



## **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**

- ☐ **Completed TCC Youth Services Application. Applications must be complete or they will not be accepted.**
- ☐ **One (1) of the following must be submitted:**
- Signed Social Security Card
  - Birth Certificate
  - State Issued I.D
  - Driver's License
  - School I.D. with photo
  - Voter Registration card
  - U.S. Military I.D. card
  - Selective Service (all males 18 and over must submit this)
- and**
- ☐ **One (1) of the following must be submitted:**
- TCC Tribal Enrollment Card
  - Village Tribal Enrollment Card
  - Certificate of Indian Blood (BIA CIB) card
  - Letter from Tribe that verifies enrollment

**NOTE: Even if you were previously employed by the Summer Youth Employment Program, we will still need you to submit a complete application and your identification documents, questions about this may be sent to: [syep@tananachiefs.org](mailto:syep@tananachiefs.org).**

**Other services covered by the Youth Services Application may include, but are not limited to:**

- Work experience
- Education incentives
- Training opportunities
- Career exploration
- Leadership events
- Driver education

**Please select which service you are applying for:**

☐ Summer Youth Employment Program

☐ Drivers Education/License

☐ Work clothing/gear

**Please send completed application via email, fax or mail to:**

*Summer Youth Employment Program, c/o Education  
122 1st Avenue, Suite 500  
Fairbanks, AK 99701  
Phone: (907) 452-8251 ext. 3049  
Fax: (907) 459-3885  
Email: [syep@tananachiefs.org](mailto:syep@tananachiefs.org)*



# TCC Youth Services Application

Date Received:

Name: (First)		(Middle)	(Last)	III, Jr., Sr...	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Social Security Number:		Current age:	Date of Birth (mm/dd/yyyy):	
Mailing Address:		City:		State:	Zip:
Physical Address:		City:		State:	Zip:
Home Phone:		Message Phone:		Email address:	
Are you a member of a federally recognized tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" what tribe? (Often referred to as "Native Village of _"):				Regional Corporation (aka Doyon, etc.):	
United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Males only 18 years &amp; older: Registered for Selective Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt If "Yes," date registered: _____ If 18 and older and not registered, <b>you must register</b> at <a href="http://www.SSS.gov">www.SSS.gov</a>			Military Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes (date of discharge: _____)	
<b>EDUCATION</b> Last grade completed: _____		<b>Check all that apply:</b> <input type="checkbox"/> Student (High school or less) <input type="checkbox"/> Student (Post High School) <input type="checkbox"/> High School Drop Out <input type="checkbox"/> G.E.D. Recipient <input type="checkbox"/> High School Graduate			
<b>Ethnicity (check all that apply)</b> <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: _____		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		Have you worked for a TCC sponsored program, like Summer Youth Employment, before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Labor Force Status</b> <input type="checkbox"/> In School <input type="checkbox"/> Underemployed <input type="checkbox"/> Unemployed If unemployed, how long? _____ months		Individual with a disability <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," documentation must be provided.)			
<b>Permanent Contact</b> Provide the following information on an individual who <b>does not</b> live with you, but who knows how to contact you. This person should have a phone.					
Contact Name:			Phone:		
Mailing Address:			Email address:		
<b>REQUIRED</b> 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. Please provide an answer for each selection below.					
Deficient in basic literacy skills <input type="checkbox"/> Yes <input type="checkbox"/> No		Pregnant youth or youth parent <input type="checkbox"/> Yes <input type="checkbox"/> No			
A Migrant youth <input type="checkbox"/> Yes <input type="checkbox"/> No		I am a displaced homemaker <input type="checkbox"/> Yes <input type="checkbox"/> No			
Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No		Lack of work history <input type="checkbox"/> Yes <input type="checkbox"/> No			
A runaway <input type="checkbox"/> Yes <input type="checkbox"/> No		Substance abuser <input type="checkbox"/> Yes <input type="checkbox"/> No			
Foster youth/alumni <input type="checkbox"/> Yes <input type="checkbox"/> No		Offender <input type="checkbox"/> Yes <input type="checkbox"/> No			
I certify to the best of my knowledge that the information in this application is <b>accurate and true</b> . I understand that the information in this application is <b>subject to verification</b> and that <b>falsification of information shall be grounds for removal</b> from the program and may be subject to the prosecution under the law. I <b>understand that there is an applicant grievance procedure</b> 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 (If applicant is under 18 years of age)			Date		

## 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)

All reimbursement requests for Youth Services, such as drivers' education or work clothing/gear, are required to receive **prior approval** from the Tanana Chiefs Conference (TCC) before being incurred. Payments/purchases made prior to approval for reimbursement will not be considered. Failure to obtain pre-approval may result in denial reimbursement. All required documentation must accompany all requests and adhere to TCC's policies and federal regulations, including cost limitations and eligible items.

Tanana Chiefs Conference Education  
& Indigenous Learning Program  
122 1<sup>st</sup> Avenue, Suite 500  
Fairbanks, AK 99701  
(907) 452-8251, ext. 3049 | Fax (907) 459-3885  
Toll-free 1-800-478-6822, ext. 3049 syep@tananachiefs.org

Youth Name: \_\_\_\_\_

Date: \_\_\_\_\_

As part of your SYEP experience you agree to complete certain objectives:

**Career Exploration:**

At time of hire, the subcontractor will conduct an orientation that will review What Employers Expect and Interview Skills. This material will be provided by the SYEP program.

**Resume-writing:**

Subcontractor will assist participants with typing their resumes and provide a copy to TCC SYEP staff.

**Alaskajobs.alaska.gov (ALEXSYS) Registration:**

Subcontractor will ensure participants are enrolled in the State of Alaska's ALEXSYS database and provide a copy to TCC SYEP staff.

**Council Meeting:**

Participant will attend a minimum of two council meetings and report to their Council their activities in the program. They will report on program objectives, what they learned and what their future career goals are. They will provide a written summary to TCC SYEP.

**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
3. Document services provided and results

**Employment**

Are you working now? ☐ Yes ☐ No

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 ☐ No

**Education**

Circle the highest grade you've **completed**: 8      9      10      11      12      GED      HS Diploma

Are you currently in school or training? ☐ Yes ☐ No

Where? \_\_\_\_\_

Are you interested in pursuing Higher Education? ☐ Yes ☐ No

If "Yes," in what field of study? \_\_\_\_\_

Are you interested in pursuing a trade? ☐ Yes ☐ No

If "Yes," in what occupation or trade (for example, welding)? \_\_\_\_\_

**Youth Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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: \_\_\_\_\_