

WELFARE ASSISTANCE PROGRAM

### GENERAL ASSISTANCE APPLICATION Single Adult

Kawerak General Assistance (GA) is an income based, last resort assistance program. Applicants/recipients should be actively seeking other assistance and employment. If you are receiving Alaska Temporary Assistance Program (ATAP) or SSI disability, we will not be able to assist within Kawerak GA funds. Monthly GA payments assist families in meeting their essential needs, which may include: food, housing (rent or mortgage payments), clothing, heat, utilities, and other basic necessities. Applicants for GA benefits must apply for all other programs for which they appear eligible, such as: ATAP, Adult Public Assistance (APA), General Relief Assistance (GRA), Energy (Heating) Assistance, Food Stamps, Social Security, and Veteran's benefits.

#### Eligibility criteria:

- □ Be in a federally recognized tribe, Alaska Native or American Indian;
- □ Reside in the Bering Straits Region for at least 90 days; and
- □ Income eligible, not have enough resources to meet the essential needs.

#### Documents to attach to application:

- □ A complete, signed GA application with all forms;
- □ Tribal enrollment verification or BIA certification;
- □ Birth certificates for all children in the household unit;
- □ Proof of Bering Straits Region residency;
- □ Verification of all sources of income;
- □ Verification that you have applied for other assistance;
- □ Applicants with children must apply for ATAP/Food Stamps first & show verification;
- □ Verification you are registered in ALEXsys and have a current resume;
  - You can register online & complete your resume at <u>www.jobs.state.ak.us</u>;
  - If you need assistance, please call 443-4370 or 1.800.478.5230
- □ All bank account statements and;
- □ Completed budget form (Attachment 1).

### GA APPLICATIONS RECEIVED AFTER THE $10^{TH}$ OF EACH MONTH WILL BE PRORATED (Benefits will be reduced based on the date application is received after the $10^{th}$ )

TRIBAL MEMBERS OF NOME ESKIMO COMMUNITY CONTACT 443-2246 – WELFARE ASSISTANCE TRIBAL MEMBERS OF GAMBELL CONTACT 985-5346 – IRA OFFICE

Kawerak General Assistance Programs are <u>not</u> automatic and are <u>not</u> an entitlement. You must apply, provide all documentation, and actively look for work all month. All applications for assistance will be reviewed and acted upon within 14 days of receipt. If a decision cannot be made within a 14 day period, a letter will be sent to the applicant explaining the reasons for delay. To avoid duplication or confusion with vendors, the GA vouchers/checks will be mailed and not faxed.

# **KAWERAK, INC.** ~ General Assistance Application Education, Employment, and Training Division Welfare Assistance Department

P.O. Box 948 ~ Nome, AK 99762 Web site: <u>www.kawerak.org</u> Ph: (907) 443.4370 ~1.800.478.5230 Fax: (907) 443.4455 ~ 1.877.824.4455

Incomplete applications will be held for 30 days. If all required documentation is not received within	in
that time period, your GA application will be denied.	

APPLICANT'S INITIAL INTAKE						
Name:		•			Date_	
(Last)	•	irst)		(MI)		
Maiden Name:		ľ	Nick Name:			
Social Security #:	Social Security #: Date of Birth:/ Gender:					□ Male □ Female
Present Mailing Address:						
(P.O. E	lox)		(City)	(St	ate) (Zij	p Code)
Home Phone: ()	_ Message Ph	one: ()_	l	Email Address	3:	
Veteran? 🗆 No 🗆 Yes, date of dis	scharge:/	/	_ Registered w	ith Selective	Service?	□ Yes □ No □ N/A
Kawerak, Inc. EET programs and/o	or jobs are subj	ject to drug t	esting. Are yo	u willing to ta	ke a drug i	t <b>est?</b> 🗆 Yes 🗆 No
If not, why?						
APPLI	CANT STA	TUS AND	PROGRAM	ENROLLMI	ENT	
(Check All That Apply)			□ Starting a	new job, Dat	e:	
□ Disabled –Attach medical docu	ments signed	by Doctor	□ Applied for	r Public Assis	tance Prog	rams
□ Working/Employed –Attach las	st 2 months of	paystubs			-	Stamps, GA, ATAP
□ Last date worked:			$\Box$ Living in a			1 / /
□ Unemployed			-	ncies I am wo	rking with	
□ Collecting unemployment bene	fits –Attach st	ubs				
$\Box$ Reason not working:			□ On probat	ion? Complet	ion date:	
Household Information: List all persons currently living permanently in the household with the information						
requested for each person (you, s	spouse, boyfrie	end, girlfriei				
requested for each person (you, s	spouse, boyfrie Relationship	end, girlfrier DOB				
			nd, children, pai	rents, grandp Highest Grade	arents, aur Marital	nts, uncles, etc.).
	Relationship		nd, children, pai	rents, grandp Highest Grade	arents, aur Marital	nts, uncles, etc.).
	Relationship		nd, children, pai	rents, grandp Highest Grade	arents, aur Marital	nts, uncles, etc.).
	Relationship		nd, children, pai	rents, grandp Highest Grade	arents, aur Marital	nts, uncles, etc.).
	Relationship		nd, children, pai	rents, grandp Highest Grade	arents, aur Marital	nts, uncles, etc.).
	Relationship		nd, children, pai	rents, grandp Highest Grade	arents, aur Marital	nts, uncles, etc.).
	Relationship		nd, children, pai	rents, grandp Highest Grade	arents, aur Marital	nts, uncles, etc.).
	Relationship		nd, children, pai	rents, grandp Highest Grade	arents, aur Marital	nts, uncles, etc.).
	Relationship SELF	DOB	nd, children, par	rents, grandpo Highest Grade Completed	arents, aur Marital	nts, uncles, etc.).
	Relationship SELF	DOB	nd, children, pai	rents, grandpo Highest Grade Completed	arents, aur Marital	nts, uncles, etc.).
Full Legal Name	Relationship SELF	DOB	Ad, children, par SSN YOU LIVE NC	rents, grandpo Highest Grade Completed	arents, aur Marital Status	nts, uncles, etc.).
Full Legal Name	Relationship SELF SELF Kupperson	DOB ERE DO Y house rent	Ad, children, par SSN YOU LIVE NC	rents, grandpo Highest Grade Completed	Arents, aur Marital Status	nts, uncles, etc.). Tribe/Village IRA
Full Legal Name	Relationship SELF SELF Kupperson	DOB ERE DO Y house rent	Ad, children, par SSN YOU LIVE NC	rents, grandpo Highest Grade Completed	Arents, aur Marital Status	relatives/friend
Full Legal Name	Relationship SELF SELF Kupperson	DOB ERE DO Y house rent	Ad, children, par SSN YOU LIVE NC	rents, grandpo Highest Grade Completed	Arents, aur Marital Status	relatives/friend
Full Legal Name	Relationship SELF SELF Kupperson	DOB ERE DO Y house rent	Ad, children, par SSN YOU LIVE NC	rents, grandpo Highest Grade Completed	Arents, aur Marital Status	relatives/friend

Education, Employment, and Training Division Welfare Assistance Department

#### FAMILY INCOME AND AVAILABLE FUNDS

List all sources of income that you have received during the last 30 days and current available funds. If you are on ATAP or other cash programs or you were denied or your case was closed, please list the dates and reasons.

All adults in the household must provide income information for the last 30 days as verification of income.

Source of Income	Applicant #1	Applicant #2	Other Adults in House
Wages, net salary (attach pay stubs)	\$	\$	Where?
Unemployment Insurance Benefits	\$	\$	
ATAP, TANF, ASAP, GA	\$	\$	
FOOD STAMPS	\$	\$	
Senior Benefits Program (State of AK)	\$	\$	
Tips or gratuities	\$	\$	
Self Employment, Carving, beading, etc	\$	\$	
Child support and alimony	\$	\$	
Foster care payments	\$	\$	
Social Security (SSA) retirement, survivors, etc	\$	\$	
Supplemental Security Income (SSI) Disability	\$	\$	
Cash-out of retirement or pension plan	\$	\$	
Worker's Compensation	\$	\$	
Native Corporation dividends	\$	\$	
Checking account (current balance)	\$	\$	
Savings account (current balance)	\$	\$	
Bingo or pull tab winnings	\$	\$	
Other income (specify)	\$	\$	
Total Income for Last 30 Days	\$	\$	
Alaska Permanent Fund Dividend (PFD)	\$	\$	Month/Year Received: x (number of people in house)

**READ BEFORE SIGNING** - I (We) apply for financial assistance for the listed members of my (our) household who are in need. I (We) have received a copy of, have had explained to us, and understand the provisions of Federal Law governing fraud. I (We) agree to supply information regarding resources and income and to notify the agency of any changes to (our) situation. Kawerak GA is authorized to obtain information necessary to establish eligibility for assistance. GA applications that are incomplete will be kept for 30 days. If all required documentation is not received within that time period, your GA application will be denied.

Applicant #1, Signature

Date

Applicant #2, Signature

Date

Printed Name	Printed Name			
OFFICE USE ONLY				
Pend Date	$\Box$ Approved $\Box$ Denied	Voucher #	Total GA Award	
			\$	

<b>KAWERAK, INC.</b> ~ General Assistance Application Education, Employment, and Training Division			P.O. Box 948 ~ Nome, AK 9976 Web site: <u>www.kawerak.or</u>		
Welfare Assistance Departme	ent			443.4370 ~1.800.4 443.4455 ~ 1.877.8	
Staff Name (printed)	Staff Signature		Date Approved/D	enied	
	STATEME	NT OF N			
Name:		Montl	h:		
Date:	Communit	y:			
State the reason assistar	nce is needed:				
	ate/Federal or other age month in which l erification):				or ha (attacl
□ Self-employ	employment ment income: \$		State programs: A Sood Stamps: \$_ Other Programs:		
1 0	ent benefits: \$ er organization/agency ort		other Programs: other: other:		
Applicant #1, Signature	Date	Applicant	#2, Signature	Date	
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#### **VOUCHER SYSTEM INFORMATION REPORT FORM**

Name: \_\_\_\_\_ Month: \_\_\_\_\_

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

In 1993, Kawerak GA instituted vendor payment system that uses vouchers to pay for essential unmet needs. Vouchers have a thirty (30) day time limit. If eligible, we will send a payment directly to the vendor. GA can only pay current charges. Late charges are not paid. ATTACH CURRENT BILLS.

□ Pay my rent to:	□ Pay my mortgage to Bering Straits Regional
	Housing Authority:
Nama & Address / Dhanay	
Name & Address/Phone:	Name & Address/Phone:
Amount.	Am quante d
Amount: \$	Amount: \$
□ Pay my utility bill to:	□ Pay my sewer/water to:
Name & Address/Phone:	Name & Address/Phone:
Account #:	Account #:
Amount: \$	Amount: \$
Attach copy of current bill/statement	Attach copy of current bill/statement
If approved, Kawerak GA will provide a voucher t	to your store for authorized purchase items

$\Box$ Pay to the Store for groceries:	$\Box$ Pay to the Store for groceries:
Name & Address/Phone:	Name & Address/Phone:
Amount: \$or Percent	Amount: \$or Percent

Items not allowed to purchase with Kawerak GA vouchers: Alcohol, tobacco products, cosmetics, hair spray, hair coloring, home perms, cat or dog food, sun glasses, gift wrap, ribbons & bows, electric devices for example: stereos, radios, vacuum cleaners, TV, cologne, toys, flowers, plants or potting soil.

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#### INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Name: \_\_\_\_\_ Month: \_\_\_\_\_

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

I understand that the purpose of this Individual Self-Sufficiency Plan 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 selfsufficiency and failure to do so may constitute suspension from the General Assistance Program for a period of 60 days, but not more than 90 days.

#### STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities	Education/Training	Other Activities
Employment: Full-time Part-time	🗌 High School Diploma	Life Skills Instruction
Job Search	GED GED	Parenting Skills
Volunteer Work Experience	ESL (English as a 2 <sup>nd</sup> language)	Childcare Assistance
☐ Job Sampling or Job Shadow	Adult Vocational Training	Child Support
On-the-Job Training	Literacy Improvement	Substance Abuse Assessment
Job Readiness	Employment Counseling	Substance Abuse Treatment
Other:	Other:	Other:

**OBJECTIVE**: <u>To secure full time employment for 90 days or more.</u>

#### **GOAL 1: SEEK EMPLOYMENT**

Action Steps to Achieve Goal 1:	Date To Be Achieved	Initial
1. Register online for ALEXsys and create/update your resume	At the time of the GA application	
and make available online. Go to: www.jobs.state.ak.us	submission and when changes occur.	
	Give GA a copy.	
2. Apply for 3 jobs & submit verification to the GA Program.	At the time of the GA application	
Attend interviews and accept job offer. Report to GA.	submission. Work Search form.	
3. JOB SEARCH-Call the Nome Job Center for job lists and	Fax a new completed Work	
vacancy information and complete 3 job searches <b>every</b>	Search Form to GA every Friday.	
week and fax to the GA Program every Friday.	<u>* *</u>	

#### **GOAL 2: SECURE HOUSEHOLD FINANCES AND RESIDENTIAL SITUATION**

Action Steps to Achieve Goal 2:	Date To Be Achieved	Initial
1. Apply for other assistance programs and provide verification to the GA Program.	At the time of the GA application submission & as needed.	
2. Report Medical and Financial status updates to the GA Program.	At the time of GA application submission and as needed.	
3. Report income as soon as you receive it, fax a copy of check stub or letter to GA Program. This includes Self Employment	When received.	
4.		

#### GOAL 3:

Action Steps to Achieve Goal 2:	Date To Be Achieved	Initial
1.		
2.		

Applicant Signature	Date	GA Staff Signature	Date			
	Re-Determination of Review Date					
NOTE: All adult applicants in the household unit must complete this form & return to the GA office.						
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#### WORK SEARCH FORM

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

Month: \_\_\_\_\_

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

**GA** applicant: All eligible adults must apply for a minimum of (3) three different jobs <u>per week</u> OR be actively participation in (3) three separate work related activities per week as required to be eligible for services. Fax a new completed Work Search form every Friday to 443.4455 or 1.877.824.4455. If you need more Work Search Forms, contact GA at 443.4370 or 1.800.478.5230. If you cannot work, contact GA.

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

WORK SEARCH #1					
Date of Work Search:		Job Title:			
Employer or Business Name:		Employer or Business Phone #:			
Employer or Business Address:					
Submitted a Complete Application? Submitted a Resume? Was Applicant Interviewed for the Job? Employer/Supervisor Signature:	□ Yes □ No □ Yes □ No □ Yes □ No	Was Applicant Offered Employment       □ Yes       □ No         Did Applicant Accept Employment       □ Yes       □ No         Did Applicant Refuse Employment?       □ Yes       □ No         Employer/Supervisor Printed Name:       □ Yes       □ No			
Comments:					
	wo	DRK SEARCH #2			
Date of Work Search:		Job Title:			
Employer or Business Name:		Employer or Business Phone #:			
Employer or Business Address:					
Submitted a Complete Application? Submitted a Resume? Was Applicant Interviewed for the Job? Employer/Supervisor Signature:	□ Yes □ No □ Yes □ No □ Yes □ No	Was Applicant Offered Employment?          □ Yes □ No         □ Yes □ No			
Comments:					
	wo	DRK SEARCH #3			
Date of Work Search:		Job Title:			
Employer or Business Name:		Employer or Business Phone #:			
Employer or Business Address:					
Submitted a Complete Application? Submitted a Resume? Was Applicant Interviewed for the Job? Employer/Supervisor Signature:	□ Yes □ No □ Yes □ No □ Yes □ No	Was Applicant Offered Employment       □ Yes       □ No         Did Applicant Accept Employment       □ Yes       □ No         Did Applicant Refuse Employment?       □ Yes       □ No         Employer/Supervisor Printed Name:       □ Yes       □ No			
Comments:					
NOTE: All adult applicants	in the househo	old unit must complete this form & return to the GA office.			

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#### **AUTHORIZATION FOR RELEASE OF INFORMATION**

I (We), authorize the release of information requested by the Kawerak Inc. or its representatives within the 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 without signed authorization from the client.

I (We) hereby authorize the Kawerak, Inc. to obtain and exchange information related to my applications to participate in their programs. And to arrange for such participation based on my employability assessment and plan to employment related activities. This release of information shall be in effect while I'm an applicant or recipient of General Assistance and for any later investigation pertaining to my eligibility and receipt of General Assistance benefits.

Persons or organizations that may be contacted include, but are not limited to: All State of Alaska Departments and Divisions, All Federal Agencies and local and tribal governments, Public Assistance Program contractors and grantees, health care providers, tax assessors, financial institutions, Native Corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kawerak, Inc.

Applicant #1, Signature	Date	Applicant #2, Signature	Date
Printed Name		Printed Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

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#### NOTIFICATION TO CLIENT

**The Federal law concerning fraud states...** "Whoever in any matter within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statements or representations 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 \$10,000.00 or imprisoned not more than five years or both."

**Under the Privacy Act, 5 U.S.C. 552(a), Section 7(a)(1)(2),** the WA Program cannot give out the information you give the caseworker with the exception of other Federal, State, Tribal Offices and other programs who have some responsibility for providing the welfare services for which your are applying. The information can also be given to those 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 inaccurate, ask your caseworker about how to change the information in the case record.

**Paperwork Reduction Act of 1995 S.244** This section of this chapter are to minimize the paperwork burden for individuals, small businesses, educational and nonprofit institutions, federal contractors, State, local and tribal governments and other persons resulting from the collection of information by or for the federal government. Kawerak has this act available and attached to this application. I understand and have read or explained to me the provision of my protection under the Paperwork Reduction Act and the privacy act.

**General Assistance clients must:** Participate with the GA worker in developing an ISP and signing the ISP; Perform successfully in the work related activities, attend GED studies/classes, community service, training and/or other employment assistance programs developed in the ISP; Maintain and update the DOLWD ALEXsys registration and resume appropriately, and report any income or changes to the house hold. Participate successfully in treatment and counseling services identified in the ISP; Participate in evaluations of job readiness and/or any other testing required for employment purposes; and Demonstrated that you are actively seeking employment by providing the GA worker with evidence of job search activities as required on the ISP.

Date	Applicant #2, Signature	Date	
	Printed Name		
Date of Birth	Social Security Number	Date of Birth	
		Printed Name	

Education, Employment, and Training Division Welfare Assistance Department

#### **NOTICE ABOUT YOUR RIGHTS**

#### **CIVIL RIGHTS**

The Civil Rights Act of 1974 states "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 federal assistance." If you feel you have been discriminated against, you may file a complaint with Kawerak, Inc. or with the United States Department of Health and Human Services.

#### FAIR HEARING

Kawerak Welfare Assistance Policies – Appeals Section 6.

§ 5.1 <u>Persons who may appeal.</u> Any individual who has applied for services and been denied, or who claims that the level of service provided was not in compliance with the Kawerak Welfare Assistance policies and procedures or in violation of federal law, may appeal by following the fair hearing process below.

§ 5.2 <u>Fair hearing process.</u> When a client requests a fair hearing, the request must be in writing, signed by the client and submitted to the GA Program Director within 20 days of the action. If the GA Program Director is unable to resolve the situation, the hearing request will be forwarded to Kawerak's EET Vice President for attention and disposition. If the client is dissatisfied with the EET Vice Presidents decision, then (s) he can appeal the decision to Kawerak's President and Board of Directors, which at its discretion may hear the appeal as a full Board of delegate the matter to a Board committee.

Kawerak is available to assist you if you request a hearing. At the hearing you may represent yourself. You may also be represented by legal counsel (e.g. – Alaska Legal Services Corporation or another person of your choice). Kawerak will not provide transportation to and from your hearing.

#### AGREEMENT

If your household receives assistance, you must agree to the statement below. Any member of your household who deliberately breaks any rules and receives benefits to which they are not entitled to will be required to pay back the benefits received under false information.

- I certify that I have checked the information on the application carefully and it is true and has complete facts according to the best of my knowledge and belief.
- I understand that it is against the law to make false statements and that I am subject to prosecution if I do so.
- □ I understand that a Kawerak representative may call my home and may contact other people in order to verify my eligibility for assistance. I also understand that information I give may be verified by computer cross-matching with other agencies.
- I authorize the Alaska Department of Labor to release to Kawerak, Inc. information about my eligibility for unemployment insurance and work credits.
- $\Box$  I certify that all my income for this application month has been reported on this application.
- □ I understand that Kawerak's General Assistance Program does not pay for transportation costs to attend a fair hearing.

Applicant #1, Signature	Date	Applicant #2, Signature	Date
Printed Name		Printed Name	
Social Security Number	Date of Birth	Social Security Number	Date of Birth
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<u>Expenses</u>	YOU	Partr	er/Spouse		Other Adults in the house
Rent/House	\$	\$	•		
Groceries	\$	\$		\$	
Paper/Cleaning	\$	\$		\$	
Laundry/Showers	\$	\$	\$		
Electricity	\$	\$		\$	
Heating Oil	\$	\$		\$	
Water/Sewer	\$	\$		\$	
Gas/Oil	\$	\$		\$	
Insurance	\$	\$		\$	
Child Care	\$	\$		\$	
Diapers/Wipes	\$	\$		\$	
Child Support (paid out)	\$	\$		\$	
		Total		\$	
<b>Entertainment</b>	YOU	Partr	<u>ier/Spouse</u>		Other Adults in the house
Cigarettes/Chew	\$	\$		\$	
Alcohol	\$	\$		\$	
Bingo/Pull Tabs	\$	\$		\$	
Telephone	\$	\$			
Satellite TV/Cable	\$	\$		\$	
Other (explain)	\$	\$	\$		
		Total		\$	
		Total E	xpenses	\$	
Income	YOU		er/Spouse	<b>T</b>	Other Adults in the house
Wages from Work	\$	\$		\$	
ATAP	\$	\$		\$	
Unemployment/SSI	\$	\$		\$	
Child Support (received)	\$	\$		\$	
PFD's (1 time year)	\$	\$	\$		
Food Stamps	\$	\$	\$		
Other(explain-UIB, SSI, etc)	\$	\$	\$		
		Total Income:		\$	
GRAND TOTAL INCOME:			\$		
GRANT TOTAL EXPENSES:			\$		
BALANCE:			\$		
Attachment 1					

## Attachment 1

Revised 08/09