Integrated Services Application

The purpose of the Public Law 102-477 Plan (477 Program) is to provide employment assistance and training that will lead individuals into gainful employment and economic self-sufficiency.

The Child Care Development Fund and the Workforce Investment Act are held by CRNA for all 5 villages that are compacted with us. Some assistance may need to be referred to the Village Council office which holds the funds for that service.

Applicants must be Alaska Native/American Indian with proven descent and at least 18 years old. SOME programs require a minimum ¼ Indian Blood.

NOTE: Applicants MUST submit a completed application AND attach ALL required documentation to be considered a complete application. If a question does not apply, please write in “N/A”. If this application is incomplete or does not have all required documentation submitted, it will not be processed!

If you have questions or need assistance in filling out this application please contact the Program Administrator in the Tribal Community Services department at 822-5241.

Required Documents for all Programs
- CIB or verification of Tribal enrollment for all persons to be included in assistance
- Identification of ALL household members (birth certificates, driver’s license, ID, etc.)
- Proof of residency within CRNAs service area (utility bill, lease, voter registration, etc.) MUST show PHYSICAL address, a PO Box is unacceptable.
- Proof of military service (if applicable - veteran preference is given)
- Proof of enrolling with the selective service for all males over 18 years of age in the household

Required Documents for Financial, Training, or Educational Assistance
- High school Diploma or GED
- Copy of marriage certificate (if applicable)
- Copy of divorce decree or child custody arrangement (if applicable)
- Proof of all income for the month of application (earned AND unearned)
- Bank statements
- All CURRENT utility bills
- Verification of Employment (if employed)
- Unemployed/part time – must complete an ISP with Life Skills coach
  - Training MUST be in a field that will lead to full time, permanent employment
  - MUST be a certified program
- Letter of acceptance from school or training program (if applicable)
- Training outline, agenda or syllabus
- Upon completion – Proof of certification/degree or a VALID reason for not completing
Direct Employment
Eligible applicants must be entering into a new employment opportunity and be able to demonstrate a need for employment services to accept and/or retain the position. The employment opportunity must be for a minimum of twenty (20) hours per week for at least twelve (12) months OR at least three (3) months of seasonal employment.
- Employment verification
- Itemized list of what is needed for employment
- An invoice or quote on the cost of product needed

For On-the-job-training or Work Experience Training
- EMPLOYER must write a letter requesting funds for the position
- Have an employer that will provide job training
- Be unemployed, underemployed, and/or employer must be economically disadvantaged

Required Documents for Child Care
- Verification of Employment
- Submitted State of Alaska Child Care Application (if denied, provide the denial letter)
- Immunization records for all children that will be covered
- Verification of TB testing of all children and adults
- Divorce decree, ICWA/OCS custody decree, or tribal custody decree (if applicable)
- Income verification of parents and children

Required Documents for Education/Adult Vocational Training Award
Funding will ONLY be applied to tuition, fees, course-related materials and campus housing and meal plans.
- Personal statement of educational goals (minimum of 200 words, typed)
- Two (2) letters of recommendation from NON-family members
- Acceptance Letter from school
- Budget Forecast filled out by the FINANCIAL AID OFFICE
- Official transcripts, if applicable (MUST come directly from the school)
- FAFSA submission confirmation page

Additional Needs for Higher Education
Funding will not exceed $2000 per semester or $15,000 in a lifetime
- Proof of enrollment or direct descent of in the Native Village of Cantwell or Gakona, or reside in or near one of these villages and not be enrolled or receiving funding from any other tribal government
- ¼ INDIAN blood, or more

Additional Needs for Adult Vocational Training Award
- Proof of long term employment opportunity (i.e. Letter of Intent to Hire from employer)
- Verification of residency within the CRNA service area, minimum of the past thirty (30) days
- Proof of all income(earned AND unearned)

Renewal Application
- Official transcripts (MUST be current)
- Budget Forecast from the FINANCIAL AID OFFICE
- FAFSA submission confirmation page
Who to include in your application

- Dependent children – including adopted and foster
- Shared custody children – include these children ONLY in the SAME years you will be filing them as dependents on your tax return
- Children under 21 – include them if they live with you, even if you cannot claim them as dependents on your tax return
- Unborn children – DO NOT include unborn children
- Dependent Parents – Include ONLY if you claim them on your tax returns
- Dependent siblings and other relatives – Include them ONLY if you claim them as dependents on your tax returns
- Spouse – Include your legally married spouse
- Spouse, legally separated or divorced – Do NOT include, even if you live together
- Spouse, living apart – Include your spouse unless you’re legally separated or divorced
- Spouse (for victims of domestic violence or spousal abandonment) – In these cases, you don’t have to include your spouse (see rules for victims of domestic violence/abuse or spousal abandonment) (income-and-household-information/household size/domestic abuse)
- Unmarried domestic partner – Include your unmarried domestic partner ONLY if you have a child together or you’ll claim your partner as a tax dependent
- Roommate – Do NOT include people you just live with UNLESS they’re a spouse, tax dependent or covered by another exception in this list OR you share expenses.
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WHICH PROGRAM ARE YOU APPLYING FOR? (CIRCLE ONE)

- Child Care Assistance
- Education and Training
- General Assistance

<table>
<thead>
<tr>
<th>Name:</th>
<th>SS#:</th>
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</thead>
<tbody>
<tr>
<td>Maiden Name or Other Names Used:</td>
<td>Date of Birth: / /</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Email:</td>
</tr>
</tbody>
</table>

**Physical Address:**

<table>
<thead>
<tr>
<th>Street Address / Milepost</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**Main Phone:**

- Message Phone:  
- Work Phone:  

**Tribe enrolled in or descent of:**

(Without proof of enrollment or descent you will not be eligible for our programs)

**Emergency Contact:**

<table>
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<tr>
<th>Name</th>
<th>Phone Number</th>
<th>Address</th>
</tr>
</thead>
</table>

Facebook (only if no other means are available to contact you):

Registered with Selective Service (males 18+): □ Yes □ No  
Veteran: □ Yes □ No

**Spouse or Significant Other Information**

<table>
<thead>
<tr>
<th>Name:</th>
<th>SS#:</th>
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</thead>
<tbody>
<tr>
<td>Maiden Name or Other Names Used:</td>
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**Physical Address:**

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**Main Phone:**

- Message Phone:  
- Work Phone:  

**Emergency Contact:**

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</thead>
</table>

Registered with Selective Service (males 18+): □ Yes □ No  
Veteran: □ Yes □ No
Applicant Status (circle):

☑ Single ☐ Married ☐ Separated ☐ Divorced ☐ Single Parent ☐ Foster Parent ☐
Head of Household ☐ Dependent ☐ 2 Parent Family ☐ Adoptive Parent
☐ Grandparent Guardian ☐ Legal Guardian

How many persons live in the home? Adults ____________ Children _______________

Who are they?

Name
Relation
Birth Date
Sex
Last 4 of SSN
Tribe Enrolled in

Where do you live now (circle)?

☑ Own Home ☐ Rent home/apartment ☐ Rent Room ☐ With Relatives
☐ With Friends
☐ Other (explain):

Does anyone in your household have any physical or mental disabilities? ATTACH PROOF
If so, whom? ________________________________________________________________

Letter of Intent and/or Statement of Need

How have you supported yourself during the past three (3) months AND what has changed in your situation to cause you to apply for assistance? If you are applying for Higher Education or Adult Vocational Training this is not required. Instead, you will need to write a 200 word essay. If you need more room, attach more paper

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

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Tribal and Community Services Department
PO Box H Copper Center, Alaska 99573 (907) 822-5241 Fax (907) 822-8800
Education History

Are you a high school graduate or did you obtain your GED? ____________________________
High School Name: _________________________________________________________________
Date completed: __________________________ GPA: ________________________________
What is your highest grade completed? ____________________________________________

Are you enrolled in college? ___________ Did you graduate? ____________________________
College/University Name: __________________________________________________________
Date completed: __________________________ GPA: ________________________________

Are in enrolled in vocational training? ______________________________________________
School Name: __________________________ GPA: ________________________________
Date completed: __________________________ GPA: ________________________________

Employment Status

☐ Unemployed ☐ Self-Employed ☐ Subsidized employment ☐ Part-Time ☐ Full-Time
☐ Disabled ☐ Homemaker ☐ Unpaid Family Worker ☐ Seeking work ☐ Student/Trainee
☐ Seeking Training ☐ Dislocated Worker
☐ Other: __________________________

If unemployed, what was your last date of employment? ____________________________

If employed please ask for an Employment Verification Form

Tribal and Community Services Department
PO Box H Copper Center, Alaska 99573 (907) 822-5241 Fax (907) 822-8800
AGREEMENT OF UNDERSTANDING

1. I understand it is my responsibility to submit all of the required paperwork for my application to be processed.
2. I understand that funding will be sent directly to the vendor providing services.
3. I will return any receipts that I am given as a result of this assistance, if not my assistance may be denied.
4. I agree to report and provide verification to CRNA Tribal and Community Services Dept. any certification, job position, or salary I gain as a result of training or services received through this program.
5. I agree to report to CRNA Tribal Community Services Dept. any certification (providing a copy), job position, or salary I gain as a result of training or services received through this program.
6. If CRNA approves me for funding, I understand that it is my responsibility to attend the training for the full duration of the course(s). If I am approved for an Adult Vocational Training, I must submit a monthly progress report to continue to receive the award.
7. Copper River Native Association’s Higher Education Scholarship program requires full or part-time attendance while maintaining a minimum 2.0 GPA. Full-time attendance is defined as at least twelve (12) undergraduate credit hours and 9 graduate credit hours. Part-time attendance is defined as at least six (6) undergraduate credit hours.
8. I understand that if I have to withdrawal from the program that CRNA has funded for me to attend or I do not maintain a minimum 2.0 GPA, I must inform my Life Skills Coach of the withdrawal, low GPA and reason in writing. If I withdrawal or have a low GPA I will not be eligible for future services. To become eligible for services again I will have to complete the program or raise my GPA at my own expense.
9. I certify that the information given is true to the best of my knowledge. I understand that this information may be confirmed; deliberate false statements are subject to fines and/or imprisonment and permanent expulsion from the program.
10. Federal law governing fraud: Whoever, in a matter with the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up, by any trick, scheme, or device, a material fact, or makes any materially false, fictitious, or fraudulent statement or representation, or makes, or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, shall be fined not more than $10,000, or imprisoned not more than five (5) years, or both (Code of Federal Regulations).
11. By my signature below I certify that I have reviewed the information on the application and I have reported all income on the Income / Expense / Deduction Information Forms and the information is true and correct to the best of my knowledge. I have been advised of my responsibilities, program eligibility, subsidy level, and the right to appeal.

I have read and understood the above.

________________________________________  ______________________________
Applicant Signature                                      Date

Tribal and Community Services Department
PO Box H Copper Center, Alaska 99573 (907) 822-5241 Fax (907) 822-8800
Release of Information

I hereby authorize Copper River native Association to disclose or receive the following information from my records:

Name: ____________________________ Date of Birth: __________________
Address: __________________________
Phone Number: _____________________ SSN: _______________________

Information to be released to CRNA:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

I understand this authorization may be revoked in writing at any time except to the extent that the action has been taken in reliance to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event, or condition: _______________________

Information is to be released to Copper River Native Association for the purpose of the programs administered under Tribal and Community Services. This facility, its employees, officers, and physicians are hereby released of any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized herein.

_________________________________________ Date
Signature

_________________________________________ Date
Signature of Parent/guardian or other Authorized Person

PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by federal regulations (42 CFR Part 2) prohibiting you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. Federal Regulations state that any persons who knowingly violate any provision of this law shall be fined not more than $50,000, in case of a first offense, and not more than $1.5 million in the case of each subsequent offense. This release of information shall be in effect while I am an applicant or recipient of the CRNA TCS P.L. 102-477 Program, and for any later investigations pertaining to my eligibility and receipt of the CRNA TCS P.L. 102-477 Program benefits. A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL.

Tribal and Community Services Department
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