



KAWERAK, INC.

Education, Employment, and Training Division
Summer Youth Program
PO Box 948
Nome, AK 99762

Phone: 907-443-4275
Fax: 907-443-4477
Toll Free: 1-800-450-4341
Web site: www.kawerak.org

TO: Summer Youth Employment Program Applicants
FROM: Kawerak Youth Employment Coordinator
SUBJ: Application Packet for 2010 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 and return to your Tribal Coordinator. It is due **NO LATER THAN May 21, 2010.**

Participants must be Youth ages 14 up to 24 years of age by June 1, 2010 to qualify for the program.

Incomplete applications will not be considered. A completed application does not automatically qualify an individual to participate in the program. It is a long application, so please get started!

Please be sure to submit copies (not originals) of the following documents:

APPLICANT'S CHECKLIST:

- WYP Application with Signature**
- Social Security Card**
- Report Card or Diploma**
- Birth Certificate**
- Selective Service Registration (For men age 18 and older)**
- BIA or Tribal Enrollment Verification (from your IRA Office)**

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.
 - Public Assistance documents.
 - 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.

If you have any questions, or need help with your application, please contact your Tribal Coordinator or the Youth Employment Coordinator at 443-4275 or toll free at 1-(800) 450-4341. Quyanna!



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Income Eligibility Guidelines

Eligibility of applicants will be determined by the Kawerak Inc. Youth Employment Program based on information provided in the WYP application, review of required documentation, and income eligibility under the following guidelines:

2009/2010 Income Guidelines

2009/2010 Poverty Guidelines for Alaska	
Persons in family	Poverty guideline
1	\$13,530
2	18,210
3	22,890
4	27,570
5	32,250
6	36,930
7	41,610
8	46,290
For families with more than 8 persons, add \$4,680 for each additional	

****ATTENTION PARENT(S)/GUARDIAN(S)****

We must receive ALL income for last 6 months (any that apply)**

- Letter from employer(s) on company letterhead stating income for six months for yourself and family members.
- Public Assistance documents.
- 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.

Eligible Applicants will be randomly selected. Applications should be submitted to Kawerak with copies of all the supporting documents by the **deadline, May 21, 2010**. Applicants will be notified as to whether they were selected for the Summer Youth Program no later than June 11, 2010.



STATE OF ALASKA
Department of Labor and Workforce Development
WIA Youth Registration Application

LAST NAME		FIRST NAME	MI	SOCIAL SECURITY #
MAILING ADDRESS		PERMANENT CONTACT NAME and TELEPHONE NUMBER		
CITY, STATE & ZIP CODE		CONTACT ADDRESS: CITY, STATE & ZIP CODE		
TELEPHONE	EMAIL ADDRESS	Note: The individual you list as a permanent contact should NOT live with you, but knows how to contact you if you move. It is important that this person have a telephone.		

BIRTHDATE (mm/dd/yyyy)

<p>Ethnicity (2) Hispanic/Latino</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Race (3) (Check all that apply)</p> <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Other <p>Gender (4)</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <p>Citizen Status (5)</p> <input type="checkbox"/> United States Citizen <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Refugee or Parolee <input type="checkbox"/> Temporary Work Permit <input type="checkbox"/> Other (Explain) _____ <p>Education Status (7)</p> <p>_____ Highest Grade Completed</p> <p>High School Student or Less _____ Student, Post High School _____ Dropped out of High School _____ HS Diploma _____ GED _____</p> <p>Family Size (10), including yourself. _____ Number of children under 18 who live with you? (11) _____</p>	<p>Selective Service (13) Federal Law requires that all males, 18 or older, born after 12/31/59 register for selective service.</p> <p>Have you registered?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not 18 <input type="checkbox"/> Exempt, including females <p>Veterans Status (14) Indicate your veteran status.</p> <input type="checkbox"/> Yes, more than 180 days active duty <input type="checkbox"/> No <input type="checkbox"/> Yes, but less than 180 days active duty <p>Are you a campaign veteran? (15)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Disabled Veteran (16) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Military service separation date?</p> <p>Month _____ Day _____ Year _____</p> <p>Individual with a Disability (18)</p> <input type="checkbox"/> Yes, barrier to employment <input type="checkbox"/> Yes, not a barrier to employment <input type="checkbox"/> No <p>Are you a youth needing assistance?(19)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	<p>Is English your primary or first language? (20)</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If no, What is your primary language? _____</p> <p>Please answer yes or no to the following:</p> <p>Offender (21) <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 (23) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Lack Work History (24) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Foster Youth/Alumni (25) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pregnant/Youth Parent (26) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Substance Abuser (27) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Unemployment Insurance (29)</p> <input type="checkbox"/> Yes, I am collecting <input type="checkbox"/> No, I am not collecting <input type="checkbox"/> Yes, but my benefits are exhausted <p>During the past 26 weeks, how many weeks have you collected Unemployment Insurance? (30) _____</p>
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<p>Labor Force Status (31)</p> <p><input type="checkbox"/> Employed</p> <p><input type="checkbox"/> Not employed</p> <p><input type="checkbox"/> Underemployed</p> <p>Did a Worker Profiling Reemployment Services (WPRS) Specialist refer you to us? (39)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Economic Factors (43) (Please check all that apply)</p> <p><input type="checkbox"/> Collecting TANF</p> <p><input type="checkbox"/> Collecting SSI</p> <p><input type="checkbox"/> A refugee & receiving public assistance?</p> <p><input type="checkbox"/> Receiving food stamps</p> <p><input type="checkbox"/> Provide care for a foster child</p> <p><input type="checkbox"/> Displaced Homemaker</p> <p><input type="checkbox"/> Homeless</p>	<p><input type="checkbox"/> Do you have an Incarcerated Parent? (47)</p> <p><input type="checkbox"/> Migrant Youth</p>
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Layoff Status (40)

- Layoff/Termination has occurred
- No Dislocation Job (Displaced Homemaker)
- Layoff/Termination pending

DISLOCATED WORKER PROGRAM ELIGIBILITY

From the numbers listed below, please indicate which item best describes your eligibility (42)

TERMINATED FROM EMPLOYMENT:

1. You have been terminated, or you have been laid off, or have received a notice of termination or layoff, from employment

AND

You are eligible for unemployment insurance or have exhausted unemployment insurance benefits

OR

You can demonstrate to workforce investment staff that you have an attachment to the workforce, but are not eligible for unemployment insurance benefits because your earnings were not high enough or your job was not covered by an unemployment insurance law,

AND

You are unlikely to return to a job in your previous industry or occupation within commuting area of your residence.

TERMINATED DUE TO PLANT CLOSURE (any one below):

2. You or your parent has been terminated, or you have been laid off or you have received a notice of termination or layoff from your job as a result of any permanent closure of, or substantial layoff (50 or more individual laid off) at an plant, facility or enterprise.
3. You or your parent's employer announced that the facility where you work would close within 180 days.
4. You or your parent's employer has made a general announcement that the facility where you work will close (for receipt of core services only).

SELF-EMPLOYED/GENERAL ECONOMIC CONDITION:

5. You were self-employed (including farmers, ranchers, and fisherman) and are unemployed as a result of general economic conditions in the community where you live or because of natural disasters.

DISPLACED HOMEMAKER (20):

6. You have been providing unpaid services to family members in the home,

AND

Are dependent on the income of another family member but are no longer supported by that income,

AND

Are unemployed or underemployed (working below your skill level or working fewer hours than desired) and experiencing difficulty in obtaining or upgrading employment.

What date were you laid off? (41) N/A Month ____ Day ____ Year ____

Job Title: _____ Employer: _____

Hourly Wage: \$ _____ Hours per Week: _____ Employment Start Date: ____/____/____

Type of Employment: Permanent Temporary Seasonal

Reason for Leaving: _____

Job Duties:

Pell Grant Recipient (44)

- Yes, I am receiving a Pell Grant
- No, my application is pending
- No, I have not applied
- No, I am ineligible
- No, I applied but was denied

Amount \$ _____ (45)

FAMILY INCOME (46)

List all family members and their total income during the past 12 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

(Please indicate if you or a member of your family receives the following cash payments. Items listed here are NOT to be included as income below):

<input type="checkbox"/> Alaska Temporary Assistance Program (ATAP)	<input type="checkbox"/> Child Support
<input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	<input type="checkbox"/> General Assistance
<input type="checkbox"/> Military Retirement	<input type="checkbox"/> Aid to the Disabled
<input type="checkbox"/> Retirement Income	<input type="checkbox"/> Refugee Cash Assistance
<input type="checkbox"/> Workman's Comp	<input type="checkbox"/> Aid to the Blind
<input type="checkbox"/> Native Family Assistance Programs (Tribal TANF)	<input type="checkbox"/> Alaska Permanent Fund Dividend
<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Social Security (Old Age) Assistance

NAME	RELATIONSHIP	TOTAL GROSS INCOME (12 months)

CURRENT OR LAST JOB (If different from job of dislocation above)

If you are employed or underemployed please answer the following.

Job Title: _____ Employer: _____

Hourly Wage: \$ _____ Hours per Week: _____ Employment Start Date: ____/____/____

Type of Employment: Permanent Temporary Seasonal

Reason for Leaving: _____

Job Duties:

Indicate whether you are participating in or receiving services with any other program Yes No

If yes, please indicate where:

CUSTOMER CERTIFICATION

I certify to the best of my knowledge 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 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: ____/____/____

Parents Signature (if applicant is under 18) _____ Date: ____/____/____

Reviewer Signature: _____ Date: ____/____/____

Registration Date: ____/____/____

MIS USE ONLY: Date received: ____/____/____ Date Input: ____/____/____ Input by: _____

PURPOSE: This form collects information required by the Workforce Investment Act to ensure fair administration and compliance with the Act. (AUTHORITY: Public Law 105-220 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 provided this information, the Department of Labor and Workforce Development will not release it to other parties without written consent. Should you choose not to provide this information it will preclude your registration and limit Workforce Investment Act services you receive.

Release of Information Form

Participant Name: _____ Date: _____

SSN: _____ DOB: _____

Address: _____

Phone Number: _____ Other: _____

From: _____ _____ _____	To: _____ _____ _____
Attn: _____	Attn: _____

I, _____ (participant or participant's guardian), hereby authorize the release of any information concerning _____ (participant's name) to the _____

The requested information shall be used solely in the administration of WIA/ARRA programs, including but not limited to; eligibility determination, providing case management, and supportive services. A reproduction of this release is as valid as the original. Contacts may include, but not be limited to:

- ★ Department of Labor ★ Division of Vocational Rehabilitation (DVR) ★ Tribal Vocational Rehabilitation
- ★ Employers ★ Financial Institutions ★ Landlord/Rental Agent ★ Private Individual References ★ Public Assistance
- ★ Educational Facilities (School Districts, Universities, Colleges, Vocational Training, Nine Star) ★ Utility Company ★ Medical Providers ★ Alcohol/Substance Assessment and Treatment records
- ★ Corrections or Juvenile Justice
- ★ Other (please name): _____

I authorize the sharing of information back and forth. _____ (initial here)

This shall continue until revoked in writing by the undersigned or until _____
One (1) year from date signed.

Applicant Signature

Date

Parent/Legal Guardian Signature (Under 18)

Date

Staff Signature

Date

Appeals Process

(Applicant – please keep this document)

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 can not 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.