



## **Chugachmiut Behavioral Health Department**

# **Social Services 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

**Please scan and email applications to: [477Application@Chugachmiut.org](mailto:477Application@Chugachmiut.org)**

# Chugachmiut 477 Program

Chugachmiut's Education & Training, Scholarship, Employment, General Assistance, and Child Care services are components of Chugachmiut Behavioral Health Department's Social Services Program. These programs are available for eligible Alaska Natives and American Indians living within the Chugachmiut catchment area.

## 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 and Vocational 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/Vocational scholarship program**). **Higher Education Deadlines are 2x per year. June 30<sup>th</sup> and December 31<sup>st</sup>.**
- 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, 12, 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>Application Section</u>	<u>Page</u>
• A Employment Services .....	4-5
• B Vocational Training Tuition Assistance .....	6
• C Chugachmiut Higher Education Scholarship Application .....	7-8
• D General Assistance .....	9-13
• E Child Care Assistance .....	14-18

3. Fill in **all** blanks in the application. If a blank does not apply to you, please write "NA" for not applicable.
4. 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 children (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.
5. Make sure you've signed and dated your application on the day it is submitted.

**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?

**Donna Malchoff, Social Services Coordinator**

Phone: (907) 562-4155

Phone: (800) 478-4155

**Please scan and email applications to: [477Application@Chugachmiut.org](mailto:477Application@Chugachmiut.org)**

**Before  
completing this  
application,**

**Date:** \_\_\_\_\_

**Applicant Information** - Please print.

<b>Applicant Information</b>				
Last Name	First Name	M.I.	Maiden Name	
<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
<b>Marital Status:</b>				
<input type="checkbox"/> Single <input type="checkbox"/> Single living with significant other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced				
<b>Family Status:</b>				
<input type="checkbox"/> Single Individual		Number of dependents under 18 years _____		
<input type="checkbox"/> Parent in one-parent family		Total number in household _____		
<input type="checkbox"/> Parent in two-parent family				
<b>Education Status:</b>				
<input type="checkbox"/> High school    Year graduated _____		<input type="checkbox"/> College/Vocational School    Year graduated _____		
<input type="checkbox"/> GED    Year received _____		Degree _____    Major _____		
<input type="checkbox"/> Certificate of Achievement    Year graduated _____		<input type="checkbox"/> Currently enrolled/attending school		
<b>Contact Information:</b>				
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
---	-------------------------------------	---	-------------------------------------

## Family Income and Available Funds

**Family Income and Available Funds – List ALL sources of income that you have received during the last 30 days and current available funds. *You must provide copies of pay stub(s) for the last 30 days as verification of income.***

Source of Income	Amount	Comments
Applicant's net salary (attach pay stub)	\$	
Spouse's net salary (attach pay stub)	\$	
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	\$	
Cash-out of retirement or pension plan	\$	
Alaska Longevity Bonus	\$	
Veteran's benefits	\$	
Unemployment insurance benefits	\$	
Worker's Compensation	\$	
Food stamps	\$	
Medicare/Medicaid	\$	
Native and Village corporation dividends	\$	
Checking account (current balance)	\$	
Savings account (current balance)	\$	
Student loans/grants/scholarships	\$	
Bingo or pull tab winnings	\$	
Other income (specify)	\$	
Other income (specify)	\$	
<b>Total Income for Last 30 Days</b>	<b>\$</b>	

**Total Household Income for the last 30 days**

\$

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 five years, or both.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

# 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 achieve self-sufficiency through gainful employment.

<b>Employment Status:</b>			
Currently working?	Y / N	If <b>unemployed</b> , 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 license?	Y / N	If yes, class:	

<b>Training and Education:</b>			
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:	

<b>Skills and Abilities:</b>	
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?	With how many errors?
List any occupational licenses/certificates/cards you possess:	

<b>Employment Goals:</b>
What are your <u>immediate</u> and <u>long-term</u> 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:

**Section A – Application for Employment Services - continued**

**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 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.*

**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 Associate's

**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 <b>and</b> year graduated
Are you currently a student?	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	\$	<b>Total School Budget</b>	<b>\$</b>

**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)	\$
<b>Total Personal Funds Available and Financial Aid Applied For</b>	<b>\$</b>

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

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

## Section C

### **2022 CHUGACHMIUT HIGHER EDUCATION SCHOLARSHIP APPLICATION**

**Application Deadline: June 30<sup>th</sup> for Fall Semester and December 31<sup>st</sup> for Spring Semester.**

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.

Applicant Information				
Last Name		First Name		M.I.
Mailing Address		City	State	Zip
Social Security Number	Date of Birth	Regional Corporation and Tribal Affiliation		Student ID Number
Home Phone	Work Phone	Email Address	If you are a male 18 years of age or older and have you registered for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2021-2022 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 (Admission letter must be attached)				
Address		City	State	Zip
Academic Status for Semester <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	
Date Semester Begins	Date Semester Ends		Expected year of graduation	

Previous Education - Transcripts must be submitted for last school attended. Transcripts may be unofficial.	
Last school attended	<b>Circle highest grade completed or Certificate or GED</b> 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Certificate of Achievement or 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 2021-2022 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)	\$	<b>Total School Year Expenses</b>	<b>\$</b>



# Chugachmiut 2022 Higher Education Scholarship Application

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

<b>Estimated Financial Need</b> (Total Personal Resources and Financial Aid –Total School Year Expenses)	<b>\$</b>
--	-----------

**Personal Statement** - 500 words in length, typed, doubled spaced, signed, and dated

**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.

**Application Checklist**

- 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 a copy of my Student Aid Report from FAFSA
- 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 for the last school I attended or documentation of my Certificate of Attendance or GED

I do hereby attest that the information provided and included in this application is true, accurate, and complete.

\_\_\_\_\_  
 Name of Applicant (printed or typed)

\_\_\_\_\_  
 Applicant's 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 (GA) is temporary funding offered by Chugachmiut to provide financial assistance for the following essential needs only: food, shelter, clothing, and basic necessary utilities. General Assistance is not an emergency assistance fund. The goal of General Assistance is to increase self-sufficiency. General Assistance is only available when no other resources are available to you. 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 have had prior employment.

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

- I live within the **Chugachmiut 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** -*Certificate of Indian Blood* (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.

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. If you need more writing space, please use the back of this sheet.

**Section D – Application for General Assistance - continued**

ATAP/TANF Status – Please circle and complete.			
Have you applied for ATAP or TANF in the last month?	Yes	No	<b>What is the status of your application?</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved <input type="checkbox"/> Pending <b>Case Number</b> _____
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 the back of this sheet, if needed.					
Name	Birth Date and Age	SSN	Relationship	Blood Quantum	Tribal Affiliation

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, satellite TV or Internet service. Also, do not include Past Due bills as we cannot pay these. If renting the Landlord/Shelter Statement must be completed and attached to this form.			
Expense	Cost	Expense	Cost
Rent	\$ _____	Telephone	\$ _____
Space Rent	\$ _____	Water	\$ _____
Mortgage Payment	\$ _____	Sewage	\$ _____
Electricity	\$ _____	Household Oil/Fuel/Wood	\$ _____
Heating	\$ _____	Other (specify) _____	\$ _____
<b>Total Monthly Shelter Costs</b>			<b>\$ _____</b>

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 Program 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

Applicants must apply for a minimum of three different jobs every two weeks to be considered eligible for services. **(This requirement does not apply to residents of Chenega Bay, Nanwalek, Port Graham or Tatitlek.)**

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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Was applicant Offered Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Was applicant Offered Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment <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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Was applicant Offered Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Submitted a Resume <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Accept Employment <input type="checkbox"/> Yes <input type="checkbox"/> No
Was Applicant Interviewed for Job <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Applicant Refuse Employment <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.

**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  
 Certificate of Achievement  GED  College or Vocational Training

**Date Graduated:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date received GED or Certificate of Achievement:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date last attended school:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**What are your short-term goal(s) to get off General Assistance?** (only applicable if applying for General Assistance)

\_\_\_\_\_

**What are your long-term goal(s) to get off General Assistance?** (only applicable if applying for 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

**Education/Training**

- High School Diploma
- GED
- Certificate of Achievement
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling
- ESL (English as a 2<sup>nd</sup> language)

**Other Activities**

- Life Skills Instruction
- Parenting Skills
- Child Care 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
<b>ACTION STEPS TO ACHIEVE GOAL</b>			
1.			
2.			
3.			

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

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

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Chugachmiut  
1840 Bragaw Street Suite 110  
Anchorage, AK 99508  
PHONE: (907) 562-4155 or (800) 478-4155  
FAX: (907) 563-2891 or (800) 793-2891

**LANDLORD/SHELTER STATEMENT**

This form certifies that (*applicant name*) \_\_\_\_\_ resides (***lives at the home or hotel full time***) at the following physical address (do not enter a post 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, and must share costs:  
(if there is a charge for the items below, an invoice must be attached)

\$ \_\_\_\_\_ Electricity  
\$ \_\_\_\_\_ Telephone  
\$ \_\_\_\_\_ Heat/Oil/Fuel  
\$ \_\_\_\_\_ Water/Sewer

**I certify that the above information is correct and true to the best of my knowledge under penalty of perjury or un-sworn falsification.**

\_\_\_\_\_  
Signature of Landlord or Hotel Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Physical and Mailing Address of Landlord or Hotel Manager

**(Note:** Chugachmiut Social Services Program reserves the right to reduce or eliminate the General Assistance funds this program provides where and when the following apply: (1) submitted rent exceeds the predominant rental rates of the community, (2) the rental far exceeds the basic needs of the applicant, (3) all utilities are being paid for by the applicant where multiple residents are consuming the services- ie.: heat, electricity, etc., (4) the program is failing to provide incentives to self-sufficiency, (5) the applicant has been on General Assistance too long without showing progress as determined by the Social Services Program staff, (6) where other conditions exist that run contrary to the intentions of the program, and/or (7) there are insufficient program funds.)

## 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.

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

Children <b>eligible</b> for program benefits (under age 13)		Children <b>not eligible</b> for program benefits (age 13 or older)	
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

**Child Care Status**

Do you presently have a child care <b>provider</b> ?      Y / N
If no, what <b>plans</b> 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 or Training and Name of Position	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**

**CHILD CARE PROVIDER APPLICATION**

Last Name		First Name		M.I.	Maiden Name	
<input type="checkbox"/> I am a new applicant.		<input type="checkbox"/> I was a child care provider in the past			Date last provided child care:	
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.	
<b>Child Care:</b>						
What are your hours of care?			What days will you provide care?			
Where is care provided? ___ Home    ___ Center    ___ Client's home			What ages will you provide care for? ___ Infants    ___ Toddlers    ___ Preschool    ___ School aged			
Do you take drop-ins? ___ YES    ___ NO			Can Chugachmiut give your contact information to a parent in need of child care?    ___ YES    ___ NO			
<b>Education Status:</b>						
<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	
<b>Contact Information:</b>						
Mailing address				Town/Zip		
Home Phone		Work Phone		Cell Phone		Email Address

OTHER HOUSEHOLD MEMBERS NAMES	DATE OF BIRTH	RELATIONSHIP TO PROVIDER
1.		
2.		
3.		
4.		
5.		
6.		
7.		

<b>THE FOLLOWING IS REQUIRED:</b>			Yes	No	
Alaska Background Check for self and on all household members 16 years and older					
Business License:		Expiration Date:			
TB Results:		Expiration Date:			
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.

**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 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 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 parent's access to their children at all times.

## Section E – 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 children actually receive child care 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 Chugachmiut'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 Social Services Coordinator 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 eight 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:**

I certify that I will meet the safety and 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 Annual Continuation Form for Assistance

Parent(s) Name: \_\_\_\_\_

Single     Married     Single with Significant Other

Any changes in the household?    Yes    No.   If yes, please list changes.

Income: (Myself/Spouse) \_\_\_\_\_ Household Size: \_\_\_\_\_

**List all children living in your household (required for determination on eligibility of income/household size).**

Children's Name(s)	Age: 0-12 years

Children's Name(s)	Age: 13-18 years

**Please provide:**

- 1) Two Paycheck Stubs/Two Pay Periods or proof of training/schooling
- 2) Hours/days worked or training/school

Provider's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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 are due 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 five 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 with either the Social Services Coordinator or the Behavioral Health Director 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 Social Services Program staff member's supervisor. The supervisor will review the complaint and all supporting documentation and will make a formal decision as to the appropriate actions to be taken. The supervisor will then issue a written response within twenty (20) days of the formal decision. If you are not satisfied with the decision, you can appeal again as per Chugachmiut Social Services Program Policies and Procedures. The final decision is 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 SOCIAL SERVICES PROGRAMS  
RELEASE OF INFORMATION**

---

I, \_\_\_\_\_, hereby authorize the release of information requested by the Chugachmiut Social Services Program. The requested information shall be used solely in the administration of Social Services Programs to determine eligibility and to coordinate services. Released information will not be re-released to any other person or agency outside the Social Services Program or its agents. I hereby authorize Chugachmiut to obtain and exchange information related to my application to participate in their programs.

Please initial and mark the boxes for persons or organizations that may be contacted below.

- Alaska Employment Office
- Adult Temporary Assistance Program (ATAP)
- Alaska Court System
- Landlord or Hotel Manager/ Other Name: \_\_\_\_\_
- My village Tribal Council Name: \_\_\_\_\_
- Referring agencies: \_\_\_\_\_
- Current employer Name: \_\_\_\_\_
- Relative(s): \_\_\_\_\_
- Other: \_\_\_\_\_

This information is released for the purpose(s) of:

**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"

\_\_\_\_\_  
Date of Applicant Signature

\_\_\_\_\_  
Date of Witness Signature

This release of information shall be in effect while I am an applicant or recipient of Chugachmiut Social Services Programs, or for one year, whichever is shorter, and I understand that I have the right to revoke this release of information at any time and for any reason by calling by phone or by contacting the Social Services Program in writing. (I also understand that revocation can affect my eligibility for services and my receipt of benefits as Social Services Program funding sources require verification of my disclosed information.)