



## WFD APPLICATION

**NAME:** \_\_\_\_\_  
 (First) (Middle) (Last) (Also known as / Maiden Name)

**SOCIAL SECURITY #** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GENDER:**  Male  Female

**MAILING ADDRESS:** \_\_\_\_\_  
 (P.O. Box #) (City) (State) (Zip Code)

**PHYSICAL ADDRESS:** \_\_\_\_\_  
 (Street Address) (City) (State) (Zip Code)

**HOME #** (\_\_\_\_) \_\_\_\_\_ **WORK #:** (\_\_\_\_) \_\_\_\_\_ **CELL #:** (\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**TRIBAL ENROLLMENT:** (Please circle one or indicate "Other")

Aleknagik	Chignik Bay	Chignik Lagoon	Chignik Lake	Clarks Point	Dillingham
Egegik	Ekuk	Ekwok	Igiugig	Iliamna	Ivanof Bay
Kanatak	King Salmon	Kokhanok	Levelock	Manokotak	Naknek
New Stuyahok	Newhalen	Nondalton	Pedro Bay	Perryville	Pilot Point
Port Heiden	Portage Creek	South Naknek	Togiak	Twin Hills	Ugashik

Other: \_\_\_\_\_

**ETHNICITY:**  Alaska Native  American Indian  Asian  African American  Hispanic or Latino  
 Native Hawaiian  Pacific Islander  Caucasian  Other: \_\_\_\_\_

**FAMILY / LIVING SITUATION:** (Please check ALL that apply)

**MARITAL STATUS:**  Single  Living as a Couple  Married  Separated  Divorced  Widowed

**FAMILY STATUS:**  Single Individual  One Parent Family  Two Parent Family  Teen Parent  Pregnant

**LIVING SITUATION:**  Own Home  Rent Home  Rent Room  Multi-family Home  Overcrowded Living Situation  
 Homeless-Describe: \_\_\_\_\_  Other-Describe: \_\_\_\_\_

**EDUCATIONAL STATUS:**  High School Diploma – Year: \_\_\_\_\_  GED – Year: \_\_\_\_\_  
 HS Dropout/No GED: Highest Grade Completed: \_\_\_\_\_  Some College/No Degree  
 College Graduate – Type of Degree:  AA/AAS  BA/BS  MA/MS  Vocational Graduate: \_\_\_\_\_

**UNITED STATES CITIZEN?**  Yes  No – Work Permit # \_\_\_\_\_

**SELECTIVE SERVICE REGISTERED:**  Yes  No **VETERAN:**  No  Yes - Date of Discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMPLOYMENT HISTORY:** (Last or Present) Number of Jobs in the last year: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Supervisor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Brief Descript of Job Duties: \_\_\_\_\_

Salary:  Starting Hourly Wage: \$ \_\_\_\_\_  Ending Hourly Wage: \$ \_\_\_\_\_  
 Seasonal Wage: \$ \_\_\_\_\_  Annual Wage: \$ \_\_\_\_\_

Dates Worked: From: (Month/Year) \_\_\_\_\_ To: (Month/Year) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT SKILLS:** (Please check ALL that apply)

- Alaska Driver's License    Commercial Driver's License    Heavy Equipment Operator    Hazwoper Certification  
 CPR/First Aid Certified    Asbestos Certification    Electrician    Carpenter    Mechanic    Plumber  
 Welder    Laborer    Flagger Certified    Fisherman - Permit Holder:  Yes  No -  Set-Net or  Drift  
 Subsistence Provider    Other Self Employment    Traditional Craftsman: Carving/Beading/Sewing  
 BBNA Child Care Provider    State Licensed Child Care Provider  
 Multi-line Phone System    Fax Machine    Copy Machine    10-Key Calculator    Typing – WPM: \_\_\_\_\_  
 Computer Skills:  Word Processing    Excel    PowerPoint    Publisher    Outlook    Web Design    CAD  
 Other Software: \_\_\_\_\_  
 Additional Skills: \_\_\_\_\_

**CURRENT EMPLOYMENT STATUS:** (Please check ALL that apply)

- Full-time Employed    Part-time Employed    Seasonal Employed-In Season    Seasonal Employed– Not in Season  
 Hold Multiple Jobs    Unemployed    Collecting Unemployment – 15+ weeks:  Yes  No  
 Dislocated Worker    Migrant Worker    Not in the Labor Force  
 On Public Assistance (ATAP, TANF, General Assistance (GA), Food Stamps, etc.)  
 Receiving    Received within last 6 months    Long-term TANF/GA Recipient

**EMPLOYMENT BARRIERS:** (Please check ALL that apply)

- Currently Employed- Low Income    Lack of Child Care    Lacks Significant Work History    Lack of work in Village  
 Living in a Rural Area    Homemaker    Limited English Proficiency- Require translator-  Yes  No  
 Substance/Alcohol Abuse    Never had Driver's License    License Revoked/Suspended    No Transportation  
 Documented Disability  No  Yes-Describe: \_\_\_\_\_  
 In Specialized Treatment (Substance Abuse, Behavioral Health, API, etc.) Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 In Correctional Facilities – Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Open Court Case/s -  Yes  No  
 Offender – Probation ends: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Felony    Misdemeanor  
 On Third Party Custody – Release Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 None of the above

Some BBNA WFD services are subject to drug testing. **ARE YOU WILLING TO TAKE A DRUG TEST?**  Yes  No

**EMPLOYMENT GOALS:** (Please check one)

- Obtain a Job    Retain Current Job    Advance in Current Job  
 Obtain Alaska Driver's License/Commercial Driver's License (CDL)  
 Earn High School Diploma    Obtain GED    Earn College Degree    Earn Vocational Certificate    Educational Gain  
 Receive Child Care Assistance    Receive Self Employment Activity Assistance (Carving, Beading, Sewing, etc.)

**PRIORITIZED GOALS:**

- Employment Goal** \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 **Training Goal** \_\_\_\_\_  
(Name of School) (Name of Program)  
 Anticipated Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 **Education Goal** \_\_\_\_\_  
(Name of School) (Type of Degree) (Major)  
 Anticipated Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 **Other Goal- Describe:** \_\_\_\_\_ Anticipated Completion Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_





**Bristol Bay Native Association - Workforce Development**  
P.O. Box 310 • Dillingham, AK 99576 • Phone 907-842-2262 or 1-888-285-2262  
Fax 907-842-3498 • [www.bbna.com](http://www.bbna.com)

**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL.**

*I authorize and release any and all information needed by Bristol Bay Native Association (BBNA) Workforce Development Center (WFD) or its agents within the Department of Law. I understand the requested information will only be used in the administration of BBNA and BBNA Workforce Development services, and will not be released to any other person or agency outside BBNA or its agents within the Department of Law.*

*Persons or organizations that may be contacted include, but are not limited to: Department of Law; Department of Public Safety; Department of Fish and Game; Department of Labor; Department of Military and Veterans Affairs; Department of Revenue; Bureau of Citizenship and Immigration Services; Alaska Housing Finance Corporation; Social Security Administration; Tribal Children's Service Worker (TCSW), Office of Child Services (OCS), Commercial Fishing Companies; Funeral Homes; Local Governments; City Councils; Village Councils; State, Federal, and Private Educational agencies; Public Assistance program contractors and grantees; tax assessors; financial institutions; Native Corporations; stock brokerage firms; landlords; employers; school authorities; and private individuals.*

Information requested can be sent to: **Bristol Bay Native Association  
Workforce Development Center  
P.O. Box 310  
Dillingham, AK 99576**

**Fax: 907-842-3498 or 1-888-285-3498**

*This release will remain in effect while I am an applicant or recipient of BBNA WFD program services, and for any later investigations of my eligibility and receipt of benefits.*

**PRINT:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required**

**PRINT:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## RIGHTS AND RESPONSIBILITIES

### Rights:

- I shall be treated with respect.
- I understand that under Title VI SEC. 601 of the Civil Rights Act of 1964 that "No person in the United States, on the ground of race, color, or national origin, shall be excluded from participation or be denied the benefits of, or be subject to discrimination under any program or activity receiving federal financial assistance."
- I understand that all information collected by BBNA WFD will remain confidential within BBNA.
- I understand that in order for the Bristol Bay Native Association Workforce Development to provide services, it is necessary that I provide required documentation to determine eligibility to receive services..
- I will be fully informed and participate in developing a comprehensive individualized or family self-sufficiency plan within BBNA programs of services.
- I understand that I may be required to obtain other funding sources such as state, federal, local or regional private, including financial self-support.
- I must cooperate and adhere to individual program regulations, rules or requirements to access or maintain BBNA services.

### Responsibilities:

- I will treat BBNA staff with respect.
- I will report changes in my households within 10 working days a change occurs.
- I will report if a child leaves the home within 5 days.
- I will report if someone moves into my home.
- I will report starting or stopping a job, change of wage rate, change from part-time to full time or full time to part time.
- I will report money received from other sources other than working changes by more than \$50.
- I will report if I move or change a mailing address.
- I will report change of schools or training locations.
- I will report withdrawing from a higher education or training program.
- I will report a change in type of degree or training program attending.
- I understand that federal law concerning fraud states that "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or voices up by any trick, scheme or devise a material fact, or makes any false fictitious or fraudulent statement or entry shall be fined not more than \$10,000 or imprisoned not more than five years or both.
- I understand if I acquire services fraudulently, that I may be denied further services as determined by program regulations.
- I understand that a home visit may be required for program services.

### What if I disagree with a decision made?

You have the right to discuss any action taken on your application or case with a caseworker or supervisor. If you disagree with an action taken by BBNA which affects the benefits or services you receive. You may ask for a fair hearing or file an appeal. The formal process begins with the person filing the complaint. He/she prepares a written statement that clearly indicates "Notice of Appeal" requesting a hearing or reconsideration. The appeal must contain his/her name, address, and telephone number; the condition, situation, or individual being complained about, the reason for the complaint and the requested remedy. A complaint regarding a denial of services needs to be filed within fifteen (15) working days after receiving the notice of the decision. The complaint needs to be signed, dated and filed with the individual closest to the complaint. At the hearing, you may represent yourself or be represented by a legal representative, friend or relative. You may continue to receive benefits until a decision is made. If the decision is not in your favor, you may be required to repay the benefits you received while you waited for a decision.

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### IF UNDER 17 YEARS OF AGE: Parent or Guardian Signature Required

PRINT: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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## CHILD CARE ASSISTANCE ADDENDUM

**Please note:**

- \* BBNA has 30 days to determine eligibility for your case.
- \* We cannot determine eligibility, until we have a completed application with **all** required documents.
- \* A completed application **does not** automatically mean a client is eligible for child care assistance.
- \* **You** are responsible for all of your child care expenses unless otherwise notified by BBNA.
- \* **Child care is approved from the date we receive all the necessary documents to determine your case; no child care is approved before that date.**

*Camai Parent/s or Guardian/s;*

*We are pleased that you are interested in the Child Care Assistance service.*

*In order to establish eligibility, please submit the following:*

- Complete BBNA WFD Application**
- Provide Proof of Income** – Income types listed on BBNA WFD Application page 3
- Complete Request for Child Care Form**
- Complete Child Care Provider Application**
- Provide a Copy of Child/Children's Tribal Card**  
**OR Parent's Tribal Card with Child/Children's Birth Certificate/s**
- Copy of Child/Children's Immunization Records**

*If you have any questions or need additional information please do not hesitate to contact us.*

*Quyana,*



## CHILD CARE ASSISTANCE INFORMATION

*The Child Care Development Fund serves individual and families by increasing the availability, affordability, and quality of child care in the BBNA service area.*

### Application:

Client must apply for services using the WFD Application.  
 Client must choose their Child Care Provider.

- A. The Child Care Provider can be a relative, friend, licensed daycare home.
- B. If the client chooses a family daycare home (home that is not licensed, but can be a relative or friend) they must register with BBNA using the Child Care Provider Registration Form. The provider must be 18 or older and cannot reside in the home with the children or the client.
- C. A licensed daycare home must provide a copy of their license for the file.
- D. If there is someone living in the home 18 or older, is not working, attending school or training, and is capable of caring for the children, then child care cannot assist with Child Care Assistance.

### Eligibility:

A client's eligibility is based on the follow criteria:

- A. Parent/s must be involved in one of the following activities: working, education or training, or subsistence activities.
- B. Children must be Native Descendants.
- C. Parent/s past 12 months income must not exceed income guidelines.

### Income:

Eligibility is determined by using the client's previous 12 month income OR projecting the client's current income.

- A. Gross income will be used.
- B. Projected Gross Income will be used.

**BBNA Rate of Pay:** BBNA will provide notification of the maximum number of approved hours for payment per day, anything over this is the responsibility of the parent.

Age	Less than 8 Hours	Daily Rate
0 – 1 Years	\$5.00 per hour	\$40.00 per day
13 Months – 3 Years	\$4.50 per hour	\$36.00 per day
4 Years – 12 Years	\$4.00 per hour	\$32.00 per day



**REQUEST FOR CHILD CARE**

I, \_\_\_\_\_ am requesting \_\_\_\_\_ hours of child care per day,  
 \_\_\_\_\_ days a week for the following children in my household, who are under the age 13:

Child 1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child 2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child 3: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child 4: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child 5: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Child 6: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**I am in need of Child Care Assistance because:**

I currently work \_\_\_\_\_ hours per day, \_\_\_\_\_ days a week.

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

I am enrolled  Full-time OR  Part-time at name of school \_\_\_\_\_

I attending training from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ at name \_\_\_\_\_

I or my spouse engages in subsistence activities  Full-time OR  Part-time to help support my family.

My spouse works \_\_\_\_\_ hours per day, \_\_\_\_\_ days a week.

Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

I have TANF work activity requirements

**My chosen Provider is:** \_\_\_\_\_

**Care will be provided:**  Provider's Home  Center  My Home

(In Parent's home – MUST INCLUDE: Parent Understanding for In-Home Child Care Form and In-Home Provider Caregiver Verification – see CCDF Program Manager for details)

**Emergency Contact:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**PRINT:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

