGED IN YOUR SITUATION TO CAUSE YOU TO APPLY FOR ASSISTANCE.





P. O. Box 126

PO BOX 126, EMBURY, AK 99725

Phone: (907) 662-2581

Fax: (907) 662-2222

I, \_\_\_\_\_ understand that I am not to work for a worksite until I have received the GA-WEP Eligibility Technicians, \_\_\_\_\_ permission first. If I work before I have received this information, I know that the hours will be denied and I will not receive payment for the hours worked.

Signature of GA-WEP Client

Date of Signature

Signature of GA-WEP Elig. Tech.

Date of Signature

STATE OF ALASKA  
DEPARTMENT OF LABOR-FAX 907-465-2741

UNEMPLOYMENT INFORMATION BENEFITS  
RELEASE OF INFORMATION FORM

I, \_\_\_\_\_ Social Security#-\_\_\_\_\_-\_\_\_\_\_, hereby request and authorize that you release information to the Gwichyaa Gwich'in Tribal Government, General Assistance Program any data from my file relating to the items specified below in addition to, information concerning my work history and Unemployment Insurance Claim as requested. Please state whether or not I am currently receiving Unemployment Compensation Benefits.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

IN REGARDS TO THE ABOVE NAMED PERSON:

1. Has He/She Registered for work with Job Service? YES \_\_\_ NO \_\_\_
2. Has He/She filed a claim for Unemployment Benefits? YES \_\_\_ NO \_\_\_
3. On what Date was the claim Started? \_\_\_/\_\_\_/\_\_\_
4. Last Claim Benefits for week ending? \_\_\_/\_\_\_/\_\_\_
5. The last Paid benefits for the week ending? \_\_\_/\_\_\_/\_\_\_
6. Actual Amount of Weekly Benefits? \$ \_\_\_\_\_
7. Is He/She Eligible for Extended Benefits? YES \_\_\_ NO \_\_\_  
If So, How Much? \$ \_\_\_\_\_
8. The Amount of Benefits Remaining in the Benefit Year is \$ \_\_\_\_\_

ADOL Representative/Title

Date

PLEASE FAX BACK TO: Gwichyaa Gwich'in Tribal Government  
FAX: 907-662-2222

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ authorize the release of information requested by the Gwichyaa Gwich'in Tribal Government-General Assistance Program or its designated representative. This information shall be solely for the purpose of assessment and determination of Client's Eligibility Need and will not be released to any other person or agency outside of the General Assistance Work Experience Program or its designated representative.

The designated representative of the Gwichyaa Gwich'in Tribal Government General Assistance-Work Experience Program shall be defined as the Executive Director of the Gwichyaa Gwich'in Tribal Government.

Persons or organizations that may be contacted include, but not limited to:

- State of Alaska
  - Division of Public Assistance
  - Department of Employment
    - Division of Unemployment Insurance
  - Department of Health & Social Services
- United States Department of Human Services
  - Supplemental Security Income
  - Social Security Administration
- Tanana Chiefs Conference, Inc.
  - Family Services Department
    - General Assistance Program
    - CCDBG-Child Care Assistance
- Doyon Limited
- Gwitchyaa Zhee Utility Company

**THE REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness, if signed with an "X"

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed name of Witness

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Social Security Number

DEPARTMENT OF INTERIOR  
BUREAU OF LAND MANAGEMENT (BLM)

FORT YUKON, ALASKA

AUTHORIZATION FOR RELEASE OF INFORMATION FROM BUREAU OF LAND  
MANAGEMENT

I, \_\_\_\_\_, authorize the Bureau of Land Management to release information to the Gwichyaa Gwich'in Tribal Government General Assistance-Work Experience Program (GA-WEP) for any information needed, concerning me being on the GA-WEP Program. Such as, when I went out, and when my expected date of pay is, etc. I understand that this information is to be used solely for the administration of the Gwichyaa Gwich'in Tribal Government GA-WEP.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Social Security #: \_\_\_\_\_

AGENCY USE ONLY:

DATE WHEN HE/SHE WENT FIRE FIGHTING: \_\_\_\_\_

EXPECTED MONTH OF PAYMENT/AMOUNT: \_\_\_\_\_

OTHER: \_\_\_\_\_

PLEASE MAIL OR FAX TO: Gwichyaa Gwich'in Tribal Government  
ATTN: GA Department  
P.O. Box 126  
Fort Yukon, Alaska 99740  
PH: 907-662-2581  
FAX: 907-662-2222

BUREAU OF INDIAN AFFAIRS  
GENERAL ASSISTANCE-WORK EXPERIENCE PROGRAM

INDIVIDUAL SELF-DEVELOPMENT PLAN

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

1. What is your Goal, to keep you from being on GA-WEP for a long period of time? \_\_\_\_\_  
\_\_\_\_\_

2. I plan to reach this goal by doing the following: \_\_\_\_\_  
\_\_\_\_\_

3. How employment will help me reach this goal: \_\_\_\_\_  
\_\_\_\_\_

4. Education needed to help me reach this goal (if any) \_\_\_\_\_  
\_\_\_\_\_

5. Time expected to reach this goal: \_\_\_\_\_  
\_\_\_\_\_

6. People/services I have made contact with to help me reach this goal: \_\_\_\_\_  
\_\_\_\_\_

1

~~CONFIDENTIAL AND PROPRIETARY INFORMATION~~  
APPLICATION FOR GA SERVICES

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**DOCUMENTATION NEEDED IN CLIENT FILE**

1. Completed and signed application for GA, Burial, disaster, emergency assistance.
  2. Verification the applicant is a member of an Indian Tribe. Tribal Enrollment or CDIB Card.
  3. Verification the applicant resides in the service area.
  4. Verification that the applicant must have insufficient resources to meet his/her and the family's essential needs. (food, clothing, shelter, utilities)
  5. ~~The general assistance applicant and worker develop and sign and Individual Self-~~  
Sufficiency Plan (ISP) and the applicant agrees to work toward meeting the goals and the plan.
  6. Verification that the applicant meets further eligibility criteria for the specific program (GA, Burial, Disaster, Emergency).
- 2