



Chugachmiut Social Services Department

APPLICATION FOR SERVICES

<u>Application Section</u>	<u>Page</u>
A Employment Services.....	4
B Vocational Training Tuition Assistance	5
C Chugachmiut Higher Education Scholarship Application.....	6-7
D General Assistance.....	8-12
E Child Care Assistance.....	13-17

Chugachmiut

1840 Bragaw St., Suite 110

Anchorage, AK 99508

Phone: (907) 562-4155

Toll Free Phone: (800)-478-4155

Please scan and email applications to:

477Application@Chugachmiut.org

Chugachmiut 477 Program

Chugachmiut's Education & Training, Scholarship, Employment, General Assistance, and Child Care services are components of Chugachmiut Social Services Department. 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 twice per year on June 30th and December 31st.**
- Submit a copy of your BIA Certificate of Degree 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, 11, 18 and 19 of this application.**
2. **Complete the application section** for the service(s) you are requesting (see sections and page numbers on front page).
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 Degree 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: Chugachmiut cannot proceed with processing incomplete applications until we have received all the necessary information and documentation required to finalize the application.

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

Social Services Coordinator: Phone: (907) 562-4155 or (800) 478-4155 Toll Free

Please scan and email applications to: 477Application@Chugachmiut.org

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

Date: _____

Applicant Information - Please print.

Applicant Information			
First Name	Middle Name	Last Name	Maiden Name
<input type="checkbox"/> I am a new applicant.		<input type="checkbox"/> I have applied to Chugachmiut for services previously.	
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.
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 years _____	
<input type="checkbox"/> Parent in one-parent family		Total number in household _____	
<input type="checkbox"/> Parent in two-parent family			
Education Status:			
<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	
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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NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES.

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)	\$	
Total Income for Last 30 Days	\$	

Total Household Income for the last 30 days	\$
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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

NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES.

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. **Please attach a copy of your resume showing your employment history.**

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 license?	Y / 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.
List any occupational licenses/certificates/cards you possess:

Employment Goals:
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 B

APPLICATION FOR VOCATIONAL TRAINING TUITION ASSISTANCE

Vocational training tuition assistance is offered to eligible Alaska Natives or American Indians with demonstrated financial need and tribal affiliation to the Chugach region (**Note - If you are from Valdez or Eyak, please reach out to your tribe, as they operate their own programs**). Applicants must be unemployed or underemployed and in need of supplemental tuition assistance for vocational training in order to obtain long-term employment.

Vocational Training Plan - Please attach 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 and 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	\$	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, ASAP	\$
Other (specify)	\$
Total Personal Funds Available and Financial Aid Applied For	\$

Personal Statement - On a <u>separate</u> piece of paper, please answer the following questions. Be specific in your answers.
1) What are your <u>immediate</u> and <u>long term</u> career and employment goals, and what <u>steps</u> are you planning to take to meet those goals? 2) How will this training contribute toward those goals?

Section C

CHUGACHMIUT HIGHER EDUCATION SCHOLARSHIP APPLICATION

Application Deadline: June 30th for Fall Semester and December 31st 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 (**Note - If you are from Valdez or Eyak, please reach out to your tribe, as they operate their own programs**). These higher education scholarships provide supplemental funds for college or university education for students with demonstrated financial need.

Applicant Information				
First Name		Middle Name	Last Name	
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	

School Year Educational Plan			
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	
Last school attended	Circle highest grade completed or Certificate or GED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
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 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 Higher Education Scholarship Application

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

Estimated Financial Need (Total Personal Resources and Financial Aid –Total School Year Expenses) \$ _____

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
- accomplishments
- educational and career goals, and
- degree program 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

- Letter of admission from the college you will be attending
- Copy of FAFSA and Pell Grant application
- Personal statement (see above)
- Transcripts for the last school you 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 required 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

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.

PLEASE READ THE FOLLOWING CAREFULLY!

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.

General Assistance Checklist

Typically, we require a minimum of 2 weeks to process applications.
Please be aware that incomplete applications may result in processing delays.

Read and initial each item

- 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 Degree of Indian Blood* 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? Please 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	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 the back of this sheet, if needed.				
Name	Birth Date and Age	SSN	Relationship	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	\$
Mortgage Payment	\$	Water/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 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)? _____

What are your long-term goal(s)? _____

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 2nd 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

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.			

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

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

NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES

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 Degree of Indian Blood/Tribal Enrollment and age-appropriate immunization records. The application will not be approved until these documents are received.			
Children eligible for program benefits (<u>under age 13</u>)		Children not eligible for program benefits (<u>age 13 or older</u>)	
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 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 annually, see Annual 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			

Section E – Application for Child Care Assistance - *continued*

CHILD CARE PROVIDER APPLICATION

First Name	Middle Name	Last Name	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.
Child Care:			
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	
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 Phone	Work Phone	Cell Phone	Email Address

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

THE FOLLOWING IS REQUIRED:	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

Section E – Application for Child Care Assistance - *continued*

**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 Social Services Division 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

NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES.

**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: _____
- Tribal Council: _____
- Referring agencies: _____
- Current employer: _____
- 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

Printed Name of Applicant

Date of Applicant Signature

Signature of Witness if signed with an "X"

Printed Name of Witness if signed with an "X"

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.)

NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES.