



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

Dear General Assistance Applicant:

In order to determine your eligibility for General Assistance you must be Alaska Native or American Indian and enrolled in a Federally Recognized Tribe or have a Certificate of Degree of Indian Blood (CDIB) issued by the Bureau of Indian Affairs. You must live within the Native Village of Barrow service area and submit a completed General Assistance application which includes the following:

- Completed General Assistance Application with all questions/sections answered or filled out properly. If a question or section does not apply to you, write "Not Applicable or N/A". **Applications not filled out properly or entirely will not be processed.**
- Proof of Tribal enrollment or CDIB for all countable household members.
- Government issued photo identification for all countable adult household members.
- Proof of residency in Native Village of Barrow service area.
- Proof of ALL INCOME (earned and unearned) which must also include a bank statement(s) for all countable household members for the month in which you are applying for assistance.
- If currently employed, provide an Employment Proof form signed by your employer.
- If unemployed provide completed Work Search/Work Related Activity Sheets for each countable employable adult household member.
- Provide copies of your most recent statements/invoices (bills) and receipts showing payments made for all shelter and utility costs that apply to your household. Shelter/Utility bills must be in applicant/spouse's name.
- If you have children, you must provide proof that you have applied for ATAP/TANF and if you are not eligible for ATAP/TANF you must provide proof of denial.
- If applicable, provide proof of guardianship of non-biological children in your custody, (i.e. grandchild, niece/nephew, etc.).
- Birth Certificates for all countable minor dependent children in the household.
- Other documentation to determine eligibility or exemption from General Assistance requirements (i.e., medical, disability, social security status, etc.).

A decision will be made within 30 days of your application date, and you will be notified in writing within 45 days of your application date. If you are eligible and employable you will need to schedule an appointment with me to develop an Individual Self-Sufficiency Plan (ISP) before payment can be made. If you are eligible and unemployable with a verified medical excuse from work/work activity, you will need to schedule an appointment with me to develop a Case Plan before payment can be made.

You will be required to apply for other financial assistance programs – State/Federal/Tribal for which you are eligible. However, please note that if you are already receiving ATAP/TANF, Adult Public Assistance, Disability, or any other State, Federal or Tribal financial assistance you may be determined ineligible for General Assistance under the federal regulations.

If you have any questions or concerns regarding the General Assistance application process, please call Native Village of Barrow Workforce Department (907) 852-4411.





# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

NAME	NATIVE CORPORATION	# SHARES OWNED

- Have you received ATAP or TANF in the last month:       Yes       No      If yes, how much: \$ \_\_\_\_\_  
 Has your ATAP/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      Date able to reapply: \_\_\_/\_\_\_/\_\_\_  
 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.**

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Do you have an Individual Indian Money (IIM) account?       Yes       No



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

## 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 RECEIVED FROM THE FOLLOWING\*\*\***

SOURCE OF INCOME & RESOURCES	AMOUNT	NAME OF HOUSEHOLD MEMBER
Salary #1: Applicant's Income/Salary	\$	
Salary #2: Spouse's Income/Salary	\$	
Tips or Gratuities	\$	
ATAP –TANF-ASAP (State assistance)	\$	
Child Support and Alimony	\$	
Foster Care Payments	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA RETIREMENT)	\$	
Supplemental Security Income (SSI)	\$	
Disability Insurance (SSDI or private ins.)	\$	
Alaska State Permanent Fund (PFD)	\$	
Cashouts of Retirement or Pension Plans	\$	
State Longevity	\$	
Veteran's Benefit	\$	
Unemployment Insurance Benefits	\$	
Worker's Compensation	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Native Corporation Dividends	\$	
Checking Account (provide statement showing balance)	\$	
Savings Account (provide statement showing balance)	\$	
Student Loans/Grants/Scholarships	\$	
Bingo or Pull Tab Winnings	\$	
Other Income	\$	
<b>TOTAL MONTHLY INCOME</b>	<b>\$</b>	

## 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	\$

### **READ BEFORE SIGNING**

I/We apply for financial assistance/ services for the listed members of my (our) household who are in need.

P.O. Box 1130, Barrow Alaska 99723 • PHONE: 907-852-4411 • FAX 907-852-8844



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

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. §1001, the Federal Law concerning fraud which carries a fine of not more than \$10,000 or imprisonment of not more than five 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 the Privacy Act. Initials of applicant\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Other Adult Household Member

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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: \_\_\_\_/\_\_\_\_/\_\_\_\_



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

Native Village of Barrow  
6090 Boxer St.  
Barrow, AK 99723  
PHONE: (907) 852-4411 FAX: (907) 852-8844  
E-Mail: [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov)

## Consent for Release of Information

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

I, \_\_\_\_\_, hereby authorize the release of information requested by the Native Village of Barrow General Assistance Program. The requested information shall be used solely in the administration of General Assistance and will not be released to any other person or agency outside the General Assistance Program or its agents. I hereby authorize the Native Village of Barrow to obtain and exchange information related to my applications to participate in their programs. And, to arrange for such participations based on my employability assessment and plan to employment related activities. **This release of information shall be in effect while I am an applicant or recipient of General Assistance, and for any later inquiries pertaining to my eligibility and receipt of General Assistance benefits.**

Persons or organizations that may be contacted include, but are not limited to: the Department of Labor, the Department of Military Affairs, Alaska State Housing Authority, Regional Housing Authorities, Social Security Administration, local and tribal governments, State of Alaska ATAP, Tribal TANF or other public assistance program contractors and grantees, health care providers, tax assessors, banks and credit unions, Native corporations, landlords (including family/friends who are renting to applicant), employers, school authorities, and all departments and programs administered by the Native Village of Barrow.

**FRAUD NOTICE:** Under 18 U.S.C. §1001, 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 devise a material fact, or makes or uses any false writing or documents, knowing the same to contain 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."

### A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

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

\_\_\_\_\_  
Signature of Witness if signed with an "X"

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness if signed with an "X"

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

\_\_\_\_\_  
Date of Witness Signature

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



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PHONE: (907) 852-4411 FAX: (907) 852-8844  
E-Mail: [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov)

## WORK SEARCH/WORK RELATED ACTIVITY SHEET

NAME OF APPLICANT: \_\_\_\_\_ SSN: \*\*\*/\*\*/\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant:**

*Please read carefully. Ask your Welfare Assistance Case Worker to clarify if you do not understand these requirements.*

1. All employable adults in your household are required to apply for a minimum of twelve (12) different jobs for the month that you have applied for Welfare Assistance.
2. You must complete six (6) work searches within two weeks from the date of your application.
3. The remaining six (6) work searches must be completed before the end of the month in which you applied.
4. Actively looking for work is one of the goals in your Individual Self-Sufficiency Plan (ISP).
5. Take the Work Search form to various businesses and submit an application for employment. The potential employer must sign and date the Work Search form which verifies that you have applied for work. Return the Work Search forms to the Welfare Assistance Worker.
6. You may also show proof that you are actively participating in work related activities such as obtaining a GED; doing consistent volunteer work; working with Job Service to develop your resume (work history). Provide proof to your Welfare Assistance Case Worker of these activities within two weeks of the date of your application. The proof is a document from the place where you are doing these work-related activities.

Date of your Application:

First 6 worksheets due:

Last 6 worksheets due:

***If you do not complete the work searches, you will not receive GA***



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

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

**NAME OF APPLICANT:** \_\_\_\_\_

WORK SEARCH/WORK RELATED ACTIVITY # 1			
Date:	Job Title/Work Activity:		
Employer or Business Phone #:	Employer or Business Name:		
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 2			
Date:	Job Title/Work Activity:		
Employer or Business Phone #:	Employer or Business Name:		
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

WORK SEARCH/WORK RELATED ACTIVITY # 3			
Date:	Job Title/Work Activity:		
Employer or Business Phone #:	Employer or Business Name:		
Employer or Business Address:			
Submitted a Complete Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

Redetermination Date (3 months: ISP)/ (6 months: Case Plan)      Date GA Recipient met ALL goals (mm/dd/yyyy)  
 (mm/dd/yyyy)/ Initials: \_\_\_\_/\_\_\_\_/\_\_\_\_/      (mm/dd/yyyy)/ Initials: \_\_\_\_/\_\_\_\_/\_\_\_\_/

## INDIVIDUAL SELF-SUFFICIENCY (ISP)/ CASE PLAN (25 CFR Part 20)

ISP /  Case Plan [Check all that Apply]

**Name of Client:** (Last, First, Middle): \_\_\_\_\_ **Date of Plan:** \_\_\_\_/\_\_\_\_/\_\_\_\_

### What is/are your goals to achieve self-sufficiency?

*Short-Term Goals:*

*Long-Term Goals:*

### BARRIERS TO CLIENT

### STRENGTHS OF CLIENT

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Health<br><br><input type="checkbox"/> Mental Health<br><br><input type="checkbox"/> Substance Abuse Dependency<br><br><input type="checkbox"/> Age Factors<br><br><input type="checkbox"/> Disabilities | <input type="checkbox"/> Lack of/ Limited Transportation<br><br><input type="checkbox"/> Lack of/ Limited Education<br><br><input type="checkbox"/> Criminal History<br><br><input type="checkbox"/> Limited/ No Work History<br><br><input type="checkbox"/> No Job Skills | <input type="checkbox"/> No Driver's License<br><br><input type="checkbox"/> Social Isolation<br><br><input type="checkbox"/> Limited/No Jobs Available<br><br><input type="checkbox"/> Homeless<br><br><input type="checkbox"/> Other: _____ | <i>Identify strengths the client possesses:</i> |
|---|---|---|---|

### STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

WORK ACTIVITIES	EDUCATION/ TRAINING	OTHER ACTIVITIES	CASE PLAN
<input type="checkbox"/> Job Search  <input type="checkbox"/> Volunteer Work Experience  <input type="checkbox"/> Job Sampling or Job Shadow  <input type="checkbox"/> On-the-Job Training  <input type="checkbox"/> Employment Counseling  <input type="checkbox"/> Registration with Local Job Service  <input type="checkbox"/> Job Readiness  <input type="checkbox"/> Other: _____	<input type="checkbox"/> High School Diploma  <input type="checkbox"/> GED  <input type="checkbox"/> ESL (English as 2 <sup>nd</sup> Language)  <input type="checkbox"/> Adult Vocational Training  <input type="checkbox"/> Literacy Improvement  <input type="checkbox"/> Higher Education  <input type="checkbox"/> Other: _____	<input type="checkbox"/> Life Skills Activities  <input type="checkbox"/> Parenting Skills  <input type="checkbox"/> Childcare Assistance  <input type="checkbox"/> Child Support  <input type="checkbox"/> Substance Abuse Treatment  <input type="checkbox"/> Counseling  <input type="checkbox"/> Driver's License Reinstatement  <input type="checkbox"/> Dental/Health Care  <input type="checkbox"/> Other: _____	<input type="checkbox"/> SSA Application  <input type="checkbox"/> Medical Report  <input type="checkbox"/> Decision Letters  <input type="checkbox"/> Legal Assistance  <input type="checkbox"/> Care for Child Under Age 6  <input type="checkbox"/> Other: _____



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

SELF SUFFICIENCY ACTION PLAN & GOALS		
<b>GOAL #1</b>		
<b>Goal #1 Revised</b>		
<b>ACTION STEPS FOR GOAL #1</b>	<b>DATE TO BE ACHIEVED</b>	<b>DATE COMPLETED</b>
1.		
2.		
<b>GOAL #2</b>		
<b>Goal #2 Revised</b>		
<b>ACTION STEPS FOR GOAL #2</b>	<b>DATE TO BE ACHIEVED</b>	<b>DATE COMPLETED</b>
1.		
2.		
<b>SOCIAL SERVICES WORKER'S ACTIVITY WITH TIMEFRAME (25 CFR 20.318)</b>	<b>DATE TO BE ACHIEVED</b>	<b>DATE COMPLETED</b>
1.		
2.		

\_\_\_\_\_ By initialing you understand that the purpose of the Individual Self-Sufficiency Plan (ISP) is to meet the goal of employment through specific action steps and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency. Failure to follow through with the ISP may constitute suspension from the General Assistance Program for a period of at least 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 Case Worker in a timely manner to ensure my success in the General Assistance Program.

\_\_\_\_\_ By initiating you understand that the purpose of the Case Plan is to follow through with goals listed: (i.e.) Accessing other resource programs, keeping medical appt., etc. Failure to follow through with the steps identified in the Case Plan may constitute suspension from the General Assistance Program.



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

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

\_\_\_\_\_  
Date                      Signature of Social Service Worker

\_\_\_\_\_  
Date                      Signature of Bureau Line Office (if applicable)

### **Privacy Act Statement**

25 CFR Part 20 and 25 U.S.C. 13 authorize the collection of this information. The information is confidential and is never disclosed without written clearance and consent of the applicant. The primary use of this information is to determine eligibility for financial assistance and services from the Bureau of Indian Affairs (BIA) Child Welfare, Burial, and Disaster programs. Additional disclosures of the information may be to other BIA or tribal officials in the conduct of their official duties pertaining to the application for financial assistance or services, or in the conduct of program review and to the Office of the Inspector General or the General Accounting Office when conducting an audit of BIA programs, or local law enforcement agency when the Agency becomes aware of violation or possible violation of civil or criminal law, and to the General Services Administration in connection with its responsibility for records management. This information will be entered into the BIA, Social Services system of records which can be obtained upon request from Chief, Division of Social Services, 1849 C Street, NW, MS-3647-MIB, Washington, DC 20240. No record contained therein may be disclosed by any means of communication to any person, or to another agency, except pursuant to a written request by, or with prior written consent of the individual to whom the record pertains. Executive Order 9397 authorizes the collection of your Social Security number. Furnishing the information is voluntary but failure to do so may result in disapproval of your application. If the BIA uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

### **Paperwork Reduction Act Statement**

The information is being collected to determine applicant eligibility for financial assistance and services and to provide Bureau of Indian Affairs (BIA) managers with information for program planning, reporting and utilization. Response to this collection is required to obtain a benefit(s) required in 25 CFR 20. A Federal Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting for this form is estimated to average 1 hour per response, including the time for reviewing instructions, gathering and maintaining data, and completing the form. Direct comments regarding the burden estimate or any other aspect of this form to: Office of Regulatory Affairs & Collaborative Action - Indian Affairs, Information Collection Clearance Officer, 1849 C Street, NW, MS-3071, Washington, DC 20240.



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

## Assessing Employability of Welfare Assistance Applicants

1. At the time the individual applies for Welfare Assistance the Worker must ask the following questions and document on the Case Notes on the worksheet: 1. Is the applicant currently working? If so, the Verification of Employment Form is sent to the employer. The client must be informed of this.
2. If the applicant is not currently working, inquire when the last employment was and what was the reason the applicant left that job?
3. What is the level of education of the applicant?
4. What training or college education does the applicant have?
5. How long have they worked in their lifetime?
6. Are they able to work with no restriction due to medical reasons?
7. Are they unable to work due to medical reasons? If so, the medical statement is sent to their physician verifying their medical situation which prevents them from working.
8. If they are unable to work, the worker will need to develop the case plan using the ISP form. The case plan is to help the applicant move to self-sufficiency by applying for SSI Disability or other assistance and move off Welfare Assistance. The client must sign the case plan and understand that they are required to work on the goals during the month of being approved. If they do not work on the goals, they will not be eligible for Welfare Assistance the following month should they return to apply.
9. If the applicant has minor children, they must be referred to TANF (either State or Tribal TANF Programs) and show proof of application. If the applicant is eligible for Welfare Assistance, they may be assisted for one month and discontinued as they will be TANF eligible.



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

## What is the difference between a “Goal” and a “Dream”?

A “Dream” is something that you “hope” to accomplish “someday” i.e., “My dream is to one day...buy a house, buy a car, travel the world, etc. etc.”

A “Goal” is an objective that you have set in mind with a clear timeframe to be achieved i.e., “My goal is to save \$2,000.00 by **October 1st** to go on vacation”.

## Creating S.M.A.R.T. Goals

**S**pecific

**M**easurable

**A**ttainable

**R**ealistic

**T**imely

**Specific** - A specific goal has a much greater chance of being accomplished than a general goal. To set a specific goal you must answer the six "W" questions:

- \*Who: Who is involved?
- \*What: What do I want to accomplish?
- \*Where: Identify a location.
- \*When: Establish a time frame.
- \*Which: Identify requirements and constraints.
- \*Why: Specific reasons, purpose or benefits of accomplishing the goal.

EXAMPLE: A general goal would be, "Get in shape." But a specific goal would say, "Join a health club and workout 3 days a week."



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

**Measurable** - Establish concrete criteria for measuring progress toward the attainment of each goal you set. When you measure your progress, you stay on track, reach your target dates, and 2 | P a g e experience the exhilaration of achievement that spurs you on to continued effort required to reach your goal.

To determine if your goal is measurable, ask questions such as.....How much? How many? How will I know when it is accomplished?

**Attainable** - When you identify goals that are most important to you, you begin to figure out ways you can make them come true. You develop the attitudes, abilities, skills, and financial capacity to reach them. You begin seeing previously overlooked opportunities to bring yourself closer to the achievement of your goals.

You can attain most any goal you set when you plan your steps wisely and establish a time frame that allows you to carry out those steps. Goals that may have seemed far away and out of reach eventually move closer and become attainable, not because your goals shrink, but because you grow and expand to match them. When you list your goals you build your self-image. You see yourself as worthy of these goals, and develop the traits and personality that allow you to possess them.

**Realistic** - To be realistic, a goal must represent an objective toward which you are both willing and able to work. A goal can be both high and realistic; you are the only one who can decide just how high your goal should be. But be sure that every goal represents substantial progress. A high goal is frequently easier to reach than a low one because a low goal exerts low motivational force. Some of the hardest jobs you ever accomplished actually seem easy simply because they were a labor of love. Your goal is probably realistic if you truly believe that it can be accomplished. Additional ways to know if your goal is realistic is to determine if you have accomplished anything similar in the past or ask yourself what conditions would have to exist to accomplish this goal.

**Timely** - A goal should be grounded within a time frame. With no time frame tied to it there's no sense of urgency. If you want to lose 10 lbs, when do you want to lose it by? "Someday" won't work. But if you anchor it within a timeframe, "by May 1st", then you've set your unconscious mind into motion to begin working on the goal.

**T** can also stand for **Tangible** - A goal is tangible when you can experience it with one of the senses, that is, taste, touch, smell, sight or hearing. When your goal is tangible you have a better chance of making it specific and measurable and thus attainable.



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E-Mail: [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov)

## VERIFICATION OF EMPLOYMENT

Applicant Name: \_\_\_\_\_

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

City: \_\_\_\_\_, Alaska Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB \_\_\_\_\_

◆◆YOUR EMPLOYER MUST COMPLETE THE FOLLOWING INFORMATION BELOW◆◆

Employee's Job Position/Title: \_\_\_\_\_

Hourly Wage: \$ \_\_\_\_\_ Bi-Weekly Salary: \$ \_\_\_\_\_ Monthly Salary: \$ \_\_\_\_\_

Date to Start Work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours Per Week: \_\_\_\_\_ Days Per Week \_\_\_\_\_

Work Days: (please circle) Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

Date of First Pay Day: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of First Full Pay Day: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this a Part-Time or Seasonal Job?  Yes  No

If Seasonal, what are the seasonal dates of employment?

Start of Season: \_\_\_\_/\_\_\_\_/\_\_\_\_ End of Season: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this a Full-Time Permanent Job?  Yes  No

Are Special Work Clothes Required?  Yes  No

If Yes, please list type of clothes needed: \_\_\_\_\_

Supervisor's Name (please print): \_\_\_\_\_

Supervisor's Title/Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

Employer or Company Name: \_\_\_\_\_

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

P.O. Box or Street Address City State Zip

Employer Signature

Date



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Native Village of Barrow

6090 Boxer St.

Barrow, AK 99723

PHONE: (907) 852-4411 FAX: (907) 852-8844

E-Mail: [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov)

## Native Dividend Verification

Date:

Dear ANCSA Corporation *or* Native Village of Barrow:

The individual(s) listed below is applying for services from the Native Village of Barrow Workforce Department.

In order to complete the application process for the client, please complete the form below and return to this office – you may fax or mail to the number/address above.

A Release of Information form signed by the client(s) is included with this form. Your timely response is appreciated.

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# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

**Record of Native Corporation Dividends for the following individual(s) for the current year is requested:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

(Use the 2<sup>nd</sup> line if there is a spouse/2<sup>nd</sup> countable adult household member.)

Date	Name	Amount

**If more space is needed please attach a separate page or use the back of this form.**

\_\_\_\_\_  
Native Corporation Authorized Signature

\_\_\_\_\_  
Date



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

Native Village of Barrow  
6090 Boxer St.  
Barrow, AK 99723  
PHONE: (907) 852-4411 FAX: (907) 852-8844  
E-Mail: [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov)

## Bingo/Pulltabs Verification

Date:

Dear Bingo/Pull-tab Operator:

The individual(s) listed below is applying for services from the Native Village of Barrow Workforce Department.

In order to complete the application process for the client, please complete the form below and return to this office – you may fax or mail to the number/address above.

A Release of Information form signed by the client(s) is included with this form. Your timely response is appreciated.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

(Use the 2<sup>nd</sup> line *if* there is a spouse/2<sup>nd</sup> countable adult household member.)

Date	Name	Amount	Bingo	Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs
			<input type="checkbox"/> Bingo	<input type="checkbox"/> Pull-tabs

\_\_\_\_\_  
Bingo/Pull-tab Worker Signature

\_\_\_\_\_  
Date



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

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Barrow, AK 99723  
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E-Mail: [workforce@nvb-nsn.gov](mailto:workforce@nvb-nsn.gov)

## LANDLORD/SHELTER STATEMENT

This certifies that Name of Applicant resides at the following address:

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

and pays \$\_\_\_\_\_ per month for rent. **\*must attach proof of payment**

Utilities are  Included in rent amount above

NOT included in rent amount above, and must share costs:

\$\_\_\_\_\_ Electricity

\$\_\_\_\_\_ Telephone

\$\_\_\_\_\_ Heat/Oil/Fuel

\$\_\_\_\_\_ Water/Sewer

**Under 18 U.S.C. §1001, 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 devise a material fact, or makes or uses any false writing or documents, knowing the same to contain 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."**

\_\_\_\_\_  
Signature of Landlord/Manager OR  
Primary Tenant (if "renting a room" or "living with family/friends")

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Phone Number