

***Tanana Chiefs Conference Youth Services
Determination of Eligibility***

Under the Federal W.I.O.A.— No one is eligible for services until the criteria are met; in addition, determination of eligibility does not guarantee services.

Checklist

- | | |
|---|---|
| <input type="checkbox"/> Completed Youth Services Application | <input type="checkbox"/> 6 Months of household income |
| <input type="checkbox"/> <u>One</u> of the following must be submitted:

Signed Social Security Card
Birth Certificate
State Issued I.D.
Driver License
School I.D. with photo
Voter Registration
U.S. Military I.D. | <input type="checkbox"/> <u>One</u> of the following must be submitted:

B.I.A. – Certificate of Indian Blood
T.C.C. Tribal Enrollment Card
Village Tribal Enrollment Card |

If you were already in the program identifications are on file.

These services may include but are not limited to:

- | | | |
|-----------------------------|-----------------------------------|-------------------------------------|
| • Work Experience | • Education
Incentives | • Training
Opportunities |
| • Career Exploration | • Leadership events | • Driver Education |

Please check below what service you are requesting:

- ☐ Work clothing ☐ SYEP ☐ Drivers License

Please send, fax or email completed application to:

*Tanana Chiefs Conference
Youth Services
122 First Avenue, Suite 600
Fairbanks, AK 99701
Phone (907) 452-8251 ext 3172
Fax (907) 459-3885
Employment_Dept@tananachiefs.org*

Tanana Chiefs Conference Youth Services Determination of Eligibility	FOR OFFICE USE ONLY Is applicant eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Determination _____ Reviewer's Signature _____
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First Name	Last Name	Middle	Social Security Number	Home Phone
Mailing Address			Age & Birth date	Email
City, State		Zip Code	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Last Grade Completed _____ Check those which apply: <input type="checkbox"/> High School Drop Out <input type="checkbox"/> G.E.D. Recipient <input type="checkbox"/> High School Graduate <input type="checkbox"/> Student (HS or less) <input type="checkbox"/> Student (Post HS)	Labor Force Status <input type="checkbox"/> In School <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed How long unemployed? _____ months	Has the household currently OR within the last 6 months receive any of the following? Check all that apply. <input type="checkbox"/> ATAP(AFDC) <input type="checkbox"/> TANF <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> General Assistance <input type="checkbox"/> Unemployment <input type="checkbox"/> Pell Grant Please provide documentation as proof
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Number in household _____ Based off the chart below is your family low income. YES or NO (circle one)	Is the applicant: <input type="checkbox"/> Member of a two parent family <input type="checkbox"/> Member of a one parent family <input type="checkbox"/> A single parent <input type="checkbox"/> A parent in a two parent family <input type="checkbox"/> A foster child <input type="checkbox"/> Independent <input type="checkbox"/> Incarcerated parent
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1	2	3	4	5	6	7
\$24,135	\$32,655	\$41,175	\$49,695	\$58,215	\$63,270	\$75,255

Add \$5,600 for each additional member
PROVIDE DOCUMENTATION FOR VERIFICATION
Pay stubs, Release of information, etc.

Registered for Selective Service? Males only 18 years & older <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt If yes: Date registered _____ If not registered, you must register at www.SSS.gov	Ethnicity (check all that apply) <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Other	Individual with a disability <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Documentation must be provided.</i>
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Has the applicant worked through T.C.C. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal Village enrolled to: _____ Regional Native Corporation enrolled to: _____
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***NOTE:** The individual you list as a permanent contact should **NOT** live with you, but knows how to contact you if you should move. It is important that this person have a phone.*

Permanent contact name: _____

Permanent contact telephone: _____

Contact mailing address: _____

<p style="text-align: center;">Do any of these areas apply to you?</p> <p style="text-align: center;">Our programs are meant to assist youth with their career development. The more we know about you the better we will be able to assist you.</p> <p>Offender <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I am a displaced homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A runaway <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Lack of work history <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Foster youth/alumni <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pregnant youth or youth parent <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Substance abuser <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Deficient in basic literacy skills <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A Migrant youth <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p style="text-align: center;">Veteran Information:</p> <p>Have you served in the U.S. Military, Naval or Air Force?</p> <p><input type="checkbox"/> Yes, Eligible Veteran</p> <p><input type="checkbox"/> Yes, less than or equal to 180 days</p> <p><input type="checkbox"/> No</p> <p>Are you a campaign veteran?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a disabled veteran?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you recently separated Veteran (within last 48 months)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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Employment Status:

☐ Employed ☐ Not Employed ☐ Employed with notice of termination ☐ Layoff/termination has occurred ☐ No dislocation job (displaced homemaker) ☐ Layoff/termination pending

Have you received a termination or layoff notice from your last job or, if still employed, current job? ☐ Yes ☐ No

If so, what is the reason: _____

Most Recent Employer Name:		
Address:		
City:	State:	Zip Code:
Telephone:	Contact Name:	
Most recent Rate of Pay (per hour):		
Lay-off or Termination Date:		
Have you received Unemployment Compensation within the last 6-months? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I certify to the best of my knowledge that the information in this application is accurate and true. I understand that the information in this application is subject to verification and that falsification of information shall be grounds for removal from the program and may be subject to the prosecution under the law.

I understand that there is an applicant grievance procedure for which I can appeal decisions made with regard to this application.

I certify that I have received a copy of the WIA Grievance Procedure.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____
(If applicant is under 18 years of age)

Applicant's Appeal Procedures/Grievance Process

An applicant, who has been denied services, or feels he/she may have been treated unfairly, has the right to file a written appeal by following these procedures:

Step 1. Program Coordinator: An applicant may file a written appeal to the Program Coordinator and ask for reconsideration of their decision. The Program Coordinator has 10 working days after the date stamped on the appeal to respond. An applicant not satisfied with the Program Director's decision may submit their appeal to the Program Manager (Step 2) within 5 days upon receipt of the Program Coordinator's decision.

Step 2. Program Manager: The Program Manager has ten (10) working days from the date he/she receives an appeal to review documentation, make a decision, and respond. An applicant not satisfied with the Program Manager's decision may resubmit their appeal to the Appeal Committee (Step 3) within 15 days after receiving the Program Manager's decision.

Step 3. Appeal Committee: The Appeal Committee meets regularly, to review appeals. The committee will notify an applicant of their decision within seven working days after the date of their meeting. All decision made by the Appeal Committee are final.

Decisions affecting an applicant are made based on a review of program policies, procedures, and the required official documents. An applicant has 15 days after receipt of a decision to register an appeal. All decision made by the Appeal Committee in Step 3 are final.

I have read, understood and received a copy of Applicant's Appeal Procedures outlined above.

Applicant Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____
(If applicant is under the age of 18)

Tanana Chiefs Conference ☎ Youth Services ☎ 122 1st Avenue, Suite 600, Fairbanks, AK 99701

Fax (907) 459-3885 ☎ Local (907) 452-8251, Ext 3172

Toll-free In-State 1-800-478-6822, Ext. 3172 ☎ Toll-free Out-of-State 1-800-770-8251, Ext. 3172

Employment_Dept@tananachiefs.org

Release of Information

To be completed by parent/legal guardian or if applicant receives any of the following.

If you are receiving Public Assistance, such as: ASAP, APA, Food Stamps, GA/TWEP, etc.

I _____ authorize the Alaska Department of Health and Social Services, Division of Public Assistance, Social Security "budget letter", "benefits letter", or a "proof of award letter", and/or Tanana Chiefs Conference, ASAP Program to release information to Tanana Chiefs Conference, Employment & Training Department, from my public assistance or file records indicating assistance received on behalf of all members of my household from said programs. I understand that this information will be used solely for the administration of the Tanana Chiefs Conference, Employment & Training Department programs.

Signed _____ Date _____

Social Security _____

☐ ATAP ☐ Food Stamps ☐ APA ☐ Unemployment Benefits ☐ GA/TWE

If anyone in the household is an employee of the Tanana Chiefs Conference.

I _____ authorize the Tanana Chiefs Conference, Payroll Department, to release my payroll information to the Tanana Chiefs Conference, Employment & Training Department. I understand that this information will be used solely for the administration of the Tanana Chiefs Conference, Employment & Training Department.

Employee Signature _____ Date _____

Social Security _____

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Individual Service Strategy (ISS) has three purposes; to mutually develop, implement & revise:

1. A set of employment, education, and personal development goals.
2. Service objectives and a service plan of action needed to achieve the identified goals to
3. Document services provided and results

Employment

Are you working now? _____ If, yes what type of work are you doing? _____

If no, what was your last job? _____ Date ended? _____

Do you have an updated resume? Yes _____ N _____

Education

Circle the highest grade you've completed.

8 9 10 11 12 GED HS Diploma

Are you currently in school or training? _____

Where? _____

Are you interested in pursuing Higher Education? YES _____ No _____

If, Yes in what field of study? _____

Personal Development Goals

What are your strengths? _____

What are your weaknesses? _____

Short-term Goals (less than a year)

1. Education _____

2. Training _____

Long-term Goals (one year or longer)

1. Employment _____

2. Education _____

3. Youth Leadership _____

Participant Name _____ Date _____