



Aleut Community of St. George Island

P.O. Box 940 St. George Island, AK 99591

admin@stgtribe.com • Fax: 907-859-2242

Phone: 907-859-2205 • Mobile: 907-435-1488

Employment, Training and Related Services

Name: _____

Contact Phone: _____

Contact E-Mail: _____

It is important that you tell us a little about your situation, please describe below your needs and how we may assist you in obtaining or maintaining employment.



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Required Information				
1. First Name	Middle Initial	Last Name		2. Social Security Number
3. Physical Address	City	State	Zip	4. Date of Birth
5. Mailing Address (If Different)				6. Home or Message Phone
7. Tribal Affiliation				8. Cell Phone
<input type="checkbox"/> Agdaagux <input type="checkbox"/> Nelson Lagoon <input type="checkbox"/> St. George <input type="checkbox"/> Atka <input type="checkbox"/> Nikolski <input type="checkbox"/> St. Paul <input type="checkbox"/> Akutan <input type="checkbox"/> Pauloff Harbor <input type="checkbox"/> Unga <input type="checkbox"/> Belkofski <input type="checkbox"/> Qagan Tayagungin <input type="checkbox"/> False Pass <input type="checkbox"/> Qawalangin				9. E-Mail Address
10. I need help with (Check all that may apply): _____				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Finding a job <input type="checkbox"/> Keeping my job <input type="checkbox"/> Paying for school <input type="checkbox"/> Burial assistance <input type="checkbox"/> Emergency help (a fire/flood/etc. damaged my home) </div> <div style="width: 45%;"> <input type="checkbox"/> Paying for food/clothing/shelter <input type="checkbox"/> Paying for childcare <input type="checkbox"/> Paying for utilities <input type="checkbox"/> Obtaining wok related certifications </div> </div>				
11. I am: <input type="checkbox"/> Male <input type="checkbox"/> Female				
12. Have you included a copy of your Tribal Enrollment Card: <input type="checkbox"/> Yes <input type="checkbox"/> No				
13. Highest level of Education Completed:				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> 8th Grade or Below <input type="checkbox"/> 9th Grade <input type="checkbox"/> 10th Grade </div> <div style="width: 30%;"> <input type="checkbox"/> 11th Grade <input type="checkbox"/> 12th Grade <input type="checkbox"/> GED </div> <div style="width: 30%;"> <input type="checkbox"/> Some College <input type="checkbox"/> College Graduate <input type="checkbox"/> Vocational/Technical School </div> </div>				
14. Military Experience:				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Current Active Duty <input type="checkbox"/> Disabled Veteran </div> <div style="width: 30%;"> <input type="checkbox"/> Veteran <input type="checkbox"/> National Guard </div> <div style="width: 30%;"> <input type="checkbox"/> Reserves <input type="checkbox"/> None </div> </div>				
15. Are you currently employed (if yes, please explain below): <input type="checkbox"/> Yes <input type="checkbox"/> No				
Employer _____ Job Title _____ <input type="checkbox"/> FT <input type="checkbox"/> PR Hours per week _____ How long have you been with your current employer _____ years _____ months				
16. Have you ever been convicted of a crime (if yes, please explain below) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Date _____ Offense _____				
Additional Information _____				
17. Are you currently receiving State or Federal Assistance (Check all that apply):				
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Food Stamps <input type="checkbox"/> Unemployment <input type="checkbox"/> Other (Please Explain) _____ </div> <div style="width: 30%;"> <input type="checkbox"/> SSI <input type="checkbox"/> SSDI </div> <div style="width: 30%;"> <input type="checkbox"/> ATAP <input type="checkbox"/> Adult Public Assistance </div> </div>				



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Other Household Members (List all persons living in your household, including self):

Name (First, M.I., Last)	How is this person related to you?	Date of Birth	Age	Tribal Affiliation	
	Myself				

Because some of our services are based on financial need, please provide the following information:

Monthly Household Income	Amount	Monthly Household Expenses	Amount
Wages		Rent/ Mortgage	
Child Support		Utilities (Electric, Gas, Refuse, etc.)	
SSI/SSDI		Vehicle Payment	
Unemployment Insurance		Food	
State Public Assistance		Other	
Other		Other	

By signing this application, I am requesting services from the St. George Traditional Council. I further certify that the information provided herein is correct to the best of my knowledge. I understand that intentionally providing false information constitutes fraud and will result, at a minimum, in termination from any of the Aleut Community of St. George Island's programs for which I have been found eligible. As a result of fraud, I understand that I will be required to reimburse St. George Traditional Council for any funding they have provided to (or on behalf of) me. I will abide by all the rights and responsibilities I have as an applicant/client. I understand the following will be explained to me at the time of intake: the eligibility requirements of the program, the services available, my rights and responsibilities, confidentiality, and how to appeal a decision made by the program.

Client Signature: _____ Date: _____

ETR Case Worker Signature: _____ Date: _____



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Authorization for Release of Personal Information

To:	Return To: St. George Traditional Council P.O. Box 940 St. George Island, Alaska 99591
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Clients Name: *

Initial

* _____ I hereby request and authorize you to release to the St. George Traditional Council's Employment Program the following types of information, which pertain to me.

* _____ I hereby authorize the St. George Traditional Council's Employment Training Related services division to release to you the following types of information, which pertain to me, as requested.

* _____ I hereby authorize the St. George Traditional Council's Employment Training Related services to submit necessary documentation to the accounting department for internal accounting procedures.

CONSENT MAY BE REVOKED IN WRITING AT ANY TIME, EXCEPT WHEN ACTION HAS BEEN TAKEN THEREON.

Information	Date Client Authorized	Clients Initials	Information	Date Client Authorized	Clients Initials
School Transcripts			Substance Abuse Records		
Other Academic Information			Hospital Records & Reports		
Employment Information			Psychiatric Evaluations		
Financial Information			Psychological Testing		
Criminal History Information			Psychosocial Evaluations		

(OPTIONAL) THIS RELEASE OF INFORMATION EXPIRES WITHOUT NOTICE ON: _____ DATE: _____

Parent/Guardian Signature _____ Client Signature _____

Client's Social Security Number _____ Date _____

Client's Maiden/Other Name Used _____ Client's Birth Date: Month/Day/Year _____

**Witness Signature _____ Date _____ **Witness Signature _____ Date _____

IF A CLIENT IS A MINOR, SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED. IF UNABLE TO WRITE HIS OR HER NAME, THE CLIENT MAY SIGN WITH AN "X" OR OTHER MARK. SIGNATURES OF TWO WITNESSES ARE REQUIRED IN THIS CASE.

The information obtained from this release is CONFIDENTIAL and is intended only for the designated recipient. The information received may contain information from records protected by federal law and regulations governing confidentiality of alcohol/drug abuse patient records and protected medical information (42 CFR Part 2, and the Health Insurance Portability Accountability Act (HIPPA), 45 CFR Part 164).