The Native Village of Eyak 477 Department

APPLICATION FOR SERVICES

YOUTH EXTRA CURRIRULAR SCHOLARSHIPS

The Native Village of Eyak
710 1st Street
P. O Box 1388
Cordova Alaska 99574-1388
477 Director's Office Phone: (907) 424-2227

Please scan and email applications to:
477@eyak-nsn.gov

The Native Village of Eyak's 477 Program

The Native Village of Eyak's Education & Training, Scholarship, Employment, General Assistance, and Child Care services are components of The Native Village of Eyak 477 Department. These programs are available for eligible Alaska Natives and American Indians living within The Native Village of Eyak's traditional boundaries.

Eligibility Requirements for The Native Village of Eyak services:

Eligibility is based on:

- Be an enrolled member of The Native Village of Eyak living within the Traditional Boundaries of The Native Village of Eyak
- Submit a copy of your Tribal enrollment card.
- Meet **all** eligibility requirements for the program(s) to which you are applying.

Application Instructions:

1. **Everyone must complete pages 2-7 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** the 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 for everyone in your household.
   - Copy of Driver's License or other State or Federal identification.
   - Copy of Social Security card or number.

5. Make sure you've signed and dated your application on the day it is submitted.

6. **Income based services follow the below guidelines.**

Household Size	1	2	3	4	5	6	7	8
Annual Income Limit	$80,010	$91,440	$102,870	$114,300	$123,444	$132,588	$141,732	$150,876

Please note: The Native Village of Eyak 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?

Sarah Trumblee: 477 Director Phone: (907) 424-2227 OR Sarah.Trumblee@eyak-nsn.gov
Denise Eleshansky: Tribal Resource Coordinator Phone: (907) 424-2257 OR Denise Eleshansky@eyak-nsn.gov

Please scan and email applications to:

477@eyak-nsn.gov

Native Village of Eyak Application for Services

Mailing Address: P.O. Box 1388, Cordova, Alaska 99574 – Email: 477@eyak-nsn.gov – Phone: (907) 424-2227

Initial Intake & Short Education or Employment Development Plan

Name: _____ Current Age: _____
(First) (Middle) (Last) (Also Known As – or Maiden Name)

Social Security Number: _____-____-_____ Date of Birth: _____/_____/_____ Gender: ☐Male ☐Female

Present Mailing Address: _____
(Street Address or P.O. Box) (City) (State) (Zip Code)

Home Phone: _____ Work/Cell: _____ Email Address: _____

Veteran? ☐Yes ☐No If yes, Date of Discharge: ____/____/_____ **Registered with Selective Service?** ☐Yes ☐No

Educational Status:
☐High School Diploma-Year Graduated: _____ ☐GED-Year obtained: _____ OR Highest Grade Completed: _____
☐College/Vocational Graduate-Type of Degree: ☐Certificate ☐AA/AAS ☐BA/BS ☐MA/MS ☐Other: _____ Year: _____

Most NVE EESS programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?** ☐Yes ☐No

Applicant Ethnicity	**Applicant Primary Goal (check one)**	**Education/Employment Service Needs List**
(check all that apply) ☐Alaskan Native ☐American Indian ☐Other (specify) **Marital Status** ☐Married ☐Single/Separated ☐Living with Partner ☐Divorced/Widowed	☐Obtain or Improve a Job ☐Retain Current Job ☐Self-Employment ☐Earn a High School Diploma or GED ☐Enter Postsecondary Education or Job Training ☐Educational Gain ☐Obtain Driver's License ☐Commercial Driver's License ☐Subsistence Activities (carving, beading, sewing, etc.) ☐Other (specify)	☐Relocation Assistance for Employment ☐Housing Assistance ☐Transportation To/From Training or Job ☐Enter Postsecondary Education or Job Training/Scholarships ☐Child Care ☐Training Fees or Tuition ☐Work Attire or On the Job Clothing ☐ Mini Grant ☐Educational Housing Scholarship ☐Other (specify)

Applicant Status and Program Enrollment

Applicant Primary Status		Barriers to Education/Employment	Institutional Programs
(check all that apply) ☐Disabled ☐Employed ☐Worked 90 days or more this calendar year ☐Unemployed → ☐Collecting Unemployment ☐Not in the Labor Force ☐On Public Assistance ← (ATAP, TANF, food stamps, tribal welfare assistance)	(Must Complete) Last or Current hourly wage: $_____ Unemployed since: ____/____/_____ (currently on or received in last six months)	(check all that apply) ☐Employed – Low Income ☐Living in a Rural Area ☐Homemaker ☐Convicted of a Crime ☐Single Parent ☐Homeless ☐Has a Learning Disability ☐Substance or Alcohol Use ☐English is a Second Language	(check all that apply) ☐In Correctional Facilities (AMCC, Seaside, etc.) Release date: _____ ☐In Other Institutional Settings (A.P.I., Substance Treatment, etc.) ☐None of the above

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Print Name: _____ Signature: _____ Date: _____

Guardian's Signature: _____ Date: _____

FOR OFFICE USE ONLY: Date Received: _____ Date Entered: _____ Initials:_____

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 Monthly/Yearly	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 (Retirement, Disability, Survivor and Family Benefits)	$	
Supplemental Security Income (SSI)	$	
Disability insurance (Short Term or Long Term Disability)	$	
Cash-out of retirement or pension plan	$	
Alaska Longevity Bonus	$	
Veteran's benefits (Disability or Pension)	$	
Unemployment insurance benefits	$	
Worker's Compensation	$	
Checking account (current balance)	$	
Savings account (current balance)	$	
Student loans/grants/scholarships	$	
Other income (specify)	$	
Other income (specify)	$	
Other income (specify)	$	
Total Income for Last 30 Days	**$**	

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

I (We) certify that all information I (we) have provided on all sections of this application is 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

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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:** _____

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The Native Village of Eyak 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 the service client receives from The Native Village of Eyak.
- 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 to receive The Native Village of Eyak services.
- Inform The Native Village of Eyak 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 The Native Village of Eyak 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 The Native Village of Eyak staff and it must also outline possible solutions and/or resolutions.

An earnest effort will be made by The Native Village of Eyak 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 The Native Village of Eyak.

Grievance Process

Submit a complaint in writing to The Native Village of Eyak. An informal meeting with the 477 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 477 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 The Native Village of Eyak 447 Department Policies and Procedures.

I have read and I fully understand my rights and responsibilities, and the grievance process available to me as a The Native Village of Eyak program participant.

_____ _____

Applicant signature Date

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THE NATIVE VILLAGE OF EYAK 477 DEPARTMENT RELEASE OF INFORMATION

I _____hereby authorize the release of information requested by The Native Village of Eyak Social Services Program. The requested information shall be used solely in the administration 447 department to determine eligibility and to coordinate services. Released information will not be re-released to any other person or agency outside the 477 Department or its agents. I hereby authorize The Native Village of Eyak to obtain and exchange information related to my application to participate in their programs.

Please mark the boxes for people or organizations that may be contacted below.

☐Alaska Employment Office ☐Adult Temporary Assistance Program (ATAP) ☐State Employment Agencies

☐Alaska Court System ☐Landlord or Hotel Manager/Other: _____ ☐Native Villag of Eyak Tribal Council

☐Referring agencies: _____ ☐Past/Present Employer: _____

☐Relative(s): _____ ☐Housing Agencies ☐Native Villages/Corporations:_____

☐Social Security Administration ☐Insurance Provider ☐Military/Veterans Administration

☐Bank/Other Financial Institutions ☐Retirement Systems ☐Child Support Alimony ☐ NVE Enrollment Department

☐Social Service Reserve Committee ☐ Child Care Provider: _____

☐Health/Welfare Agencies ☐Medical ☐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 The Native Village of Eyak 477 department, 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 477 Department in writing. (I also understand that revocation can affect my eligibility for services and my receipt of benefits as 477 Department funding sources require verification of my disclosed information.)

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THE NATIVE VILLAGE OF EYAK 477 DEPARTMENT MEDIA RELEASE

INSTRUCTIONS

Use of Images and Likenesses in Service Products

A signed release form is required for any individual appearing in photographs or videos taken by employees or contractors of the Native Village of Eyak (NVE). For individuals under the age of 18, a parent or legal guardian must sign the release. All completed release forms must be retained at the originating NVE office.

☐Yes, I do give permission **☐No, I do not give permission**

By selecting "Yes," I consent to being photographed and/or recorded during Native Village of Eyak activities. I grant permission for the Native Village of Eyak to use these images and/or recordings for publication on the Village's official social media platforms (including Facebook), and in printed materials or advertisements related to NVE programs and services. I understand that my name will not be used in association with any such media content.

_____	_____
Printed Name	Printed Youth Name
_____	_____
Signature	Youth Signature (not required)
_____	_____
Date	Date

NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES

Section G
Native Village of Eyak Youth Extra-Curricular Scholarship Application

The 477 Tribal Youth extra-curricular Scholarship program is designed for Native Village of Eyak Tribal Youth. The goal of this scholarship is to help youth pursue an extra-curricular activity that will help them become well rounded individuals participating in community events with their peers.
All scholarships awarded are on a first come first serve basis. The yearly award amount for each individual will not exceed $500.

Requirements:
1.Youth must be enrolled in the Native Village of Eyak.
2.Youth must be under the age of 18 to apply. The exception is if the youth is over 18 and still enrolled in high school. (parent/guardians of younger children can fill out the application)
3.Those who receive an award must mail or email a receipt of payment at least one month after the start of the activity if not paid directly to the sponsoring entity.

Native Village of Eyak or 477@eyak-nsn.gov
PO Box 1388
Cordova, AK 99574

Applicant Information

Full Name: _____ Date: _____
Last First M.I

Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

Are you enrolled in the Native Village of Eyak: ☐ YES ☐ NO

Activity Scholarship

Please tell us what the scholarship funds will cover What are the dates for this Activity

_____ _____

Disclaimer and Signature

By typing or signing my name, I certify that my answers are true and complete to the best of my knowledge.
If this application leads to a scholarship, I understand that I must use the scholarship for the activity that was requested. If I do not use the scholarship for this purpose, I must reimburse the Native Village of Eyak. (To ensure that funds are used for their purpose, please email, or mail the receipt at least one month after starting the activity, it is preferred that the activity be paid for directly.)

Native Village of Eyak or 477@eyak-nsn.gov
PO Box 1388
Cordova, AK 99574

Youth Signature _____ Date _____

Guardian Signature _____ Date _____