



## KAWERAK, INC.

Education, Employment, and Training Division  
P.O. Box 948  
Nome, AK 99762

Phone: 907-443-4358  
Toll Free: 1-800-450-4341  
Fax: 907-443-4479  
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# Application Packet for 2017 Summer Youth Employment Program

Dear Applicant:

Thank you for your interest in the Kawerak Summer Youth Program! Attached is an application packet for you to complete. Your IRA Tribal Coordinator or school will be able to assist you in faxing or emailing the documents to the Youth Employment office.

Applications are due **NO LATER THAN Friday, April 28, 2017.**

Due to the large number of applicants, late or incomplete applications will not be considered! Please call BEFORE you submit your application if you have questions.

**Eligible youth are ages 14-24**

**APPLICANT'S CHECKLIST:** Please be sure to submit copies (not originals) of the following documents:

- Letter of Interest: Why are you interested in the Summer Youth Employment Program and what makes you a good candidate?
- SYP Application with Signature
- Social Security Card
- Current Report Card or Diploma (if you don't have these, ask your principal for transcripts)
- Birth Certificate
- Tribal Enrollment Verification (from your IRA Office)
- Selective Service Registration (For men age 18 and older)

*Note: If you applied for the Kawerak SYP Program in the past, we may already have copies of these documents.*

### PARENT(S)/GUARDIAN CHECKLIST:

- Income Verification for last 6 months** (Send copies of all of the documents below that apply.)
  - Letter from employer(s) on company letterhead stating income for six months for yourself and family members.
  - Employment paystubs from the last six months (do not send tax forms or W-2's)
  - Longevity Bonus letter or copy of monthly check.
  - Social Security Office verification letter or copy of monthly check.
  - Unemployment insurance or Worker's Compensation Insurance documents.
  - Public Assistance verification documents (ATAP, TANF).
- Signed 'Authorization for Release of Information Form' for all persons in the household who receive income listed in the application.**

*If you need help with your application or if you have any questions, please contact our Intake Coordinator at 443-4358 or toll free at 1-(800) 450-4341. Quyanna!*

**Kawerak Summer Youth Employment Program  
2017 Application**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
*Last First Middle Nickname*

Address: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_  Male  Female

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

Village/Tribal Membership Enrollment: \_\_\_\_\_ Email Address \_\_\_\_\_

Race:  Alaska Native/American Indian  African American  Asian/Pacific Islander  
 Caucasian  Hispanic  Hawaiian Native  Other: \_\_\_\_\_

If male, are you registered with Selective Service?  Yes  No **If Yes, provide proof of registration**

Veteran:  Yes  No Date of Discharge: \_\_\_/\_\_\_/\_\_\_

Are you a United States Citizen?  Yes  No If no, what is your status: \_\_\_\_\_

Are you between ages 14 and 21?  Yes  No

Have you ever had any criminal convictions?  Yes  No

**FAMILY STATUS:**(CHECK ONE)  Single  Under 21  Married  Two-Parent Family  One-Parent Family

**EDUCATION STATUS:**

Still in school  High School Diploma  GED

Graduation Year: \_\_\_\_\_ **OR** Highest grade completed: \_\_\_\_\_

College  Vocational Training  Graduate: Type of Degree:  AA  BA/BS  MA/MS

Other \_\_\_\_\_ Year: \_\_\_\_\_

List all Vocational Training Certificate(s): \_\_\_\_\_

Currently attending college/vocational training at: \_\_\_\_\_

**LABOR FORCE STATUS (check all that apply):**

Employed at: \_\_\_\_\_  Unemployed since \_\_\_/\_\_\_/\_\_\_ (date)

Have never worked  Self Employed  Working less than full-time

Unemployment expired: \_\_\_\_\_ (date)

Have you been employed for 3 months or longer in this calendar year?  Yes  No

Last hourly wage: \$ \_\_\_\_\_ /hour

**Have you ever been in an SYP or WIA program?**

Yes  No

**BARRIERS:**

Are you between the ages of 14 and 21 and need additional assistance to complete an educational program or to secure and keep employment? Yes No

Do you have an incarcerated parent? No Yes, mother Yes, father Yes, both parents

Are you homeless? Yes No Are you an offender? Yes No

Are you a pregnant or parenting youth? Yes No Are you a runaway? Yes No

Are you a foster child or Ward of the State of Alaska? Yes No

Do you have a physical or mental disability? Yes No

Is it hard for you to read, write, or speak English? Yes No

Are you now or have you ever been in jail or on probation or parole? Yes No

Are you under treatment for alcohol or drug abuse? Yes No

**ECONOMIC STATUS:** In the past 6 months have you, or your parents, received any of the following:

ATAP General Assistance (GA) Food Stamps Supplemental Security Income (SSI-SSA)

Tribal Assistance for Needy Families (TANF) Social Security Disability Insurance (SSDI)

**FAMILY INCOME:**

**Please list all family members and their total earned income during the past 6 months.**

Enter a zero in the income column if the person had no earnings or income. Family is defined as two or more persons related by blood, marriage, or decree of court that are living in a single residence, and are included in one or more of the following categories: (A) A husband, wife, and dependent children; or (B) A parent or guardian and dependent children; or (C) A husband and wife. (Decree of court means guardianship or adoption.)

Father \$ \_\_\_\_\_

Mother \$ \_\_\_\_\_

Self \$ \_\_\_\_\_

Spouse \$ \_\_\_\_\_

Aunt/Uncle \$ \_\_\_\_\_

Grandparent \$ \_\_\_\_\_

Cousin \$ \_\_\_\_\_

Other household member \$ \_\_\_\_\_

**TOTAL 6 Month Gross Family Income \$** \_\_\_\_\_

**Total Family Size** \_\_\_\_\_

**Do NOT include:**

- Alaska Permanent Fund Dividend
- Alaska Temporary Assistance Program (ATAP)
- Temporary Assistance to Needy Families (TANF)
- Tribal General Assistance
- Refugee Cash Assistance
- Workers Compensation lump sum settlement
- Supplemental Security Income (SSI)
- Aid to the Disabled
- Aid to the Blind
- Child Support
- Senior Assistance
- Military Income (active duty or veterans benefits)

Kawerak, Inc.  
Education, Employment, & Training  
Youth Employment Services

**Authorization for Release of Information Form**

**What is an 'Authorization for Release of Information'?** Your signature on this form gives Kawerak, Inc. Youth Employment Services permission to ask for information about your current and past finances and monetary assistance from employers, past employers, program assistance offered through the State of Alaska, such as Department of Public Assistance and the Department of Labor. Additional information will also be requested from other Kawerak programs, the Bering Strait School District, Educational Facilities (School Districts, Universities, Colleges, Vocational Training, NACTEC), Tribal Vocational Rehabilitation, Native IRAs, Organizations and Corporations, Financial Institutions, Landlord/Rental Agent, Private Individual Reference, Medical Providers, Alcohol/Substance Assessment and Treatment Records, Corrections or Juvenile Justice or Other (please list \_\_\_\_\_).

Any requested information shall be used solely in the administration of the Kawerak, Inc. WIA program, including but not limited to: eligibility determination, providing case management and supportive services. A reproduction of this release is as valid as the original.

I Authorize This Release of Information **Note: all persons in the household who receive any monies listed in the application must sign this release.** This release shall continue until revoked 1 year from date signed.

1) \_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

3) \_\_\_\_\_  
Parent 2 or Guardian 2 Signature

\_\_\_\_\_  
Parent 2 or Guardian 2 Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

5) \_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Signature

\_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

2) \_\_\_\_\_  
Parent 1 or Guardian 1 Signature

\_\_\_\_\_  
Parent 1 or Guardian Printed Name

\_\_\_\_\_  
Parent 1 or Guardians Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

4) \_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Signature

\_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

6) \_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Signature

\_\_\_\_\_  
Grandparent/Aunt/Uncle/Adult Sibling Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

## **Applicant Certification:**

1. I certify to the best of my knowledge that the information in this application is accurate and true.
2. I understand that the information in this application is subject to verification.
3. I further agree to the use of my Social Security number, if provided, for the purposes of record identification and eligibility verification.
4. I understand that some elements within this application can be considered an applicant statement and/or self-attestation for the purposes of verification.
5. I certify that I cannot pay for the training I need in order to obtain or remain employed without incurring financial hardship upon myself and/or my family.
6. I understand that falsification of information shall be grounds for removal from the program, and/or I may have to repay benefits received, and/or legal action may be brought against me.

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**Applicant Signature**

**Date**

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**Parent or Guardian Signature (If applicant is under age 18)**

**Date**

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**Program Specialist Signature**

**Date**

**PURPOSE:** This form collects information required by the Workforce Investment Act to ensure fair administration and compliance of the Act (Authority: Public Law 105-22 sections 136, 185, and 188. August 7, 1998, Workforce Investment Act (WIA) of 1998).

**USES:** Registration information is routinely reported to the Federal Department of Labor (the source of the funds) and may be shared with One Stop partner agencies or grantees or to a Member of Congress or staff in response to your request for assistance when needed to further the implementation and operation of this program.

**DISCLOSURE OF INFORMATION:** Furnishing your social security number is voluntary. If you provide this information, the Department of Labor and Workforce Development will not release it to other parties without written consent.

Equal Opportunity Employer/Program

1/30/2014 Auxiliary aids and services are available upon request to individuals with disabilities

**This page is for your information. Please keep this document**

*Kawerak Summer Youth Program*

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**2017 POVERTY GUIDELINES FOR ALASKA**

Persons in family/household	Poverty guideline
1	\$15,060
2	\$20,290
3	\$25,520
4	\$30,750
5	\$35,980
6	\$41,210
7	\$46,440
8	\$51,670

For families/households with more than 8 persons, add \$5,230 for each additional person.

**OR (which is higher)**

**70% of the Lower Level Standard Income Level (LLSIL) not to exceed total income from below:  
The new figures for the LLSIL should be released with the next two months, at which time the table will be further updated.**

**Appeals Process**

If the applicant expresses dissatisfaction with the decision for denial of services, the person making the decision will review with him/her the basis for which the decision was made and confirm the validity of facts and the related decision. If error was made or new additional evidence justifies modifying the decision, appropriate adjustments will be made.

If the applicant continues to be dissatisfied after the above review, the applicant has the right to appeal the denial within twenty (20) days of receipt of such denial. A longer period may be allowed if adequate justification supports the applicant's request. The applicant must submit a written request to the Vice President of the Kawerak, Inc. EET Division requesting a hearing and explaining the reasons for which the hearing is requested.

The hearing will be held within ten (10) days. The Vice President of the Kawerak, Inc. EET Division shall notify the applicant in writing of the date and time of the hearing.

When a hearing is requested, the appropriate EET Specialist will submit a written statement regarding the issue(s), facts and policy upon which the decision was based, to the Vice-President of the EET Division. A copy of this statement will be available to the applicant upon request prior to the scheduled hearing.

The applicant has the right to be represented by someone of his/her choice, including an attorney at his/her expense.

The applicant may appear in person at the designated time and place of the hearing; however it is the applicant's responsibility to make all arrangements and to pay for any expense that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place. Arrangements may be made for a telephonic hearing.

If a hearing is held and the appealing party does not participate either in person or via the telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and on available written information.

Individuals filing an appeal shall be informed:

- 1) Of the Vice President's decision within five (5) days of the hearing and,
- 2) Any further avenues of appeal.

**Upon extenuating circumstances, the Vice President may reschedule hearings.**

# Kawerak, Inc. Education, Employment & Training Division

HE DE SS VT VBT YEEP ABE GED ESL CNA AVTEC **Today's Date** \_\_\_\_\_

**Mailing Address:** P.O. Box 948 Nome, AK 99762 ~ **Phone:** (907) 443-4358 ~ **Toll Free:** (800) 450-4341 ~ **Fax:** (907) 443-4485

## Initial Intake & Short Employability 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)

Present Physical Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work / Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

**Tribally enrolled at (please circle or indicate "other"):**

Brevig Mission - Council - Diomed - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo - Saint Michael Savoonga - Shaktoolik - Shishmaref - Solomon - Stebbins - Teller - Unalakleet - Wales - White Mountain - Other \_\_\_\_\_

**Veteran?**  Yes  No - 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:  AA/AAS  BA/BS  MA/MS  Other: \_\_\_\_\_ Year \_\_\_\_\_

Most Kawerak, Inc. EET 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)	Applicant Secondary Goal: (check one)
(check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Educational Gain <input type="checkbox"/> Vocational Gain <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Obtain Commercial Driver's License <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other: _____ I expect to meet this goal by: ____/____/____	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Leave Public Assistance <input type="checkbox"/> Educational Gain <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Obtain United States Citizenship Skills <input type="checkbox"/> Increase involvement in child's education <input type="checkbox"/> Increase involvement in child's literacy <input type="checkbox"/> Increase involvement in community activities <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other: _____ I expect to meet this goal by: ____/____/____

### Applicant Status and Program Enrollment

Applicant Primary Status	Applicant Secondary Status	Institutional Programs
(Check All That Apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more - this calendar year <input type="checkbox"/> Unemployed → _____ <input type="checkbox"/> Collecting unemployment <input type="checkbox"/> Not in the Labor Force <input type="checkbox"/> On Public Assistance ← _____ (ATAP, TANF, food stamps, general assistance) <input type="checkbox"/> Living in a Rural Area	(Check All That Apply -optional) <input type="checkbox"/> Low Income <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning Disabled Adult <input type="checkbox"/> None of the above	(Check All That Apply) <input type="checkbox"/> In Correctional Facilities (AMCC, etc.) Release date _____ <input type="checkbox"/> In Community Corrections (Seaside, etc.) Release date _____ <input type="checkbox"/> In Other Institutional Settings (A.P.I., Substance Treatment, etc.) Release date _____ <input type="checkbox"/> 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.**

Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_  
 Guardian's Signature: \_\_\_\_\_ Signature Date: \_\_\_\_\_