



Application for Services

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 Workforce Investment Opportunity Act (WIOA) for the Native Villages of Cantwell, Gakona, Gulkana, Kluti-Kaah and Tazlina. Other assistance will be referred to the Village Council office which holds the funds for that service.

Applicants must be Alaska Native/American Indian, enrolled or an eligible descendant and 18 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

- CIB or verification of Tribal enrollment for all persons included in the assistance application
- 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 enrollment with the selective service for all males over 18 years of age in the household

Welfare Assistance

- Marriage Certificate (if applicable)
- 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 Individual Self-sufficiency Plan (ISP) with the Life Skills coach

Training, Workforce Development

- 200 word essay explaining your long and short term goals and how the training that you are interested in attending will assist you in these goals
- High school Diploma or General Education Diploma (GED) or (Working to Obtain GED)
- Training must identified to meet the goal of 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 non-completion

Direct Employment (Cantwell, Gakona and Kluti-Kaah)

- Eligible applicants must enter into a new employment opportunity and demonstrate a need for direct employment 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
- Submit an itemized list of what is needed for employment
- Submit an invoice or quote on the cost of items needed

On-the-job-training or Work Experience Training

- Potential Employer must write a letter requesting funds for the position
- Employer must be willing provide job training
- Commit to 1 year of employment after the training period is completed
- Participant must be unemployed, underemployed, and/or employer must be economically disadvantaged

Child Care

- Verification of Employment
- Submitted a 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, Indian Child Welfare Act(ICWA)/Office of Children's Services (OCS) custody decree, or tribal custody decree (if applicable)

Adult Vocational Training Award (Cantwell and Gakona)

Funds will be applied to tuition, fees, course-related materials, campus housing and meal plans.

- Provide a personal statement of employment goals (minimum of 200 words, typed)
- Two (2) letters of recommendation from NON-family members
- Acceptance Letter from school
- Proof of long term employment opportunity (i.e. Letter of Intent to Hire from employer)
- Verification of residency within the CRNA service area, minimum within the past thirty (30) days
- Proof of all income (earned and unearned)

Higher Education (Cantwell and Gakona)

Not exceed \$2,000 per semester or \$15,000 in a lifetime

- Provide a personal statement of employment goals (minimum of 200 words, typed)
- Two (2) letters of recommendation from NON-family members
- Acceptance Letter from school
- Proof of enrollment or direct descent of Native Village of Cantwell or Gakona
- ¼ Indian blood, or more

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 claiming 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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Employment Status (circle)

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

If employed please ask for an Employment Verification Form

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

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

Where do you live now (circle)?

Own Home Rent home/apartment Rent Room Live with Relatives or Friends

Other (explain): _____

Education History

High School Name: _____ Date completed: _____

What is your highest grade completed? _____ GED date: _____

Enrolled in college _____ Part-time credits: _____ Full-time credits: _____

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.)_

Household Expenses

These items require attached proof

<i>Expense</i>	<i>Amount</i>	<i>Comment</i>
Rent/Mortgage/Space Rent	\$	
Heating Oil/Fuel/Wood	\$	
Electricity	\$	
Phone Services	\$	
Water	\$	
Sewer	\$	
Garbage	\$	
Food	\$	
Household Supplies (toilet paper, dish soap, etc.)	\$	
Propane	\$	
Child Care	\$	
Child Support	\$	Who pays?
Bus Fare	\$	
Vehicle Payment	\$	
Vehicle Insurance	\$	
Vehicle Gas (proof not required)	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	

Do you expect any changes in your income or expenses? If yes, explain what changes and when. _____

If you are without transportation do you need part of your assistance to go to bus fare to meet the obligations of this program? _____

If so, where would you need to go, and what dates and times? _____

If you need more space to answer these questions, please use another sheet of paper.

Household Income

<i>Source of Income</i>	<i>Amount</i>	<i>Comments</i>
Salary/Wage	\$	
Spouse's Salary/Wage	\$	
Retirement Benefits	\$	
Tips or Gratuities	\$	
ATAP/TANF/Cash Aid	\$	
Child/Spousal Support	\$	
Foster Care Payments	\$	
Social Security	\$	
Supplemental Security Income	\$	
Disability Insurance	\$	
Senior Care Cash Benefits	\$	
Alaska PFD	\$	
Cash Outs or Retirement/Pension Plans	\$	
State Longevity	\$	
Veteran's Benefits	\$	
Unemployment Insurance Benefits	\$	
Worker's Comp Payments	\$	
Food Stamps	\$	
Medicare/Medicaid	\$	
Health Insurance Payments	\$	
Corporation Dividends	\$	
Checking Account	\$	
Savings Account	\$	
Student Loans/Grants/Scholarships	\$	
Gambling Winnings (Bingo, Pull tabs, etc.)	\$	
Investment Income	\$	
Other:	\$	
Other:	\$	
Other:	\$	
Other:	\$	

AGREEMENT TO RECEIVE SERVICES

1. I understand it is my responsibility to submit all of the required paperwork for my application to be processed.
2. I understand that funds will be sent directly to the vendor providing services.
3. I will return all receipts that I am given as a result of this assistance, if not my assistance will be suspended.
4. I agree to provide verification to CRNA Tribal Community Services any certification, job position, or salary I gain as a result of services received through this program.
5. If CRNA provides the funds for training, I agree to attend for the duration of the course(s). Approval for an Adult Vocational Training I will submit a monthly progress report to continue to receive the award.
6. I agree to maintain a minimum 2.0 GPA while attending as a Full-time student as defined; at least twelve (12) undergraduate credit hours and 9 graduate credit hours and Part-time attendance at least six (6) undergraduate credit hours.
7. If I withdraw from classes or I do not maintain a minimum 2.0 GPA, I must inform the Life Skills Coach in writing. I will not be eligible for future services until I have completed the program or raise my GPA at my own expense.
8. I certify that the information given is true to the best of my knowledge. This information will be confirmed; deliberate false statements are subject to fines and/or imprisonment and permanent expulsion from the program.
9. 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).
10. 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

Date

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: _____

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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