



KAWERAK, INC.

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

Phone: 907-443-4275
Fax: 907-443-4485
Toll Free: 1-800-450-4341
Web site: www.kawerak.org

TO: Winter Youth Employment Program Applicants
FROM: Kawerak Youth Employment Coordinator
SUBJ: Application Packet for 2009-2010 Winter Youth Employment Program

Dear Applicant:

Thank you for your interest in the Kawerak Winter Youth Program! Since you participated in the 2009 Summer Youth Program, attached is an **Authorization for Release of Information**. Please submit your **current transcripts** from your school and also write a **Letter of Interest** to the Kawerak Winter Youth Program to submit with this Release of Information. It is due **NO LATER THAN January 15, 2010**.

Participants must be Youth ages 14 up to 24 years of age by January 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: (Please check with the Youth Employment Coordinator to make sure all of these documents are on file.)

We will need current income for all household members for the last 6 months.

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 paperwork, 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 Income Guidelines	
2009 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, January 15, 2010**. Applicants will be notified as to whether they were selected for the Winter Youth Program no later than January 24, 2010.

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.