204 Siginaka Way, Suite 300, Sitka, AK 99835 907-747-3207 www.sitkatribe.org

Employment Assistance Program Application

Sitka Tribe of Alaska Employment Assistance program is an employment preparation fund. Eligible Tribal citizens residing in Sitka may receive up to $250.00 in annual assistance to pay for work clothing. Applicants must be employed or have an offer of employment with a signature from the employer. Sitka Tribe of Alaska will pay the vendor directly; the purchase will be tax-exempt.

Employment Assistance Application Checklist

☐Completed application forms with all required signatures

☐Employer section, completed by current employer (page 2)

☐Proof of Tribal enrollment

☐Invoice for work clothing

☐Proof of **all** income for **all** household members that receive **any** from of income, including but not limited to income from employment and assistance such as SNAP (food stamps), TANF, adult public assistance, social security, social security disability, general assistance, etc OR Zero Income Self-Affidavit.

Applicant Section

Full Name	
Mailing Address	
Phone Number	
Email Address	
Last four numbers of Social Security #	
STA Enrollment #	
Vendor Name (e.g. LFS Marine, Work & Rugged Gear)	

Employer Section

Employee Name: _____

The above-named individual is an employee/will be employed at: _____

Address: _____

Phone number:_____

Start date:_____

Employer representative signature:

_____ Date: _____

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Household Income Information

Head of household name	Employer	Hours per week	Hourly wage/salary	Net pay, last 30 days
Household member name	**Employer**	**Hours per week**	**Hourly wage/ salary**	**Net pay, last 30 days**

Other Household Income		
Is there anyone in your household that has had a job within the last 30 days that you did not list above?	Yes	No
If you answered yes, please list their name(s) here:		
Do you, or anyone who lives with you receive funds from any source **other** than employment? If yes, please include below; use extra paper if needed.	Yes	No

Household member name	Source of funds	How often?	Amount this month	Amount next month

Abbreviations for source of funds: Social Security=SS Social Security Disability=SSI Temporary Aid to Needy Families=TANF Food Stamps=SNAP Unemployment=U Pension/retirement-R PFD=PFD Scholarships=S Other=write in

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Applicant Certification

I/we hereby certify that to the best of my/our knowledge that the information and documentation contained in this application is accurate and true. I/we also understand that additional information may be required to verify what has been submitted.

I/we understand that funds provided by the Community Service Block Grant (CSBG) are not intended to be reoccurring assistance. I/we understand that if we are eligible or potentially eligible for other services, we will be required to concurrently apply for that assistance and will receive referrals in order to facilitate those applications.

I/we understand that my/our application is subject to verification, and that falsification of information shall be grounds for immediate denial or termination from the program and will subject me to federal prosecution under 18 U.S.C. § 1001, which carries a fine of not more than $10,000 or federal imprisonment for not more than 5 years or both. I/we also understand that if I/we receive services as a result of falsified information, I/we will have to repay the Sitka Tribe of Alaska for those services.

I/we understand that there is an appeal procedure by which I/we can challenge a decision made with regard to this information. I/we certify that I/we have received a copy of the appeal procedure, have ready it, understand it, and agree to abide by it.

Applicant (head of household) Signature:

_____ Date: _____

Parent/Guardian Signature (if applicable):

_____ Date: _____

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Social Services Program Appeal Procedure

An applicant who is denied services or benefits, or a client who has their services or benefits terminated or reduced has the right to appeal the denial, reduction, or termination of benefits by following this procedure. Failure to follow the procedure shall be sufficient grounds for an appeal to be denied.

Appeal to Department Director

An applicant or client has thirty (30) days from the date of receipt of a written decision by Social Services program staff to submit an appeal to the Social Services Department Director. The appeal must be in writing to the Department Director, delivered by electronic mail, US mail, or in person by hand. Any decision not appealed within 30 days shall be final.

Upon receipt of an appeal, the Social Services Department Director may designate another qualified STA employee with no involvement in the original decision to address the appeal if they are unavailable or has a conflict of interest.

The Department Director or their designee shall schedule a hearing with the client to review the decision within ten (10) business days of receipt of the written appeal. The applicant shall be provided with a written notice of the hearing, which shall include:

- the date, time and location of the hearing, which may be held in person or virtually by videoconference unless the applicant/client objects to a virtual hearing;
- statement of the facts and issues giving rise to the appeal;
- statement that the applicant has the right to give oral and/or written evidence during the appeal and to confront and cross-examine any witnesses at the hearing;
- notice that the applicant or client has a right to one continuance, of not more than 10 days, with respect to the date of the hearing;
- notice that the applicant or client may, in reasonable time before the hearing, copy or examine all information in their file related to the proposed action being contested.

Failure of the applicant or client to respond to the notice of hearing, or failure to appear at the hearing or request a continuance, shall be sufficient grounds to deny the appeal.

The hearing shall be informal, orderly, and recorded. The applicant or client may have an advocate or legal representative in attendance at the hearing at their own expense. A copy of the transcript of the hearing will be provided to the applicant or recipient upon request within five (5) business days.

The Department Director or his/her their designee shall review information presented at the hearing, the program regulations, policies, procedures, and information in the applicant or client's file in considering the appeal. The Department Director or their designee shall make a decision on the appeal within ten (10) business days following the hearing, or within ten (10) business days after the client has not responded to a request to schedule a meeting or failed to appear for a scheduled hearing. The decision shall be in writing, shall state the evidence considered and the reasons for the decision, and shall be delivered to the applicant in person, by certified mail with return receipt, or by electronic mail.

Appeal to the General Manager

An applicant or client has ten (10) business days from the date of receipt of a decision by the Social Services Department Director or their designee to appeal to the Tribe's General Manager. Grounds of appeal shall be limited to the following:

- Failure by the Social Services Department Director or their designee to follow the Appeals Procedure.
- Conflict of Interest or other violation of STA Code of Conduct on the part of the Social Services Department Director or their designee related to the decision.

The appeal must be in writing to the General Manager, delivered by electronic mail, US mail, or in person by hand. The General Manager may designate another qualified STA employee with no prior involvement in the case to address the appeal if they are unavailable or has a conflict of interest.

The General Manager or their designee shall review the decision issued by the Social Services Department Director or their designee and all documentation related to the decision in the applicant or client's file, including the transcript of the hearing, and shall make a decision within ten (10) business days of receipt of the appeal. The decision of the General Manager or their designee shall be final and not subject to further appeal.