

P.L. 102-477 PROGRAM APPLICATION FOR SERVICES

- Employment Services
- Vocational Training Tuition Assistance
- Chugachmiut Higher Education Scholarship Application
- General Assistance
- Child Care Assistance

Chugachmiut

1840 Bragaw St., Suite 110 Anchorage, AK 99508 Phone: (907) 562-4155 (800)-478-4155 Fax: (800)-563-2891

Chugachmiut 477 Program

Chugachmiut's Education & Training, Employment, General Assistance, and Child Care services are components of Chugachmiut's Public Law 102-477 Program. These programs are available for eligible Alaska Natives and American Indians living within the Chugach region.

Eligibility Requirements for Chugachmiut services:

In order to be eligible, you must:

- Be an enrolled member of a Tribe and living within the Chugach region (Higher Education does not have a residency requirement but you must be a shareholder or descendant of Chugach Alaska Corporation; Valdez and Eyak have their own Higher Education scholarship).
- Submit a copy of your BIA Certificate of Indian Blood or Tribal enrollment card.
- Meet all eligibility requirements for the program(s) to which you are applying.

Application Instructions:

- 1. Everyone must complete pages 2, 3, 19 and 20 of this application.
- 2. Complete the application section for the service(s) you are requesting (see sections and page numbers below).

<u>Ap</u>	plica	ation Section	<u>Page</u>
•	Α	Employment Services	4-5
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- 3. All applicants must complete page 12 the Individual Self-Sufficiency Plan (ISP)
- 4. Fill in all blanks in the application. If a blank does not apply to you, please write "NA".
- 5. Gather the following documents to submit with your application. Your application will be considered incomplete without these documents and will not be processed:
 - Tribal enrollment card or Certificate of Indian Blood for everyone in your household.
 - Birth Certificate of child (ren) (Child Care Assistance only)
 - Copy of Driver's License or other State or Federal identification.
 - Copy of Social Security card or number.
 - Copy of Selective Services registration, for all males between the ages of 18 and 25 years old.
- 6. Make sure you've signed and dated your application when it is faxed.

Please note: Incomplete applications cannot be processed until all information and documentation required to complete the application has been received by Chugachmiut.

Who do I contact if I have any questions, need more information, and/or need assistance in completing my application?

For employment services, scholarships, general assistance, child care assistance, and vocational training tuition assistance please contact:

Colette Meraz, Regional 477 Program Coordinator

Phone: (907) 478-4155 Phone: 1 (800) 478-4155

Chugachmiut

☐ GED Year received __

Contact Information:

Home or Message Phone

Mailing address

☐ Certificate of Achievement Year graduated _____

Work Phone

Application for Services

Before completing this application, please carefully read the application instructions on page 1

Major _

Town/Zip

☐ Currently enrolled/attending school

Email Address

Date:				page	L
Applicant Information	- Please print.				
Last Name	First Name		M.I.	Maiden Name	
☐ I am a new applicant.	☐ I have applied	I to Chugachmiut for services	previously.	Date last applied	
Gender ☐ Male ☐ Female	Date of Birth	If a male over 18, have you registered with the Selective Service? □Yes □ No		Security No.	Blood Quantum
Marital Status:					
☐ Single ☐ Single	living with significa	nt other	□s	eparated [☐ Divorced
Family Status:					
☐ Single Individual	Number of dependents unde	er 18			
☐ Parent in one-parer	Total number in household				
☐ Parent in two-paren	nt family				
Education Status:					
☐ High school Year grad	duated	□ College/Vo	cational Sc	chool Year gradua	ated

Services You Are Requesting (Check ALL that apply to your immediate needs.)

☐ Education and Training	☐ Employment	☐ General Assistance	☐ Child Care

Cell Phone

Family Income and Available Funds

ips or gratuities TAP, TANF, ASAP Reneral Relief (GR) Reneral Assistance (GA) Rousing assistance (AHFC, NPRHA) Reneral Relief (GR) Reneral Assistance (AHFC, NPRHA) Reneral Assistance (AHFC, NPRHA) Reneral Assistance (AHFC, NPRHA) Reneral Assistance (AHFC, NPRHA)	Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Comments
Spouse's net salary (attach pay stub) Fips or gratuities ATAP, TANF, ASAP General Relief (GR) General Assistance (GA) Housing assistance (AHFC, NPRHA) Child support and alimony Foster care payments Child Care assistance	\$ \$ \$ \$ \$	
Fips or gratuities ATAP, TANF, ASAP General Relief (GR) General Assistance (GA) Housing assistance (AHFC, NPRHA) Child support and alimony Foster care payments	\$ \$ \$ \$	
General Relief (GR) General Assistance (GA) Housing assistance (AHFC, NPRHA) Child support and alimony Foster care payments	\$ \$ \$ \$	
General Relief (GR) General Assistance (GA) Housing assistance (AHFC, NPRHA) Child support and alimony Coster care payments	\$ \$ \$	
General Assistance (GA) Housing assistance (AHFC, NPRHA) Child support and alimony Foster care payments	\$ \$	
Housing assistance (AHFC, NPRHA) Child support and alimony Coster care payments	\$	
Child support and alimony Coster care payments		
oster care payments	Ψ	
	\$	
orma Gara addictarios	\$	
dult Public Assistance (APA)	\$	
Social Security (SSA)	\$	
Supplemental Security Income (SSI)	\$	
	\$	
Alaska Permanent Fund Dividend (PFD) for everyone	\$	
Cash-out of retirement or pension plan	\$	
Alaska Longevity Bonus	\$	
/eteran's benefits	\$	
Inemployment insurance benefits	\$	
Vorker's Compensation	\$	
ood stamps	\$	
Medicare/Medicaid	\$	
lative and Village corporation dividends	\$	
Checking account (current balance)	\$	
Savings account (current balance)	\$	
Student loans/grants/scholarships	\$	
Singo or pull tab winnings	\$	
Other income (specify)	\$	
Other income (specify)	\$	
`` '		
otal Income for Last 30 Days	\$	
otal Household Income for the	•	
Past Six (6) Months	\$	

Section A

APPLICATION FOR EMPLOYMENT SERVICES

Chugachmiut offers employment services to eligible Alaska Natives or American Indians with demonstrated financial need residing within the Chugach region that are unemployed or underemployed and need assistance in obtaining employment and/or in preparing to be competitive in the job market. The goal for each client served through this program is to gain self-sufficiency through gainful employment.

Employment Status:

Currently working?	Y / N	If un employed, last date of employment						
If working, hourly wage	\$	Have you recei	ived a layoff notice?		Y / N			
If working, hours per week		Are you an active union member? Y / N						
Main occupation		If yes, name of union						
Da vasa hava a valid Alaaka dabaada lisanaa?	V / N	Alaska driver's lid	cense #	ADL expiration	on date:			
Do you have a valid Alaska driver's license?	Y / N							
Do you have a valid commercial driver's license?	Y / N	If yes, class:						
Training and Education:								
School attended:		Major cours	e of study:					
Dates attended: From: To:	Gradua	ation date:	Degree or certificate:					
School attended:		Major cours	e of study:					
Dates attended: From: To:	Gradua	ation date:	Degree or certificate:					
Skills and Abilities:			<u>'</u>					
What job skills have you gained through previous we	ork, volunte	ering, or other pe	ersonal experience?					
List any tools, machinery, and/or equipment you car	n operate/re	epair.						
List computer software that you are able to use.								
How fast can you type?		With how r	many errors?					
List any occupational licenses/certificates/cards you	possess:							
Employment Goals: What are your immediate and long-term employment goals? Please be specific about the kind of job you would like to work in now and any training that may be necessary to gain long-term employment in your chosen field. If you need more writing space, please continue on the back of this sheet.								
Have you had difficulty obtaining employment due to	o a previous	s misdemeanor o	r felony record? If so, pleas	se explain:				

Section A – Application for Employment Services - continued

Employment History

List most recent job first

Job Title	St	art Date	End Date	Hourly Wage
Employer/Company Name	Employer/Compan	y Address		Phone Number
Immediate Supervisor	Reason for Leaving	g		
Duties and Responsibilities				
Job Title	St	art Date	End Date	Hourly Wage
Employer/Company Name	Employer/Compan	y Address		Phone Number
Immediate Supervisor	Reason for Leaving	g		
Duties and Responsibilities				
Job Title	St	art Date	End Date	Hourly Wage
Employer/Company Name	Employer/Compan	y Address		Phone Number
Immediate Supervisor	Reason for Leaving	g		
Duties and Responsibilities				
Job Title	St	art Date	End Date	Hourly Wage
Employer/Company Name	Employer/Compan	y Address		Phone Number
Immediate Supervisor	Reason for Leaving			
Duties and Responsibilities				
·				

Section B

APPLICATION FOR VOCATIONAL TRAINING TUITION ASSISTANCE

Vocational training tuition assistance is offered to eligible Alaska Natives or American Indians with demonstrated financial need residing within the Chugach region (excluding Valdez and Eyak). Applicants must be unemployed or underemployed and in need of supplemental tuition assistance for vocational training in order to obtain long-term employment. *Please submit a copy of your Certificate of Indian Blood or Tribal Enrollment Card with this application.*

submit a copy of your Certific								
Vocational Training Plan - F	Please subm	it a copy	of the trainin	ng program (descrip	otion and courses in	ncluded from	the school.
Name of training program (example	s include: auto	motive ted	chnology, office o	occupations, co	omputer	technology, carpentry,	craft/trades prog	rams)
Name of School								
Mailing Address								
City			State	te Zip Code Telephone Num		Telephone Number		
Length of training program Beginning date			Ending Date		•	program Certificate 2-	Year Associates	
Previous Education – Attacl	n copies of e	educatio	n or training o	ertificates,	if appli	cable.		
If you have not completed high school	ol or obtained	a GED, wl	ny did you leave	school?				
If you attended college, for how man	y years?	Major/su	ıbject area					
Did you receive a degree?		If yes, d	f yes, degree received and year graduated					
Are you currently a student?		If yes, w	here, and what a	are you studyir	ıg?			
Vocational Training School	Dudget w	lacas et	taab aamula k	and wat wrong	دما لم ما	racheal		
Tuition	buaget – p	nease at		campus rent		/ SCHOOL		\$
Student fees		\$						\$
Books and required supplies		\$		Off-campus meals/food Child care				\$
On-site housing \$				Other (specify)				\$
On-site meal plan		Total School Budget \$						
Personal Funds Available a	nd Financi	al Aid						
Personal Funds Availab	le for School	and Fina	ancial Aid You	Have Receiv	ed or A	Applied For	Amount App	lied For or

Personal Funds Available and Financial Aid	
Personal Funds Available for School and Financial Aid You Have Received or Applied For	Amount Applied For or Funds Available
Student Loan	\$
Vocational Scholarship or Grant	\$
Tuition Waiver	\$
Tribal Assistance	\$
Parent/Spouse Contribution	\$
Student Contribution	\$
Employment	\$
ATAP, TANF, ASAP	\$
Other (specify)	\$
Total Personal Funds Available and Financial Aid Applied For	\$

Personal Statement - On a separate piece of paper, please answer the following questions. Be specific in your answers.

- 1) What are your <u>immediate</u> and <u>long term</u> career and employment goals, and what <u>steps</u> are you planning to take to meet those goals?
- 2) How will this training contribute toward those goals?

Section C

2014/2015 CHUGACHMIUT HIGHER EDUCATION SCHOLARSHIP APPLICATION Application Deadline: June 20, 2014

Chugachmiut's Education and Training Program awards higher education scholarships to eligible full and part time undergraduate and graduate students who are Chugach Alaska Corporation shareholders and their descendants (excluding Valdez and Eyak). These higher education scholarships provide supplemental funds for college or university education for students with demonstrated financial need. *Scholarships are distributed once a year.*

Applicant int	rormation											
Last Name				First Nam	t Name M.I.							
Mailing Address				City State				Zip)			
Social Security N	Number	Date of Birth		Regional Corporation/American Indian Tribe			:	Student	ID Nui	mber		
Home Phone	Work Phone	Email Address		If you are a male 18 years of age or older, have you registered for the Selective Service? ☐ Yes ☐ N								
2014-2015 So		ucational Pla	n - You	u must sul	omit pr	oof of	application for	r admissio	on or p	proof of	accept	ance into
Name of Degree	Program						Degree ☐ Associate	e □ Bacl	helors	□ Gi	raduate	е
College or University You Plan to Attend												
Address			City State				Э	Zip				
	s for Fall Semeste I Sophomore □	r 2014 Junior □ Senior I	□ Grad						dent status Full-time □ Part-time			
Date Semester E	Begins		Date	e Semester Ends Expo				xpecte	ected year of graduation			
Previous Edi	ucation - Trans	cripts must be sub	mitted	for last so	thool at	tende	ed Transcripts	s may he	unoffic	rial		
Last school atter		onpro maor do oad	,,,,,,,	101 1401 00			est grade cor				or GE	D
				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Certificate of Achievement or GED								
If you have atten	nded college previ	ously, for how mai	ny year	rs? Maj	or/subj	ect ar	rea					
-	Did you receive a degree? If yes, what degree and year graduated											
Are you currently a student? If yes, where, and what are you studying?												
Estimated 20	013-2014 Scho	ool Year Expe	nses -	- Please a	ttach s	ample	e budget provid	ded by co	llege o	or unive	rsity.	
Estimated 2013-2014 School Year Expenses Tuition \$							rent (per mon				\$	
Student fees \$					Off-ca	mpus	meals/food (p	er month	x 9 m	onths)	\$	
Books and requi	red supplies		\$		Child	care ((per month x 9	months)			\$	
On-campus hous	sing (per semeste	r x 2 semesters)	\$		Other	(spec	cify)				\$	
On-campus meal plan (per semester x 2 semesters)					Total	Scho	chool Year Expenses \$					

Chugachmiut 2014/2015 Higher Education Scholarship Application

Student loans	\$
Tuition waiver	\$
Tribal assistance	\$
Parent/Spouse contribution	\$
Student contribution	\$
Employment	\$
ATAP/TANF	\$
FAFSA and Pell Grant (must provide proof of application)	\$
Total Personal Funds and Financial Aid	\$
Estimated Financial Need (Total Personal Resources and Financial Aid –Total School Year Expe	nses) \$

First-time Scholarship Applicants:

On a separate piece of paper, please describe:

- your personal and educational history
- your accomplishments
- your educational and career goals
- how the degree program you are planning to attend fits in with your educational and career goals

Previous Scholarship Recipients:

On a separate piece of paper, please describe the progress you've made toward meeting your educational and career goals. Explain any changes in education and/or career goals, and reasons for those changes.

godio. Explain any changes in oddodion and or odrost godio, and rodoons for those changes.				
Application Checklist				
☐ I have completed and signed the applic ☐ I have submitted my letter of admission ☐ I have enclosed a sample expense buc ☐ I have enclosed a copy of my Student // ☐ I have enclosed my personal statemen ☐ I have enclosed a copy of my tribal enr ☐ I have enclosed a copy of my identifica ☐ If male, I have enclosed a copy of my s ☐ I have enclosed a copy of my transcript Attendance or GED	a from the college I will be attending lget from my college Aid Report from FAFSA t ollment or Certificate of Indian Blood tion	n of my Certificate of		
I do hereby attest that the information provided and included in this application is true, correct, and complete.				
Name of Applicant (printed or typed)	Applicant Signature	Date		
Signature of parent/guardian if applicant is und	er 18 years of age.			
Name of Parent/Guardian (printed or typed)	Parent/Guardian Signature	Date		

Section D

APPLICATION FOR GENERAL ASSISTANCE

PLEASE READ THE FOLLOWING CAREFULLY!

General Assistance (GA) is temporary funding offered by Chugachmiut to provide financial assistance for the following essential needs only: **food, shelter, clothing, and basic necessary utilities**. The goal of General Assistance is to increase self-sufficiency. General Assistance is only available when no other resources are available to you. General Assistance is **not** an emergency assistance fund. Usual timeline for **processing applications is 2-4 weeks**.

Applicants with Dependent Children: All applicants with dependent children are required to apply for Temporary Assistance for Needy Families (TANF) and provide verification of application before applying for GA. You must also apply for other state assistance including Adult Public Assistance (ATAP), General Relief Assistance (GR), Food Stamps and unemployment insurance benefits if you had prior employment.

<u>Employment Services</u>: General Assistance recipients are required to apply for employment services by filling out **Section A – Application for Employment** Services. Unemployed applicants must be actively seeking employment in order to receive financial assistance through the General Assistance program.

Individual Self-Sufficiency Plan: Individuals who are approved for General Assistance are required to complete an Individual Self-Sufficiency Plan with the assistance of Education & Training staff. The Plan outlines the specific steps the applicant will take to increase independence by meeting the goal of employment. The applicant is required to participate in work and/or other activities and referrals, as outlined in the Self-Sufficiency Plan, which will promote self-sufficiency. Failure to do so may constitute suspension from the General Assistance program.

General Assistance Checklist

Read a applica	and initial each item. Failure to provide all required documents with the application will result in a delay in processing your tion.
	I live within the Chugach Region.
	(For families with children) I have applied for ATAP/TANF and have provided my case number before applying for General Assistance.
	I have not received cash assistance from ATAP/TANF, General Relief (GR), or Social Security Income within the last 60 days.
	I have attached proof of eligibility - <i>Certificate of Indian Blood</i> (must show at least ¼ Alaska Native or American Indian) or a Tribal enrollment card for everyone in my household.
	I have attached proof of all earned and unearned income for the month of application (pay stubs, unemployment insurance checks, corporation dividends, etc.) and/or a statement from my employer as to my income for the month of application.
	I have attached proof of monthly shelter costs – rent, phone, utility bills, and any other monthly bills listed under Monthly Shelter Costs.
	I have attached proof of insufficient resources to meet essential needs – copies of current bank statements, financial records, and bills.
	I have attached verification that I have applied for other services . (For example: TANF case number if you have dependent children or food stamps or unemployment insurance benefits if you have recently left a job.)
	I will complete an Individual Self-Sufficiency Plan with Education & Training staff and will review it if I am approved for General Assistance. I have completed a Work Search/Work Related Activity Sheet, if needed.
1) How assista	re you applying for General Assistance? Explain: If you have supported yourself for the past three months, and 2) What has changed in your situation to cause you to apply for nce? Be sure to include all other information you feel would help us better assist you. Please be as specific as possible. If you note writing space, please use the back of this sheet.

Section D - Application for General Assistance - continued

ATAP/TANF Status - Please ci	rcle correct	answer.					
Have you applied for ATAP or TANF in the last month?		Yes	No		tus of your appl Disapproved		
Have you received ATAP or TANF benefits in the last month?		Yes	No	If yes, how muc	h:		
Has your ATAP/TANF been reduce	ed due to pe	enalties?	Yes	No	If yes, reason:		
Have you been terminated from AT			Yes	No	Date of terminat	Date of termination:	
Have you been determined ineligib	le for ATAP	7/TANE?	Yes	No	If yes, reason:		
		71700			Date able to rea	pply:	
Are you eligible to reapply for ATA	P/TANF?		Yes Office Loca	No ation:			
At what ATAP/TANF office did you	apply?						
Household Members Living V	Vith You -	Continue	on the hack	of this she	et if needed		
Name	Birth D	ate	SSI		Relationship	Blood	Tribe Enrolled In
	and A	vge .				Quantum	
Monthly Shelter Costs - You r	nust provide	e verification	on of all expe	enses for t	the current month	. Example: co	pies of utility bills. Do no
include bills for cable, satellite T If renting the Landlord/Shelter State						cannot pay th	nese.
Expense	Co			acrica to ti	Expens	e	Cost
Rent		\$		Telephor	ne		\$
Space Rent		\$		Water		\$	
Mortgage Payment		\$		Sewage		\$	
Electricity		\$		Household Oil/Fuel/Wood		\$	
Heating		\$		Other (sp	pecify)		\$
				Total Mo	onthly Shelter Co	osts	\$
							-
Please read the paragraph below to	pefore signi	ng:					
I (We) apply for financial assistance							
regarding resources and income ar to obtain information necessary to							
Paperwork Reduction Act and the I			acciotarico.	1 (110) 114	vo roda, or rida o	Apidiriod to do,	and providion under the
Applicant Signature		Pr	inted Name				Date
11 2 9							
Applicant Signature		Pr	inted Name				Date

WORK SEARCH ACTIVITY SHEET

	ferent jobs per week to be considered eligible for services.
NAME OF APPLICANT:	SSN:/ DOB:/
ADDRESS: P.O. Box or Street Address	City State ZIP
HOME PHONE: CELL PHONE:	
business.	for the applicant who is pursuing employment with your organization or
WORK.SEARCH ACTIVITY #1	
Date:	Job Title/Work Activity:
Employer or Business Phone #:	Employer or Business Name:
Employer or Business Address:	
Submitted a Complete Application ☐ Yes ☐ No	Was applicant Offered Employment ☐ Yes ☐ No
Submitted a Resume ☐ Yes ☐ No	Did Applicant Accept Employment ☐ Yes ☐ No
Was Applicant Interviewed for Job ☐ Yes ☐ No	Did Applicant Refuse Employment ☐ Yes ☐ No
Employer/Supervisor Signature:	Printed Name:
COMMENTS:	
WORK.SEARCH ACTIVITY #2	
Date:	Job Title/Work Activity:
Employer or Business Phone #:	Employer or Business Name:
Employer or Business Address:	
Submitted a Complete Application ☐ Yes ☐ No	Was applicant Offered Employment ☐ Yes ☐ No
Submitted a Resume ☐ Yes ☐ No	Did Applicant Accept Employment ☐ Yes ☐ No
Was Applicant Interviewed for Job ☐ Yes ☐ No	Did Applicant Refuse Employment ☐ Yes ☐ No
Employer/Supervisor Signature:	Printed Name:
COMMENTS:	
WORK.SEARCH ACTIVITY #3	
Date:	Job Title/Work Activity:
Employer or Business Phone #:	Employer or Business Name:
Employer or Business Address:	Employer of Business Name.
Submitted a Complete Application ☐ Yes ☐ No	Was applicant Offered Employment ☐ Yes ☐ No
Submitted a Complete Application in Tes in No	Was applicant Offered Employment in Fes in No
Submitted a Resume ☐ Yes ☐ No	Did Applicant Accept Employment ☐ Yes ☐ No
Was Applicant Interviewed for Job ☐ Yes ☐ No	Did Applicant Refuse Employment ☐ Yes ☐ No
Employer/Supervisor Signature:	Printed Name:
COMMENTS:	

INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Client Name:			Date of Plan: _			
	rpose of this Individual S					
	equired to follow the steps					
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 General Assistance Program for a period of 60 days but not more than 90 days.						
so may constitute suspe	ension nom the General F	15515tarice	Program for a penou	or ou days t	out not more than 90 u	ays.
Are you currently emp	oloyed: □ Yes □ No	If yes, wh	ere?	Но	w long?	
Highest grade comple	ted: □1 □2 □3 □4	□ 5 □ 6 □] 7 □ 8 □ 9 □ 10 □	11	_	
			□ GED □ College o		Training	
Date Graduated: /	// Date re		_		_	
Date last attended sch						
				_		
What are your short-te	erm employment goal(s)) to get off	General Assistance	9?		
						
What are your lang to	rm ampleyment goal(s)	to got off	Canaral Assistance			
what are your long-ter	rm employment goal(s)	to get on	General Assistance	ſ		
					· · · · · · · · · · · · · · · · · · ·	
	STEPS NEEDE		IEVE SELF-SUFFICI			
Work Activities			n/Training	Other Activ		
☐ Employment: Full-ti			nool Diploma	☐ Life Skills		
☐ Job Search☐ Volunteer Work Experie		☐ GED	te of Achievement	☐ Parenting ☐ Child Car		
☐ Job Sampling or Job Sh			cational Training	☐ Child Car		
☐ On-the-Job-Training	iddow		Improvement		e Abuse Assessment	
☐ Job Readiness		☐ Employn	nent Counseling	☐ Substanc	e Abuse Treatment	
□ ESL (English as a 2 nd language □ other:						
		LI ESL (En	glish as a 2 nd language			
	eel e elleriou	,				
START DATE		,	IVITY PLAN AND GO	DALS		EVED
START DATE	SELF-SUFFICIE GOAL #1	,		DALS	DATE TO BE ACHII	EVED
START DATE	GOAL #1	ENCY ACT	IVITY PLAN AND GO	DALS		EVED
	GOAL #1	ENCY ACT	IVITY PLAN AND GO	DALS		EVED
1.	GOAL #1	ENCY ACT	IVITY PLAN AND GO	DALS		EVED
1. 2.	GOAL #1	ENCY ACT	IVITY PLAN AND GO	DALS		EVED
1.	GOAL #1	ENCY ACT	IVITY PLAN AND GO	DALS		EVED
1. 2. 3.	GOAL #1	ENCY ACT	TVITY PLAN AND GO WHO WILL DO TO ACHIEVE GOAL	DALS DIT?	DATE TO BE ACHII	
1. 2.	GOAL #1	ENCY ACT	IVITY PLAN AND GO	DALS DIT?		
1. 2. 3.	GOAL #1 ACTI GOAL #2	ENCY ACT	TO ACHIEVE GOAL WHO WILL DO	DALS DIT?	DATE TO BE ACHII	
1. 2. 3. START DATE	GOAL #1 ACTI GOAL #2	ENCY ACT	TVITY PLAN AND GO WHO WILL DO TO ACHIEVE GOAL	DALS DIT?	DATE TO BE ACHII	
1. 2. 3. START DATE 1.	GOAL #1 ACTI GOAL #2	ENCY ACT	TO ACHIEVE GOAL WHO WILL DO	DALS DIT?	DATE TO BE ACHII	
1. 2. 3. START DATE 1. 2. 2.	GOAL #1 ACTI GOAL #2	ENCY ACT	TO ACHIEVE GOAL WHO WILL DO	DALS DIT?	DATE TO BE ACHII	
1. 2. 3. START DATE 1.	GOAL #1 ACTI GOAL #2	ENCY ACT	TO ACHIEVE GOAL WHO WILL DO	DALS DIT?	DATE TO BE ACHII	
1. 2. 3. START DATE 1. 2. 3. 3.	GOAL #1 ACTI GOAL #2 ACTI	ENCY ACT	TO ACHIEVE GOAL TO ACHIEVE GOAL TO ACHIEVE GOAL	DALS DIT?	DATE TO BE ACHII	EVED
1. 2. 3. START DATE 1. 2. 2.	GOAL #1 ACTI GOAL #2	ENCY ACT	TO ACHIEVE GOAL WHO WILL DO	DALS DIT?	DATE TO BE ACHII	EVED
1. 2. 3. START DATE 1. 2. 3. 3.	GOAL #1 GOAL #2 ACTI ACTI	ON STEPS	TO ACHIEVE GOAL WHO WILL DO TO ACHIEVE GOAL WHO WILL DO TO ACHIEVE GOAL	DALS DIT?	DATE TO BE ACHII	EVED
1. 2. 3. START DATE 1. 2. 3. START DATE	GOAL #1 GOAL #2 ACTI ACTI	ON STEPS	TO ACHIEVE GOAL TO ACHIEVE GOAL TO ACHIEVE GOAL	DALS DIT?	DATE TO BE ACHII	EVED
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Chugachmiut 1840 Bragaw Street Suite 110 Anchorage, AK 99508

Anchorage, AK 99508 PHONE: (907) 562-4155 or (800) 478-4155 FAX: (907) 563-2891 or (800) 793-2891

LANDLORD/SHELTER STATEMENT

	tifies that (<i>applicant name</i>)				
	(<i>lives at the home or hotel full time</i>) at the following physical address (do not enter a post office box number):				
enter a post c	office box number):				
ADDRESS: _					
and pays \$ _	per month for rent.				
Utilities are	☐ Included in the rent amount above				
	Not included in the rent amount above (if there is a charge for the items below, a				
	\$ Electricity				
	\$ Telephone				
	\$ Heat/Oil/Fuel \$ Water/Sewer				
	· · · · · · · · · · · · · · · · · · ·				
l aavtifi . Abat	the above information is convert and two	to the best of my			
	the above information is correct and true Inder penalty of perjury or un-sworn falsi				
- Internouge a	nao. ponany e. perjany e. an en en in an				
	andlord/Hotel Manager or Primary Tenant om" or "living with family/friends")	Date			
Printed Name		Telephone Number			
Physical and M	lailing Address of Landlord/Hotel Manager or Prin	nary Tenant			

Section E

APPLICATION FOR CHILD CARE ASSISTANCE

Child care assistance is available to income-eligible parents who reside in the Chugach region and who are employed or undergoing training. The program pays a percentage of child care costs incurred when the parent(s) are engaging in employment or school. Parents are urged to apply for employment services and/or vocational training tuition assistance to enable them to obtain reasonable employment and self-sufficiency.

age-appropriate	immunization rec	ords. The application	n will not b	e approved until	these documents		
	Children eligible for program benefits (under age 13)			Children not eligible for program benefits (<u>age 13 or older</u>)			
	Name	Date of	Birth		Name	Date o	f Birth
Do both biologica	I parents reside in t	he household with		Does the child	(or children) live	with you full-time? If	
the child (or child		ile liousellolu willi	Y/N		plain on back of th		Y/N
	ployed or in a traini	ing program?	Y/N	Tio, piodoo oxp	Jan on Baok of the	no pago.	',''
Child Care Stat	·	<u> </u>					
	have a child care p	provider? Y / N	<u> </u>				
If no, what plans	do you have for chi	ild care while you wo	ork or to go	school?			
and income. In Benefits, Gene Dividends, ATA Quarterly Contin	come sources ir ral Assistance, (AP/TANF, settlen luation form.	nclude: Employm General Relief, Fo nents and other i	ent (pay oster Car ncome re	stubs), unempe payments, Ceceived. This in	oloyment bene Child Support, I Information must	rification of employ fits, Social Security Native Corporation be updated quarterly,	see
			ur days/l	nours of emplo	oyment or trair	ning. This form mus	t be
signed by your	employer or sc	hool.					
Day	Hours of Training or Employment	Name of Em and Na	nployer or me of Posi			Comments	
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							

Parents and Providers: Please include a copy of your valid government issued photo identification card.

Section E - Application for Child Care Assistance - continued

First Name

Last Name

CHILD CARE PROVIDER APPLICATION

M.I.

Maiden Name

					Date last provided child care:		
☐ I am a new applicant.	am a new applicant.						
Gender ☐ Male ☐ Female	Date of Birth If a male over 18, have you registered with the Selectiv Service? □Yes □ No		with the Selective	Social S	Security No.		
Child Care:		1					
What are your hours of care?		What days	What days will you provide care?				
Where is care provided?		What ages	will you provide c	are for?			
Home Center	_ Client's home	Infants	5 Toddlers _	Presc	hool School aged		
Do you take drop-ins? YES NO			achmiut give yo?YES		t information to a parent in n	eed of	
Education Status:		•					
☐ High school Year	graduated		□ College Ye	ear graduat	ted		-
□ GED Year	received		Degree		Major		_
☐ Vocational training Yea	r graduated		☐ Currently en	rolled/atter	nding school		
Contact Information:							
Mailing address				Town/Zip			
Home Phone	Work Phone	Ce	ell Phone	Email Add	ress		
OTHER HOUSEHOLD MEN	MBERS NAMES		DATE OF BIR	TH	RELATIONSHIP TO PROV	/IDER	
1.							
2.							
3.							
4.							
5.							
6.							
7.							
THE FOLLOWING IS REQU	IRED.				•	Yes N	No
Alaska Background Check f		nousehold	members 16 yea	ars and ol			10
Business License:	E	xpiration D	Date:				
TB Results:		xpiration D	Date:			 	
Copy of Social Security Car	a	Copy of Social Security Card					

Section E - Application for Child Care Assistance - continued

Chugachmiut Child Care Program Standards and Requirements

Parent Agreement and Requirements

As a parent applying for the Chugachmiut Child Care Assistance Program, you are required to agree to the following.

Paren	t: Read and initial each item:
	Child care assistance funds are for use only when I am engaged in employment or training. If both parents reside in the household I understand that they must either attend a training program or are employed. If a parent is not working or in a training program they are responsible for their child care — Chugachmiut will not provide assistance when the parent is not working or in a training program. I will notify Chugachmiut within five days following a change affecting my eligibility. Changes include employment or training status, days/hours of work or training, number of children in need of childcare, and income.
	Chugachmiut will provide Child Care Assistance only for the days the child actually receives child care – Attendance based programs, Enrollment based programs are not supported by the Chugachmiut Child Care Assistance Program.
	I will notify Chugachmiut and my provider within five days if I will not work hours specified.
	I will give the provider at least 14 days' notice of my intent to terminate child care services except in the case of immediate program ineligibility or upon mutual agreement between me and my provider. Program ineligibility includes being fired and laid off, or other reasons as decided upon by the case worker.
	I am responsible for paying the provider for my portion of authorized child care costs and any costs above the authorized subsidy amount that the program will pay, or for making other mutually acceptable arrangements with the provider.
	I will provide all requested documentation to Chugachmiut in a timely manner.
	To be accepted into the Chugachmiut Child Care Assistance Program, I will provide my child's immunization record, Certificate of Indian Blood or Tribal Enrollment card and Birth Certificate as well as other requested information.
	If I do not comply with these responsibilities, my participation in the Child Care Program may be terminated.
child c requir	ant: Please review the following checklist of safety requirements with your child care provider. Parents are required to monitor are providers and facilities for compliance with Chugachmiut Childcare Assistance safety standards. Child Care providers are ed to meet these standards. t: Read and initial each item as it is reviewed with your provider.
	The provider does not leave a child alone.
	The place where the child receives care has two separate exits. (One may be a window large enough for an adult to exit.)
	Children are never left alone with a known or convicted sex offender, or a person who has been convicted of a crime of violence.
	Children are never left alone with a person or animal known to be dangerous.
	The place where children receive care is kept free of hazards, both inside and out.
	Guns are unloaded and out of reach of children. Ammunitions are stored separately.
	Medicines, cleaners, and dangerous materials are kept out of the reach of children.
	The provider will provide a smoke, drug, and alcohol-free environment for the children in their care.
	The provider washes hands before and after handling food, changing diapers, and using the bathroom.
	There is safe drinking water and proper sewage and garbage disposal.
	The provider stores, refrigerates, and prepares food carefully.
	The provider contacts the parent about any injury to the child requiring medical treatment and any serious illness. The provider keeps emergency contact information available. Medicine is only given if the provider has written permission from the parent. The provider has a first aid kit that is in a convenient location and is inaccessible to children.
	Children are not physically punished or verbally abused.
	The provider allows parent's access to their children at all times.

Section E - Application for Child Care Assistance - continued

Child Care Provider Agreement and Requirements

Child Care Provider's printed name

Child Care Provider's signature

As a child care provider for a parent who is applying for Chugachmiut's Child Care Assistance Program, you must meet these requirements and provide the documentation requested. Please be advised that child care providers are subject to home visits by a Chugachmiut case worker. Chugachmiut will assist with payment only for the days the child (ren) actually receive childcare when the parent is working or in a training program. I have not been refused a child care license or had a child care license revoked within the past ten (10) years. I have not had a substantiated incident of child abuse or neglect. I will give/have submitted to Chuqachmiut's Regional 477 Program Manager a Criminal Background Check. The Background Check must be free of crimes involving sexual assault or sexual abuse of a minor, neglect, incest, unlawful exploitation of minor or indecent exposure. (This report must show that you have not been convicted of a felony within the past ten (10) years). Please coordinate with Regional 477 Program Manager to arrange the criminal background check. In order to qualify as a child care provider you must not have committed any of the offenses in 7 AAC 57.315(1) or 7 AAC 57.315(2). I have had a test for tuberculosis (TB) within the last twelve months and will provide written verification. If I have tested positive for TB, I am receiving treatment for the disease and will provide verification. I will/have acquire (d) a business license. Contact Chugachmiut Child Care Program for assistance, if needed, in acquiring a license. I will not care for more than a total of four (4) children at any one time, five total including my own. I have no health problems or contagious diseases that might be a risk to children. I understand that I am not an employee of Chugachmiut. I am running my own business. I understand that a Chugachmiut case worker may visit my home. **Pay Standards** Chugachmiut pays for a maximum of 8 hours of child care per day, maximum of five days per week and payment is once a month. Chugachmiut has 30 days to process payment. Chugachmiut will provide Child Care Assistance only for the days the child actually receives child care, Chugachmiut will not pay for child care if the parent is not working or in a training program. Any such costs will be the responsibility of the parent. Once a provider is no longer providing services, the provider will receive the last childcare payment approximately two weeks after the final time sheet is received by Chugachmiut. Monthly both the parent and the child care provider must sign the Chugachmiut Child Care Assistance Billing Form. **Parent Certification:** I certify that I will adhere to the parent agreement and meet the parent requirements. I have visited the provider's home and insured that the provider is meeting the safety requirements listed above. Applicant's printed name Applicant's signature Date **Child Care Provider Certification:**

Date

Social Security Number

Child Care Provider's Address

I certify that I will meet the safety and child care provider requirements. I also understand and agree to the pay standards.

Chugachmiut Child Care Quarter Continuation Form for Assistance

Parent(s) Name:		
Single ○ Married ○ Single	gle with Significant other ○	
Any changes in the household? \square Yes \square No. If y	yes, please list changes.	
Income: (Myself/Spouse)	Household Size:	
List all children living in your household (required	d for determination on eligibility of incom	e/household size).
Children(s) Name	Age: 0-12 years	\neg
Children(s) Name	Age: 13-18 years	\neg
Please provide: 1) Two Paycheck Stubs/Two Pay Periods or proof 2) Hours/days worked or training/school	f of training/schooling	
Provider's Name:		
Parent(s) Signature:	Date:	

This information is true to the best of my knowledge and I will comply and follow the rules for Chugachmiut Child Care Assistance Program.

Child Care Quarterly Reports/Income is <u>due</u> by date stated on letter. Failure to report before due date will be subject to closing your child care application and you will need to re-apply for child care assistance.

*Please note, by your signature on the Chugachmiut Child Care Monthly Billing Reports prepared by your child care provider, you are certifying the hours of care billed are true and correct. If an applicant or recipient knowingly or willfully provides false or fraudulent information then he/she is subject to prosecution which carries a fine of not more than \$10,000 or imprisonment for not more than 5 years or both.

Chugachmiut 477 Programs Client Rights and Responsibilities

The client has a right to:

- be treated with respect without regard to creed, national origin, religion, sex, sexual preference, or age.
- be treated without regard to disability unless activity involved creates a hardship.
- have all personal information treated in a confidential manner.
- review his or her file with appropriate staff present.
- be fully informed regarding any and all fees associated with service client receives from Chugachmiut.
- be given clear information regarding participation in all program activities, e.g., attendance and completion requirements.

The client has the responsibility to:

- be accurate and complete when providing information.
- carry out program rules and requirements related to the services he or she is applying for.
- actively participate in the creation of a personal employability development plan in order to receive Chugachmiut services.
- inform Chugachmiut staff of any changes in name, address, or other personal information.
- ask for clarification regarding any instructions, guidelines or services requirements that the client does not fully understand.

Denial or Discontinuation of Services

Each applicant or recipient of direct assistance will be given a written, detailed explanation regarding the ultimate denial or discontinuation of services. This explanation will include action needed or issues to be resolved for successful reapplication or reinstatement, if applicable.

Client Grievance and Appeals Process

This procedure has been established by Chugachmiut to assist clients in resolving any complaints or grievances arising from any real or perceived violations of clients' rights. No specific printed form is necessary to file a grievance; however, a grievance must be in writing. The document must clearly state the problem(s) by describing the actions taken or not taken by Chugachmiut staff and it must also outline possible solutions and/or resolutions.

An earnest effort will be made by Chugachmiut staff and administration to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for resolution of complaints or grievances regarding the service components of Chugachmiut.

Grievance Process:

Submit a complaint in writing to Chugachmiut. An informal meeting will be scheduled to discuss the complaint and an informal decision regarding the complaint will be made.

Appeals Process

If you are unsatisfied with the informal decision, you may submit a written request, within twenty (20) days of the informal decision, for a formal review of your complaint by the Chugachmiut Compliance Review Committee, 1840 S. Bragaw Street, Suite 110, Anchorage, AK 99508. The Compliance Review Committee will review the complaint with all supporting documentation and will make a formal decision as to the appropriate action to be taken. The Compliance Review Committee will then issue a written response within twenty (20) days of the formal decision. If you are not satisfied with the informal decision, but do not request a formal written decision within twenty (20) days of the informal decision, the informal decision will become final and not subject to appeal under CFR 25, Part 2.

I have read and I fully understand my rights and responsibilities, and the participant.	e grievance process available to me as a Chugachmiut program
Applicant signature	Date

CHUGACHMIUT 477 PROGRAMS RELEASE OF INFORMATION

Chugachmiut 477 Program. The requested information be released to any other person or agency of obtain and exchange information related to my a	, hereby authorize the release of information requested by the mation shall be used solely in the administration of 477 programs and will utside the 477 program or its agents. I hereby authorize Chugachmiut to application to participate in their programs. This release of information iient of 477 programs, and for any later investigations pertaining to my
Persons or organizations that may be co	ontacted include, but are not limited to: the AK Department of Law, the
AK Department of Public Safety, the AK	Department of Fish and Game, the AK Department of Labor, the AK
Department of Military and Veteran Affai	irs, Alaska Housing Finance Corporation, North Pacific Rim Housing
Authority, Social Security Administration	, local and tribal governments, public assistance program contractors
and grantees, health care providers, Dr.	David Zetterman, tax assessors, financial institutions, Native
corporations, stock brokerage firms, land	dlords, property managers, primary tenants of a shared residence,
employers, school authorities, private ind	dividuals, State, Federal, Private or Educational agencies and all
departments and programs within and a	dministrated by Chugachmiut.
A REPRODUCTION OF THIS RELEASE IS AS	
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	
This release is in force until revoked by applicant.	