



KAWERAK, INC.

Education, Employment, and Supportive Services
Summer Youth Employment Program
P.O. Box 948
Nome, AK 99762

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Summer Youth Employment Program Application Packet for 2018 for Youth Ages 14-24

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 Kawerak.

Applications are due NO LATER THAN MARCH 30, 2018
Due to the large number of applicants, late or incomplete applications will not be considered!

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

- Letter of Interest: Why are you interested in gaining work experience? Or why are you a good candidate?**
- SYP Application with Signature**
- Social Security Card**
- Birth Certificate**
- Current Report Card or Diploma (Obtain your transcripts from your school)**
- Tribal Enrollment Verification (Obtain from your local IRA Office)**
- Selective Service Registration (For men age 18 and older)**

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.

2018 Poverty Guidelines for Alaska	
Persons in Family/Household	Poverty Guideline
1	\$15,180
2	\$20,580
3	\$25,980
4	\$31,380
5	\$36,780
6	\$42,180
7	\$47,580
8	\$52,980
For families/household with more than 8 persons, add \$5,400 for each additional person	

If you need help with your application or if you have any questions, please contact our Summer Youth Coordinator at 443-4351 or toll free at 1-(800) 450-4341. Quyanna!

**Kawerak Summer Youth Employment Program
2018 Application**

Name: _____ SSN: _____
Last First Middle

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 22 Married Two-Parent Family One-Parent Family

EDUCATION STATUS:

Still in school High School Diploma GED Dropped Out of High School

Graduation Year: _____ **OR** Highest grade completed: _____

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

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 WIOA program? Yes No

BARRIERS:

Are you between the ages of 14 and 24 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 being treated 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.

Applicant Signature

Date

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

Date

Workforce Development 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

OR (which is higher)

Education, Employment & Supportive Services Division Appeals Process

Purpose. The purpose of the appeals process is to provide for an orderly process whereby applicants may have their problems or concerns addressed as fairly and rapidly as possible.

Applicability. This process is available to all applicants seeking services from Kawerak's Education, Employment & Training Division.

Definition of the Appeal Process. The term "appeal process" means to apply for review of a case or decision to be reconsidered or addressed by the next a level of authority.

Procedure. The procedure for an applicant, who expresses dissatisfaction with the decision for denial of services, would be to first informally talk with the person making the decision who will review with him/her the basis for which the decision was made and confirm the facts and the related decision. If error was made or new additional evidence justifies modifying the decision, appropriate adjustments will be made.

(1) If the applicant continues to be dissatisfied after the above review, the applicant can appeal a decision individually or select a representative to assist them in resolving the appeal at their expense. The applicant may proceed with the appeal to the next supervisory level. The applicant has the right to appeal the denial within 30 days of receipt of denial.

(2) The applicant must submit a written document stating the problem or concern and request a 34 meeting to the Division Vice-President (VP) of Kawerak. Upon receipt of the written appeal the

VP shall meet with the applicant and seek to resolve the issue(s). The VP will have ten (10) working days upon receiving the appeal to resolve the issue with the applicant.

(3) In the event that the VP is not able to resolve the appeal to the satisfaction of the applicant, the applicant may provide the appeal to the Executive Vice-President (EVP.) Upon receipt of the appeal, the EVP shall meet with the applicant and seek to resolve the situation. The EVP will have ten (10) working days upon receiving the appeal to resolve the issue(s) with the applicant. The Appeal Process will be followed at each level through the supervisory chain up through the President, if necessary, until the appeal is resolved.