



Youth Employment and Training Initiative (YETI)

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

The Child Care Development Fund (CCDF) and the Youth Workforce Investment Opportunity Act (WIOA) are for the Native Villages of Cantwell, Gakona, Gulkana, Kluti-Kaah and Tazlina members.

Applicants must be Alaska Native/American Indian, enrolled or an eligible descendant and 14 to 24 years old. SOME programs require a minimum $\frac{1}{4}$ Indian Blood.

NOTE: Only completed applications with ALL required documentation attached will be reviewed for eligibility. If a question does not apply write in "N/A".

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

Required Documents:

All Programs

- o CIB or verification of Tribal enrollment for all persons included in the assistance application
- o Identification of all household members (Birth certificates, driver's license, ID, etc.)
- o Proof of residency within CRNAs service area (utility bill, lease, voter registration, etc.)
Must show physical address, a PO Box is unacceptable.
- o Proof of military service (if applicable - veteran preference is given)
- o Proof of enrollment with the selective service for all males over 18 years of age in the household

Date Received: - - Received By:

Applicant Status (circle):

Single Parent Married Legal Guardian Separated Divorced Single Parent Foster

Head of Household Parent Dependent Grandparent Guardian 2 Parent Family Adoptive

Name: _____ **SS#:** _____

Maiden Name or _____

Other Names Used: _____ **Date of Birth:** / /

Mailing Address: _____ **Email:** _____

P.O. Box or Street Address, City, State, Zip

Physical Address: _____

Street Address / Milepost

City

State

Zip

Main Phone:

Message Phone:

Work Phone:

Tribe enrolled in or descent of:

Emergency Contact:

Name

Phone Number

Address

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

Employment Status (circle)

Unemployed

Self-Employed

Subsidized employment

Part Time

Full Time

Disabled

Homemaker
Training

Unpaid Family Worker

Seeking work

Student/Trainee

Seeking

Dislocated Worker

Other:

If employed please ask for an Employment Verification Form

If unemployed, what was your last date of employment?

Where do you live now (circle)?

Own Home

Rent home/apartment

Rent Room

Live with Relatives or Friends

How many persons live in the home?

Adults

Children

List who they are:

Name

Relation

Birth Date

Sex

Last 4 of SSN

Tribe Enrolled in

Education History

**High School Name:
completed:**

Date

**What is your highest grade completed?
date:**

GED

**Enrolled in college
credits:**

Part-time credits:

Full-time

College/University Name:

Date completed:

GPA:

Are in enrolled in vocational training?

School Name:

Date completed:

GPA:

Related Activities

Do you participate in any of the following activities? Please list what they are:

School (high school or college)

Community activities or volunteer work

Previous or current training

Certifications programs

List any experience you have operating tools, machinery or other equipment

Experience in computer programs (such as Microsoft Word, Excel, Java, etc.)

AGREEMENT TO RECEIVE SERVICES

1. By my signature below I certify that I have provided the information on the application and I have reported all forms of income 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
Release of Information

Date

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

Name:
Birth:
Address:

Date of

Phone
Number:

SSN:

List 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.

Signature

Date

Signature of Parent/guardian or other Authorized Person

Date

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.

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