



KNIK TRIBE

KNIK, THE OLDEST VILLAGE IN COOK INLET

Date Received:
Staff Initials:

Elder's Assistance Application

Checklist for submitting application:

- Applicant resides in the Matanuska Susitna Borough
- Application form completely filled out and signed
- Copy of government issued photo ID or driver's license
- Copy of CIB card of applicant (unless member of Knik Tribe)

Please select which Program you are applying for:

- Elder that is 60 yrs old or older, or 55 and caretaker of youth.
- Information and Assistance with communications
- Assistance in completing forms regarding health, housing, dietary needs
- Chore Service - shovel snow, chopping wood, or moving furniture, light home-maintenance (paint or stain small areas, minor repairs, removal of old appliances, walkway/deck repair, safety including floors and mold and replacement) money management, planning meals

Please remember, application will not be considered unless ALL information requested is submitted. It's the applicant's responsibility to obtain and provide all documents.

Services are at the discretion of KT with consideration of extent to which they fall under the program and may be prohibited by cost or personnel limitations.

Knik Tribe – Elder's Assistance Program
Phone: (907) 373-7991 Fax: (907) 373-2178
1744 N. Prospect Dr. Palmer, AK 99645



APPLICANT INFORMATION		
Last Name	First Name	MI
Date of Birth		
Email Address		
Physical Address		Apt/Unit #
City	State	Zip
Mailing Address		Apt/Unit #
City	State	Zip
Primary Phone Number		Cell Phone Number

HOUSEHOLD FAMILY MEMBERS					
	Name	Relationship	Date of Birth	Age	ID
Head					
Co-Head					
3					
4					
5					

- I have read and understand this application.
- I do hereby certify that all of the information provided within this application is true and correct to the best of my knowledge. Knowingly providing false information will disqualify me and can result in legal action.
- I understand that inquiries may be made for the purpose of verifying the statements made within this application to determine my eligibility.
- I understand that it will be necessary for KT to perform a physical inspection of my home to verify the need for the assistance requested through this application.
- The KT Elders program is funded by grants from the federal government. Funds are limited and there is a spending cap for each project.
- Completing this application does not guarantee that you will receive services, only that you will be considered for the project.



Describe work or services requested
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By signing this document, you understand by giving false or incomplete information regarding applicant's household income, composition, or other factors used to determine applicants eligibility is fraud.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

Program Director: _____ Date: _____



Release of Information

I, _____ & _____ hereby authorize the release of any information concerning me, to the Knik Tribal Council Elders program, mailing address P.O. Box 871565, Wasilla, Alaska 99687. The requested information shall be used solely in the administration of KTC programs, and a reproduction of this release is as valid as the original. Contacts may include, but not be limited to:

- Administration of Community Living

Other (Please Name): _____

This authority shall continue until revoked in writing to the undersigned.

Applicants Signature	Date	Social Security Number
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Spouse/ Co- Habitant Signature	Date	Social Security Number
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