



Sun'aq Tribe of Kodiak Employment and Training Services

INDIVIDUAL DEVELOPMENT PLAN (IDP)

Client Name: _____

Date of Plan: ____/____/____

What is/are your short-term employment goal(s)?

What is/are your long-term employment goal(s)?

STEPS NEEDED TO ACHIEVE GOALS

Work Activities

- Employment: ___ Full-time ___ Part-time
- Resume Development
- Skills Training
- Evaluation/skills training
- Job Readiness Resume Development

Education/Training

- High School Diploma/GED
- Education Scholarship
- Academic Assistance
- Adult Vocational Training
- On-the-Job Training

Other Activities

- Life Skills Instruction
- Transportation
- Childcare Assistance
- Training/School Supplies
- Clothing/Uniforms

Small Business Advisory Services

- Financial Literacy course software
- Assistance with Credit Advisory Services
- Interactive Small Business Course
- Access to Small Business Incubator computer
- Exxon Valdez Settlement financial planning
- Access to small business "tool box" including agency grants, BIA Loan Guarantee Program and Business Plan software

ACTIVITY PLAN AND GOALS

START DATE	GOAL #1	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

START DATE	GOAL #2	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

START DATE	GOAL #3	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

I understand that the purpose of this Individual Development Plan is to meet the goal of employment and or employment enhancement through specific action steps and I am required to follow the steps developed in the IDP. 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 and failure to do so may constitute suspension from the Employment and Training Program for a period of 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 Employment and Training Program.

Signature of Applicant: _____ **Date:** _____

Case Worker Signature: _____ **Date:** _____

Applicant Information

Home Address

Address _____
 City _____ State _____ ZIP _____

Mailing Address

Address _____
 City _____ State _____ ZIP _____

Other Names _____ Proof of Residence **Y / N** **Date of Birth** _____

Male/Female **Veteran Y / N** **Alaska Resident Y / N**

Phone# (_____) _____ Closest Relative (name) _____

MSG# (_____) _____ Relative Phone # (_____) _____

Cell# (_____) _____ Emergency Contact Name _____

Work # (_____) _____ Emergency Contact Phone#(_____) _____

Email _____

How long have you lived in the Kodiak area? **A.** Less than 30 days **B.** Under 1 year **C.** 1-3 years **D.** 3-5 years **E.** Over 5 years.

Applicant Status: Circle one (Single / Married / Divorced / Separated / Widowed) (Parent)

*	NAME	RELATIONSHIP TO HEAD	DATE OF BIRTH	SEX	SSN	TRIBAL ENROLL#

Are you a member of the Sun'aq Tribe of Kodiak Y N

If you answer NO, what Tribe are you enrolled member with _____

What tribal documentation do you have to verify your tribal status (if needed):

CIB **Y / N**

Tribal Enrollment **Y / N**

Birth Certificate **Y / N**

If you are Alaska Native, complete the following – Shareholder and Corporation:

Shareholder _____	_____ 13 th Region	_____ Bristol Bay	_____ Koniag
Family member _____	_____ Ahtna	_____ Calista	_____ NANA
Descendant of _____	_____ Aleut	_____ Chugach	_____ Sealaska
	_____ ASRC	_____ CIRI	
Select a corporation →	_____ Bering Straits	_____ Doyon	_____ Unknown

Education Status:

Check current status (1 only)

- Dropout
- Student
- High School Grad/GED
- Post-High School

Currently Enrolled in **H.S?** **Y / N**

Highest Grade Completed _____

Degree/Certificate Attained? **Y / N**

Post High School Level Completed (Degree) _____

Completion Year _____ Major _____

Employment Status:

Currently working? **Y / N**

Hr. Wage \$ _____ **Hrs/Wk** _____

Active Union Member? **Y / N**

If unemployed, last date of employment _____

Have you received a notice of pending layoff? **Y / N**

Main Occupation _____

Family Income

Participant received “**Public Assistance**” at any time during enrollment or 60 days prior? Y / N

Check all sources of income that apply in each column. Report income for previous month	Y/N	Amount Received		Y/N	Amount Received
	n/a		Child Support	Y/N	
** ATAP/TANF Benefit **	Y/N		Food Stamps	Y/N	
** General Relief (GR) **	Y/N		Foster Care Payments	Y/N	
** Social Security Income (SSI) **	Y/N		Inheritance	Y/N	
** General Assistance (GA) **	Y/N		Retirement Pension	Y/N	
Employed <input type="checkbox"/> FT <input type="checkbox"/> PT			Native Corp. Dividends	Y/N	
Unemployment Benefits	Y/N		Permanent Fund Dividend	Y/N	
Scholarship/Grants	Y/N		Longevity Bonus	Y/N	
Housing Assistance	Y/N		Worker’s Comp	Y/N	
Child Care	Y/N		Other:		

Monthly Shelter Costs

Application must provide verification of ALL expenses for previous month

Rent	\$	Telephone	\$
Space Rent	\$	Water	\$
Mortgage Payment	\$	Sewage	\$
Electricity	\$	Household Oil/Fuel/Wood	\$
Other	\$	Other	\$

Parents/Head of Household Income - last month: \$ _____ I certify the information given is true to the best of my knowledge. I understand this information may be confirmed; deliberate false statements are subject to fines, and/or imprisonment for a maximum of 2 years. **Please Provide Income Verification**

Signature _____

Date _____

Parent or Legal Guardian _____

Date _____

****IT IS YOUR RESPONSIBILITY TO MAKE SURE THAT ALL REQUIRED DOCUMENTATION IS SUBMITTED ALONG WITH THIS APPLICATION. IF ALL DOCUMENTATION IS NOT INCLUDED, YOUR APPLICATION MAY BE REJECTED UNTIL THE REQUIRED DOCUMENTS ARE SUBMITTED.****

SUN'AQ TRIBE OF KODIAK
312 WEST MARINE WAY
KODIAK, ALASKA 99615
PHONE: (907) 486-4449 FAX: (907) 486-3361
E-MAIL: social_services@gci.net

DATE:

TO:

I, _____, hereby authorize the release of information requested by the **Sun'aq Tribe of Kodiak**. The requested information shall be used solely in the administration of **Program Services** offered by the **Sun'aq Tribe of Kodiak**, and will not be released to any other person or agency outside the **Sun'aq Tribe of Kodiak**. I hereby authorize the **Sun'aq Tribe of Kodiak** 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 am an applicant or recipient of **The Sun'aq Tribe of Kodiak Services Program** which include:

1. General Assistance
2. Community Service Block Grant
3. Higher Education
4. Job Placement and Training
5. Direct Education
6. Adult Vocational Training
7. Small Business Advisory Services

Persons or organizations that may be contacted include, but are not limited to: the Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor, the Department of Public Safety, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, 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 Sun'aq Tribe of Kodiak.

A REPRODUCTION OF THE 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

Social Security Number

Date

Date