



COMMUNITY & FAMILY SERVICES DIVISION APPLICATION FOR 477 PROGRAM SERVICES

- Employment Services
- Vocational Training Tuition Assistance
- Chugachmiut Higher Education Scholarship Application
- General Assistance
 - Work Search Activity Sheet
 - Individual Self-Sufficiency Plan (ISP)
- Child Care Assistance

Chugachmiut
1840 Bragaw St., Suite 110
Anchorage, AK 99508
Phone: (907) 562-4155 (800)-478-4155
Fax: (907) 563-2891 (800)-793-2891

Chugachmiut 477 Program

Chugachmiut's education & training, employment, general assistance, and child care services are components of Chugachmiut's PL 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).
- Submit a copy of your BIA Certificate of Indian Blood or Tribal enrollment card verifying Indian Blood quantum.
- Meet all eligibility requirements for the program(s) to which you are applying.

Application Instructions:

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

<u>Application Section</u>	<u>Page</u>
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3. Everyone must complete pages 17 and 18 of this application.
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 (Child Care Assistance only)
 - Copy of Driver's License or other identification.
 - Copy of Social Security card.
 - Copy of Selective Services registration, for all males between the ages of 18 and 25 years old.
6. Make sure you sign and date your application.

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, vocational training tuition assistance, general assistance and child care assistance:

Taren Klingler or Desiree Swenning - Education & Training Program
Phone: 1-907-562-4155

We also have an "800" number: (800)-478-4155

**Chugachmiut
Community & Family Services Division
Application for Services**

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

Date: _____

Applicant Information - Please print.

Last Name					First Name		M.I.	Maiden Name/other names known by:	
<input type="checkbox"/> I am a new applicant.		<input type="checkbox"/> I have applied to Chugachmiut for services previously.			Date last applied				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	If a male over 18, have you registered with the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security No.		Blood Quantum and Tribal Affiliation:		
Marital Status:									
<input type="checkbox"/> Single		<input type="checkbox"/> Single living with significant other		<input type="checkbox"/> Married		<input type="checkbox"/> Separated		<input type="checkbox"/> Divorced	
Family Status:									
<input type="checkbox"/> Single Individual		Number of dependents under 18 in your household _____							
<input type="checkbox"/> Parent in one-parent family		Total number in your household _____							
<input type="checkbox"/> Parent in two-parent family									
Education Status:									
<input type="checkbox"/> High school Year graduated _____			<input type="checkbox"/> College Year graduated _____						
<input type="checkbox"/> GED Year received _____			Degree _____			Major _____			
<input type="checkbox"/> Vocational training Year graduated _____			<input type="checkbox"/> Currently enrolled/attending school						
Contact Information:									
Mailing address							Town/Zip		
Home or Message Phone		Work Phone		Cell Phone		Email Address			

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

<input type="checkbox"/> Education and Training	<input type="checkbox"/> Employment	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Child Care
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Family Income and Available Funds

Family Income and Available Funds – List ALL sources of income that you or your family members will receive during the next 30 days and current available funds. *You must provide verification of income from your employer.*

Source of Income	Amount	Comments
Applicant's net salary (attach pay stub and/or statement from employer)	\$	
Spouse's net salary (attach pay stub and/or statement from employer)	\$	
Tips 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	\$	
Adult Public Assistance (APA)	\$	
Social Security (SSA)	\$	
Supplemental Security Income (SSI)	\$	
Disability insurance	\$	
Alaska Permanent Fund Dividend (PFD) for everyone in your household – and date received *see Note	\$	
Cash-out of retirement or pension plan	\$	
Senior Program	\$	
Veteran's benefits	\$	
Unemployment insurance benefits	\$	
Worker's Compensation	\$	
Food stamps	\$	
Medicare/Medicaid	\$	
Native Corporation and Village dividends	\$	
Checking account (current balance)	\$	
Savings account (current balance)	\$	
Student loans/grants/scholarships	\$	
Bingo or pull tab winnings	\$	
Other income - settlements, etc. (specify)	\$	
<p>*Note – An individual or family will not be eligible to receive G.A. for a set period of months depending upon the total amount of the PFDs the individual or family household receives. This includes all members in the household even if their PFD was 100% or partially garnished. Please contact Chugachmiut to determine ineligibility period. If an applicant or any member of their household has their PFDs partially garnished, only the actual amount received will be counted as income. \$</p>		
Anticipated Total Income for Current month	\$	

I (we) certify that all information I (we) have provided on all sections of this application are true and correct to the best of my (our) ability and knowledge. I (we) understand that if I (we) knowingly or willfully provide false or fraudulent information in any part of this application, then I (we) are subject to prosecution which carries a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both.

Applicant Signature

Date

Applicant Signature

Date

Section A

APPLICATION FOR EMPLOYMENT SERVICES

Chugachmiut offers employment services to Tribal members of the Chugach region who 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 unemployed, last date of employment	
If working, hourly wage	\$	Have you received 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	
Do you have a valid Alaska driver's license?	Y / N	Alaska driver's license #	ADL expiration date:
Do you have a valid commercial driver's	Y / N N	If yes, class:	

Training and Education:			
School attended:		Major course of study:	
Dates attended: From: To:	Graduation date:	Degree or certificate:	
School attended:		Major course of study:	
Dates attended: From: To:	Graduation date:	Degree or certificate:	

Skills and Abilities:
What job skills have you gained through previous work, volunteering, or other personal experience?
List any tools, machinery, and/or equipment you can operate/repair.
List computer software that you are able to use.
How fast can you type?
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 a previous misdemeanor or felony record? If so, please explain:

Employment History

List most recent job first

Job Title		Start Date	End Date	Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
Job Title		Start Date	End Date	Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
Job Title		Start Date	End Date	Hourly Wage
Employer/Company Name		Employer/Company Address		Phone Number
Immediate Supervisor		Reason for Leaving		
Duties and Responsibilities				
Job Title		Start Date	End Date	Hourly Wage
Employer/Company Name		Employer/Company 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 Chugach Tribal Members residing within the Chugach region who are unemployed or underemployed and are in need of 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.*

Vocational Training Plan - Please submit a copy of the training program description and courses included from the school.			
Name of training program <i>(examples include: automotive technology, office occupations, computer technology, carpentry, craft/trades programs)</i>			
Name of School			
Mailing Address			
City	State	Zip Code	Telephone Number
Length of training program	Beginning date	Ending Date	Degree program <input type="checkbox"/> Certificate <input type="checkbox"/> 2-Year Associates

Previous Education – Attach copies of education or training certificates, if applicable.	
If you have not completed high school or obtained a GED, why did you leave school?	
If you attended college, for how many years?	Major/subject area
Did you receive a degree?	If yes, degree received and year graduated
Are you currently a student? If so, what is your Student ID Number?	If yes, where, and what are you studying?

Vocational Training School Budget – please attach sample budget provided by school.			
Tuition	\$	Off-campus rent	\$
Student fees	\$	Off-campus meals/food	\$
Books and required supplies	\$	Child care	\$
On-site housing	\$	Other (specify)	\$
On-site meal plan	\$	Total School Budget	\$

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

Section C

2009/10 Higher Education Scholarship Application

Application Deadline: July 1, 2009

Chugachmiut's Education and Training Program awards higher education scholarships to full-time undergraduate and graduate students who are enrolled Tribal members of the Chugach Region. 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 Information				
Last Name		First Name		M.I. <div style="border: 1px solid black; padding: 2px;">Other names used:</div>
Mailing Address		City		State
Zip		Tribe		Blood Quantum
Social Security Number		Date of Birth		Student ID Number
Home Phone	Work Phone	Email Address		

2009-2010 School Year Educational Plan - You must submit proof of application for admission or proof of acceptance into your college/university.				
Name of Degree Program			Degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Graduate	
College or University You Plan to Attend				
Address			City	
State			Zip	
Academic Status for Fall Semester 2009 <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate			No. of credits planned	
Student status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Expected year of graduation	
Date Semester Begins		Date Semester Ends		

Previous Education - Transcripts must be submitted for last school attended. Transcripts may be unofficial.	
Last school attended	Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 GED
If you have attended college previously, for how many years?	Major/subject area
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 2009-2010 School Year Expenses - Please attach sample budget provided by college or university.			
Tuition	\$	Off-campus rent (per month x 9 months)	\$
Student fees	\$	Off-campus meals/food (per month x 9 months)	\$
Books and required supplies	\$	Child care (per month x 9 months)	\$
On-campus housing (per semester x 2 semesters)	\$	Other (specify)	\$
On-campus meal plan (per semester x 2 semesters)	\$	Total School Year Expenses	\$

Chugachmiut 2009/10 Higher Education Scholarship Application

Personal Funds and Financial Aid	
Student loans	\$
Tuition waiver	\$
Tribal assistance	\$
Parent/Spouse contribution	\$
Student contribution	\$
Employment	\$
ATAP/TANF	\$
FAFSA and Pell Grant <i>(must provide proof of application)</i>	\$
Total Personal Funds and Financial Aid	\$

Estimated Financial Need (Total Personal Resources and Financial Aid –Total School Year Expenses)	\$
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Personal Statement - 500 words in length, typed, doubled spaced, signed, and dated

First-time Scholarship Applicants (Fall application only):
 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

Prior Scholarship Recipients (Fall application only):
 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.

Application Checklist – All boxes must be checked and completed before application will be accepted.

- I have completed and signed the application form.
- I have submitted my letter of admission from the college I will be attending.
- I have enclosed a sample expense budget from my college.
- I have enclosed proof of my application to the Pell Grant and the FAFSA application.
- I have enclosed my personal statement.
- I have enclosed a copy of my tribal enrollment or Certificate of Indian Blood.
- I have enclosed a copy of my identification.
- If male, I have enclosed a copy of my selective service registration.
- I have enclosed a copy of my transcripts from the last school I attended or documentation of my GED.

Continuing Scholarship Recipients:
 If you were granted funding for the 2009 Fall semester and are continuing to the 2010 Spring semester, please provide a copy of your Fall 2009 transcripts with your new 2010 Spring semester application. Apply for transcripts before the semester ends to ensure we receive the transcripts as soon as they are released. Note on the transcript request form the transcripts must include the 2009 Fall semester grades. Transcripts must show a GPA of 2.0 or higher to be eligible for consideration of scholarship funding for Spring Semester 2010.

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 under 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 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. Allow 4 weeks for the processing of applications.

Applicants: *All applicants with dependent children are required to apply for Temporary Assistance for Needy Families (TANF) with the State of Alaska and provide verification of application (case number) before applying for General Assistance. Applicants without children are requested to apply for other State of Alaska Assistance including Adult Public Assistance (ATAP), General Relief Assistance (GR), Unemployment Insurance or Food Stamps.*

Employment Services: General Assistance (G.A.) recipients who are unemployed must be actively seeking employment in order to receive financial assistance through the General Assistance program. Some applicants may be required to complete the "Worksearch/Work Related Activity Sheet", your case manager will notify you if this is a requirement for your application. This form lists a minimum of three (3) different jobs that were applied for prior to receiving G.A.

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 and initial each item below. Failure to provide all required documents with the application will result in a delay in processing your application.

- I live within the Chugach Region.
- I have applied for ATAP/TANF and have provided my case number before applying for General Assistance (for families with children).
- 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 through a Certificate of Indian Blood or a Tribal enrollment card for everyone in my household.
- I have attached proof of all earned and unearned income and/or a statement from my employer as to my income for the month of application (pay stubs, unemployment insurance checks, pfd, corporation and village dividends, etc.)
- 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: Food Stamps or Unemployment Insurance benefits if you have recently left a job.)
- I have completed an Individual Self-Sufficiency Plan and will review it with Education & Training staff if I am approved for General Assistance.
- I have completed a Work Search/Work Related Activity Sheet, if needed.

Why are you applying for General Assistance? Explain: 1) How you have supported yourself for the past three months, and 2) What has changed in your situation to cause you to apply for assistance. Be sure to include all other information you feel would help us better assist you. Please be as specific as possible.

Section D – Application for General Assistance - continued

ATAP/TANF Status – Please circle the correct answer. **All applicants with dependent children are required to apply for Temporary Assistance for Needy Families (TANF) with the State of Alaska and provide verification of application (case number) before applying for General Assistance.**

Have you applied for ATAP/TANF or GR in the last month?	Yes	No	What is the status of your application? <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pending Case Number _____
Have you received ATAP or TANF benefits in the last month?	Yes	No	If yes, how much: \$
Has your ATAP/TANF been reduced due to penalties?	Yes	No	If yes, reason:
Have you been terminated from ATAP/TANF?	Yes	No	Date of termination:
Have you been determined ineligible for ATAP/TANF?	Yes	No	If yes, reason:
Are you eligible to reapply for ATAP/TANF?	Yes	No	Date able to reapply:
At what ATAP/TANF office did you apply?		Office location:	

Household Members Living With You - Continue on another sheet, if needed.

Name	Birth Date and Age	SSN	Relationship	Blood Quantum	Tribe Enrolled In

Monthly Shelter Costs – You must provide verification of all expenses for the *current month*. Example: copies of utility bills. Do not include bills for cable or satellite tv, cell phones or internet service.

Expense	Cost	Expense	Cost
Rent	\$	Telephone	\$
Space Rent	\$	Water	\$
Mortgage Payment	\$	Sewage	\$
Electricity	\$	Household Oil/Fuel/Wood	\$
Heating	\$	Other (specify)	\$
Total Monthly Shelter Costs			\$

Please read the paragraph below before signing:

I (We) apply for financial assistance for the listed members of my (our) household who are in need. I (We) agree to supply information regarding resources and income and to notify the agency of any changes in my (our) situation. The Social Services staff is authorized to obtain information necessary to establish eligibility for assistance. I (We) have read, or had explained to us, the provision under the Paperwork Reduction Act and the Privacy Act.

Applicant Signature Printed Name Date

Applicant Signature Printed Name Date

WORK SEARCH ACTIVITY SHEET

Applicant: Must apply for a minimum of (3) three different 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: _____ MESSAGE PHONE: _____

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

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 No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:			
Submitted a Complete Application No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Applicant Offered Employment No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer/Supervisor Signature:		Printed Name:	
COMMENTS:			

INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Client Name: _____

Date of Plan: ___/___/___

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 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. 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 General Assistance Program.

Are you currently employed: Yes No _____ **If yes, where?** _____ **How long?** _____

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED Voc-Tech College

Date Graduated: ___/___/___ **Date received GED:** ___/___/___ **Date last attended school:** ___/___/___

What is/are your short-term employment goal(s) to get off General Assistance?

What is/are your long-term employment goal(s) to get off General Assistance?

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities

- Employment: ___ Full-time ___ Part-time
- Job Search
- Volunteer Work Experience
- Job Sampling or Job Shadow
- On-the-Job Training
- Job Readiness
- Other: _____

Education/Training

- High School Diploma
- GED
- ESL (English as a 2nd language)
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling
- Other: _____

Other Activities

- Life Skills Instruction
- Parenting Skills
- Childcare Assistance
- Child Support
- Substance Abuse Assessment
- Substance Abuse Treatment
- Other: _____

SELF-SUFFICIENCY 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.			

Re-Determination of Eligibility Review Date: ___/___/___

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

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

Section F

APPLICATION FOR CHILD CARE ASSISTANCE

Child care assistance is available to income-eligible parents who reside in the Chugach region who are employed or undergoing training. The program pays a percentage of child care costs incurred when the parent(s) are engaged in employment or school.

Child Information – Attach a copy of each eligible child’s birth certificate, Certificate of Indian Blood/Tribal Enrollment and current age-appropriate immunization records. *The application will not be approved until these documents are received.*

Children eligible for program benefits (under age 13)		Children eligible for program benefits (under age 13)	
Name	Date of Birth	Name	Date of Birth

Do both biological parents reside in the household with the child (or children)? If so, are both employed or in a training program?	Y / N Y / N	Does the child (or children) live with you full-time? If no, please explain on back of this page.	Y / N
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Child Care Status

Do you presently have a child care provider?	Y / N
If no, what plans do you have for child care while you work or to go school?	

Income Data – You must provide copies of proof of income for the last 30 days as verification of employment and income. Income sources include: Employment (pay stubs), unemployment benefits, Social Security Benefits, General Assistance, General Relief, Foster Care payments, Child Support, Native Corporation Dividends, ATAP/TANF, settlements and other income received. This information must be updated quarterly, see Quarterly Continuation form.

Work Data - The information below concerns your days/hours of employment or training. This form must be signed by your employer or school.

Day	Hours of Training or Employment	Name of Employer and your position title or the name of the Training Facility	Signature of Supervisor or School Official
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

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

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.

Parent: 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 do not work the 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, 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.
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Child Care Provider Safety Requirements

Applicant: Please review the following checklist of safety requirements with your child care provider. Parents are required to monitor child care providers and facilities for compliance with Chugachmiut Childcare Assistance safety standards. **Child Care providers are required to meet these standards.**

Parent: Read and initial each item as it is reviewed with your provider.

- _____ The provider does not leave a child alone.
- _____ The provider has a working smoke alarm, CO Monitor and fire extinguisher.
- _____ 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 parents access to their children at all times.

Section F – Application for Child Care Assistance - continued

Child Care Provider Agreement and Requirements

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.

Provider: Read and initial each item.

- _____ I am 18 years old or older and am attaching a copy of my valid government issued photo identification card.
- _____ 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 Chugachmiut’s Education and Training Director a printout of my confidential Interested Person Report from the Department of Public Safety. The report 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 contact the Alaska Department of Public Safety for more information on obtaining an Interested Person Report.) 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) unrelated children at any one time, 5 total including my own. (This is not applicable to licensed Child Care centers.)
- _____ 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 or designee may visit my home.

Pay Standards

- Chugachmiut pays for a maximum of 8 hours of child care per day, maximum of 5 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.
- Monthly both the parent and the child care provider must sign the Chugachmiut Child Care Assistance Billing Form.
- 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.

Parent Certification:

I certify that I will adhere to the parent agreement and meet the parent requirements. I have visited the provider’s home or child care center and agree the provider meets or exceeds the requirements listed above.

Applicant’s printed name

Applicant’s signature

Date

Child Care Provider Certification:

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

Child Care Provider’s printed name

Social Security Number

Child Care Provider’s Address

Child Care Provider’s signature

Date

Chugachmiut Child Care Quarterly Continuation Form for Assistance

Parent(s): _____

Single Married Single with significant other

Please list any changes in the household: family size, financial, etc.
Changes? Yes No

Children's names and ages (0-12 years of age):

Please provide a copy of current pay stub, corporation dividends, settlements, bank statement and/or proof of training or schooling - include the hours/days for your work/school schedule.

- You must renew your child care assistance by the end of date written in your Child Care Authorization letter. If you fail to submit the continuation form, child care costs accrued will not be covered by our program.
- 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 to Chugachmiut are true and correct. Read these reports carefully and report any errors to your provider for correction before submission to Chugachmiut. You and your provider must sign these billing forms monthly.
- Chugachmiut will provide Child Care Assistance only for the days the child actually receives child care while the parent is working or in a training program. Holidays and other child care center/home closures are not covered by the Chugachmiut Child Care Assistance Program. Any child care costs incurred outside of this policy will be the responsibility of the parent.

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

Provider's Name: _____

Parent(s) signature: _____

Date: _____

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 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 grievance process available to me as a Chugachmiut program participant.

Applicant signature

Date

**CHUGACHMIUT 477 PROGRAM
RELEASE OF INFORMATION**

I, _____, hereby authorize the release of information requested by the Chugachmiut 477 Program. The requested information shall be used solely in the administration of 477 programs and will not be released to any other person or agency outside the 477 program or its agents. I hereby authorize Chugachmiut to obtain and exchange information related to my application to participate in their programs. This release of information shall be in effect while I am an applicant or recipient of 477 programs, and for any later investigations pertaining to my eligibility and receipt of 477 benefits.

Persons or organizations that may be contacted 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 Affairs, 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, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, property managers, primary tenants of a shared residence, employers, school authorities, private individuals, State, Federal, Private or Educational agencies and all departments and programs within and administered by Chugachmiut.

A REPRODUCTION OF THIS 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 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.