

Workforce Development Department



MANIILAQ ASSOCIATION

WFD 477 APPLICATION FOR SERVICES:

- Vocational Training Assistance
- Higher Education Services
- Employment and Training Support Services
- Child Care Assistance for Families and Providers

Workforce Development

P.O. Box 256 | Kotzebue, Alaska 99752
Phone: (907) 442-7021 | Fax: (907) 442-7025
etprogram@maniilaq.org

Please fill out the application form completely and attach all required documentation. If a question does not apply to you, simply write "N/A". Incomplete applications or those lacking required documentation will not be processed.

WFD 477 Application for Services

The Public Law 102-477 Program, administered by the Maniilaq Association's Workforce Development Department, includes Employment, Training, Education, General Assistance, Child Care, and Tribal TANF services. These services are available for eligible Alaska Natives and American Indians. Eligibility is determined by various factors, including Tribal enrollment, household income, and employment or educational needs.

The goal of the Public Law 102-477 Plan (477 Program) is to provide employment and training assistance to help individuals secure gainful employment and achieve economic self-sufficiency.

Application Instructions:

1. **Everyone must complete pages 4, 5, 6, and 7.**
2. Complete the application section for the service(s) you are requesting, sections and page numbers below:

APPLICATION SECTIONS

- A. Vocational Training Assistance **8, 9, 19, 20**
- B. Higher Education Services **10, 11, 19**
- C. Employment and Training Support Services..... **12, 19, 20**
- D. Child Care Assistance – Family Application..... **13, 14, 16, 19, 20**
- E. Child Care Assistance - Provider Application..... **15, 16, 17, 18**

3. **Page 19** the Individual Self-Sufficiency Plan (ISP), must be completed with a caseworker after an applicant is deemed eligible. For programs where there are two (2) adult applicants, each applicant must complete an ISP.
4. Fill in all information on this application. If a question does not apply to you, please write "N/A".
5. Gather the required documents to submit with your application.
6. Make sure you have signed and dated your application before it is submitted.

Who to include in this application:

- Dependent children – including shared custody, adopted and foster children.
- Children under 21 – include if they live with you, even if you cannot claim them as dependents on your tax return.
- Dependent Parents – Include ONLY if you claim them on your tax returns.
- Dependent siblings and other relatives – Include them ONLY if you claim them as dependents on your tax returns.
- Spouse – Include your legally married spouse.
- Spouse, living apart – Include your spouse unless you're legally separated or divorced.
- Spouse (victims of domestic violence or spousal abandonment) – In these cases, you don't have to include your spouse.
- Unmarried domestic partner – Include your unmarried domestic partner ONLY if you have a child together or you'll claim your partner as a tax-dependent.
- Roommate – Do NOT include people you live with UNLESS they are a spouse, tax dependent or covered by another exception in this list OR you share expenses.

Required Documents for all programs, applications will NOT be considered without these documents:

- Tribal enrollment verification (IRA, Tribal Council, or Native Community card or certificate) for all persons to be included in assistance. Applicants must be Alaska Native/American Indian with proven descent.
- Valid State or Federal photo identification for all applicants.
- Proof of residency within the Maniilaq service area, minimum for at least 30 days.
- Proof of ALL earned and unearned income for the last 30 days. (applicant and immediate household)
- Selective service registration for all males over 18 years of age in the household.
- For all programs (except section E), you must show proof of applying for all other available resources.

Additional Required Documents for Section A - Vocational Training Assistance

Funding will ONLY be applied to tuition, fees, course-related materials, campus housing, and meal plans.

- Personal statement of educational goals (minimum of 200 words, typed), or page 10 completely filled out.
- Two (2) letters of recommendation from NON-family members.
- Acceptance letter from school training program.
- Budget Need Sheet or School needs assessment.
- High school or GED Diploma, or Official Transcripts.
- Verification of FAFSA and all other resources applied for.
- IF previously funded, a copy of the certifications, official transcripts, or progress reports.

Additional Required Documents for Section B – Higher Education Services for New Applicants

Distributed twice per year, with the following deadlines: Fall term August 15, and Spring term January 15.

- High school or GED Diploma, or Official Transcripts.
- College Official Transcript for NEW applicants and Fall term, and Unofficial for Spring term.
- Registration enrollment for term showing current number of credits registered.
- Acceptance letter from school with degree or major enrollment information.
- Personal statement of educational goals (300 words).
- Budget Need Sheet from the college financial aid office.
- Verification of FAFSA for current school year.

Application for Returning Higher Education Applicants

- One-page returning student application.
- College Official Transcript for Fall term, and Unofficial for Spring term.
- Registration enrollment for term showing current number of credits registered
- If changing degree or school, provide a new acceptance letter.
- Personal statement of educational goals (300 words).
- Budget Need Sheet from the financial aid office of the school.
- Verification of FAFSA for current school year.

Additional Required Documents for Section C –Employment and Training Supportive Services

- Verification of Employment Training Needs (pg. 20), to include an itemized list from an institution or business of what is needed for employment or training.
- Personal Goal Letter or Statement (minimum 300 words).
- Budget Need Sheet for the employment training need.
- Current bank statements under the applicant's and other household members' names.
- Training in a field corresponding to obtaining, retaining, or advancing in a full-time, permanent position.
- Acceptance/Registration enrollment letter from school or training program (if applicable).
- Offer Letter or letter for advancement from employment program (if applicable).
- Training outline, agenda, syllabus, or schedule if available.
- Upon completion – Proof of certification/degree or a VALID reason for not completing.

OJT Training/Work Experience will be determined on a case-by-case basis and subject to funding availability.

- EMPLOYER must write a letter requesting funds for the position and provide a draft agreement to Maniilaq WFD.
- Have an employer that will provide job training.
- Be unemployed, underemployed, and/or employer must be economically disadvantaged.

Additional Required Documents for Section D - Child Care Assistance for Families (Parents and Guardians)

- Verification of Employment or Training for each parent or guardian (see page 21).
- Verification of all income for both parents and children.
- Birth Certificate(s) for each child requesting child care assistance.
- Immunization records for all children needing child care, unless an immunization waiver is provided.
- Proof of adoption or guardianship (if applicable).
- ICWA/OCS custody decree, tribal custody decree, or divorce decree (if applicable).
- If a child is enrolled in a licensed child care center, submit proof of application for State Child Care Assistance.

Additional Required Documents for Section E - Child Care Assistance for Providers

- Criminal Background Results for relative providers may be obtained through an alternative online background check using approved databases unless the results are questionable.
- License-exempt non-relative providers must complete the State of Alaska Department of Public Safety Request for Criminal Justice Information form and must receive clearance before approval.
- Criminal Background Results from the State of Alaska and National and State Offender Registries are required. If a provider has lived outside of Alaska in the last five years, Maniilaq will conduct an out-of-state criminal check, sex offender registry check, and child abuse and neglect check from the previous state.
- Must complete a home visit/inspection of the home where care will be provided before provider approval.
- Current negative TB test results or TB clearance screening (relative providers may request a waiver).
- W-9 form, updated annually.
- A minimum of one (1) reference.

ALCOHOL/DRUG-FREE WORKPLACE/NO FIREARMS ALLOWED

The Maniilaq Association maintains a safe and secure drug-free workplace and does not allow illegal substances, drug paraphernalia, or firearms upon its property. This policy applies to employees and guests. Anyone found in violation of this policy and/or breaking the law will be subject to appropriate actions including removal from the building or grounds, termination or suspension of services, and appropriate legal procedures.

CONFIDENTIALITY

Any information I provide or that is obtained or received on my behalf is considered confidential. I understand all WFD Employment & Training staff are required to maintain the confidentiality of participants unless otherwise noted in the release of information to which I agree.

FRAUD

Applicants or recipients who knowingly and willfully provide false or fraudulent information are subject to prosecution under 18 U.S.C. § 1001, which carries a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both. The social services worker will prepare a written report detailing the information considered to be false and submit the report to the Superintendent or his/her designated representative for appropriate investigative action.

INDIVIDUALIZED PLAN OF SERVICE

I further understand that a **determination of eligibility does** not guarantee services and that not all services will be financial in nature. I agree to work together with my assigned Caseworker to develop and prepare an **Individual or Family Self-Sufficiency Plan (ISP or FSSP)** which details my individual needs and the steps I will take to achieve my goals. I understand priority is given to those who help themselves and have not previously received services. By my signature below, I indicate my agreement to abide by the policies and procedures set forth and release of information as necessary to verify my information and provide and/or obtain services on my behalf.

RELEASE OF INFORMATION

I hereby authorize WFD staff to obtain or release information included in this application and my participant file as it pertains to my eligibility for services, and assistance sought on my behalf from other social services programs, for verification of information that I have provided, and/or for reporting purposes.

Applicant Signature

Other Household Member Signature

Parent or Legal Guardian Signature IF Applicant is Under 18

Date

477 PROGRAM PARTICIPANT RIGHTS AND RESPONSIBILITIES

As a client, you have the right to be treated with respect regardless of creed, national origin, religion, race, sex, sexual preference, age, disability, or income status. You also have the right to have your personal information treated confidentially, review your file with staff present, be fully informed about service fees, and receive clear information about program activities.

As a client, you have the responsibility to provide accurate and complete information, adhere to program rules and requirements, actively participate in creating a personal employability development plan, inform staff of any changes in personal information, and seek clarification when needed.

DENIALS OR DISCONTINUATION OF SERVICES

Each applicant or recipient of direct assistance will be given a written, detailed explanation regarding the ultimate denial or discontinuation of services. This explanation will include action needed or issues to be resolved for successful reapplication or reinstatement, if applicable.

APPEAL AND GRIEVANCE PROCESS

Maniilaq Workforce Development has established a uniform appeal and grievance procedure applicable to all participants and tribal staff within our Workforce Development programs engaged in any type of activity included under the 102.477 Plan. The procedure ensures due process and establishes a series of levels, starting with informal resolution at the staff level. The final tribal level of appeal is presented to the Maniilaq Association Tribal Government Administrator. All appeals and grievances must be in writing and submitted within twenty (20) business days of the action being appealed. Participants will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). An appeal/ grievance may be sought by any participant within our programs who believes that a violation of the Regulations has occurred. The following procedure shall be used as the means of settling such appeals and/ or grievances:

- Step 1.** The participant will first make his/her complaint in writing known to his/her caseworker, within 20 days of the incident.
- Step 2.** If the matter is not resolved, the participant will immediately put such a complaint in writing and submit this for review to the TANF Manager or to the WFD Deputy Director, at P.O. box 256 Kotzebue, AK 99752.
- Step 3.** If the matter is not resolved, the participant will immediately request in writing, that the Workforce Development Director review the complaint.
- Step 4.** If the matter is not resolved, the participant will immediately request in writing, that the Tribal Government Services Administrator review the complaint.

I/WE HAVE READ AND UNDERSTAND THE CLIENT'S RIGHTS AND RESPONSIBILITIES AND THE APPEAL AND GRIEVANCE PROCESS.

Applicant Signature

Date

Applicant Signature

Date

Who do I contact if I have any questions, need more information, and/or need assistance in completing my application?

For all services, please contact: etprogram@maniilaq.org, Phone: (907)442-7021, Fax: (907)442-7025

Carefully read Application Instructions on page 1-3 BEFORE completing this application.

WFD 477 Application for Services

Date _____

Services you are requesting (Check all that apply to your immediate needs):

<input type="checkbox"/> Vocational Training	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Employment and Training Support Services	<input type="checkbox"/> Child Care Assistance for Families	<input type="checkbox"/> Child Care Provider
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Applicant Information: Please print clearly				
Last Name	First Name	Suffix	Maiden or Other Name(s)	
I am a New Applicant		I have previously applied for services	Date of last application	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	If Male, have you registered with Selective Services? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security No.	Blood Quantum
Marital Status:				
<input type="checkbox"/> Single <input type="checkbox"/> Single living with significant other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____				
Family Status:				
<input type="checkbox"/> Single Individual	<input type="checkbox"/> Guardian	Number of Dependents under 18 _____		
<input type="checkbox"/> One-parent family	<input type="checkbox"/> Foster Parent	Total Number in household _____		
<input type="checkbox"/> Two-parent family				
Education Status:				
<input type="checkbox"/> High School Year Graduated _____		<input type="checkbox"/> College/Vocational School Year Graduated _____		
<input type="checkbox"/> GED Year received _____		Degree _____ Major _____		
<input type="checkbox"/> Certificate of Achievement Year Graduated _____		<input type="checkbox"/> Currently enrolled/attending school		
Contact Information:				
Mailing Address			Town/Zip code	
Home or Message Phone	Work Phone	Cell Phone	Email Address	

Household Members Living with You

Name	DOB	Relationship	Tribal Enrollment Community	Social Security Number

Family Income and Available Funds - List ALL sources of income that you and your family have received during the last 30 days, include current available funds. You must provide copies of pay stubs, and bank statements for the last 30 days as verification of income. **You must also show proof of applying for other funding sources.**

Source of Income	Amount	Comments
Applicant's net salary (attach pay stub)		
Spouse/Significant other net salary (attach pay stub)		
Tips or gratuities		
ATAP, TANF, ASAP		
General Assistance (GA)		
General Relief (GR)		
Housing Assistance (AHFC, NPRHA)		
Child Support and Alimony		
Foster Care Payments		
Child Care Assistance		
Adult Public Assistance (APA)		
Social Security (SSA)		
Supplemental Security Income (SSI)		
Disability Insurance		
Permanent Fund Dividend (PFD) all HH members		
Cash out of retirement or pension plan		
Alaska Longevity Bonus		
Veteran's benefits		
Unemployment Insurance Benefits		
Workers Compensation		
Food Stamps (EBT/SNAP)		
Medicare/Medicaid		
Native and Village Corporation Dividends		
Checking account (current balance)		
Savings account (current balance)		
Student loans/grants/scholarships		
Bingo or pull tab winnings		
Other income (specify)		
Other income (specify)		
Total Income for last 30 Days		

I/We certify that all information I/we have provided on all sections of this application is true and correct to the best of my (our) ability and knowledge. I/We understand that if I/we knowingly or willfully provide false or fraudulent information in any part of this application, then I/we are subject to prosecution which carries a fine of not more than \$10,000 or imprisonment for not more than 5 years, or both.

Applicant Signature

Date

Applicant Signature

Date

Section A

Application for Vocational Training Assistance

This assistance is offered to eligible Native Americans with demonstrated financial need residing within the Maniilaq Service Area. Applicants must be unemployed or underemployed and in need of supplemental funding assistance for vocational training to obtain long-term employment.

Must submit a copy of the training program description, courses, tuition & fees from the school.

Name of Training Program (i.e.: automotive technology, office occupations, computer technology, etc.)				
Name of School				
Mailing Address		City	State	Zip Code
Length of Training Program <input type="checkbox"/> 1-4 Weeks <input type="checkbox"/> 2-4 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years	Start Date	Ending Date	Type of Program <input type="checkbox"/> Certificate <input type="checkbox"/> Endorsement	

Vocational Training School Budget - please attach an official budget provided by the school.

Tuition	\$	Off-Campus rent	\$
Student Fees	\$	Off-Campus meals/food	\$
Books & required supplies	\$	Childcare	\$
On-site housing	\$	Other (specify)	\$
On-site meal plan	\$	Total School Budget	\$

Personal Funds Available & Anticipated Financial Aid - Must show proof of applying for other funding sources.

Please add the scholarship amounts you have applied for, even if you have not been awarded yet.

Personal Funds available for school & financial aid you have received or applied for	Funds Available/Applied for
FAFSA or Pell Grant	\$
Student Loan	\$
Vocational Scholarship Grant	\$
University Tuition Waiver	\$
Tribal Assistance & Tribal IRA Scholarships	\$
Corporation Scholarships	\$
Community Scholarships (specify)	\$
Parent/Spouse Contribution	\$
Student Contribution	\$
Employment Contribution	\$
Permanent Fund Dividend	\$
Native Corporation Dividends	\$
Temporary Assistance (Tribal or State)	\$
Unemployment Insurance	\$
Other (specify)	\$
Other (specify)	\$
Other (specify)	\$
Total Personal Funds Available & Financial Aid Applied for	\$

Personal Statement – you may submit a goal letter on a separate document or complete the questions below, be specific in your answers.

1. Tell us about yourself

2. What are your immediate and long-term career and employment goals, and what steps are you planning to take to meet those goals?

3. How will this funding help you reach your goals?

4. Talk about your community involvement and/or what activities are you involved in:

5. Who has been a role model for you?

6. Tell us about a personal achievement that makes you proud.

Section B

Higher Education Services

Maniilaq Association Workforce Development awards Higher Education Scholarships to eligible full-time undergraduate and graduate students who are enrolled members of one of the following Tribes: **Ambler, Deering, Kivalina, Kobuk, Noorvik, and Shungnak**. This scholarship provides supplemental funds for college or university education to students with demonstrated financial need. WIOA may assist eligible Tribal members of the Maniilaq Service Area with funding to attend an accredited higher education institution. Scholarships are distributed twice per year, with the following deadlines: Fall term August 15, and Spring term January 15.

Student Information

Which of the 6 Villages listed above are you Tribally Enrolled into?			
Last Name	First Name	M.I.	
Student ID #	Tribe Enrolled to	Tribal enrollment #	

School Year Educational Plan – You must submit proof of application for admission or proof of acceptance into your college.

Degree Program/Major currently enrolled	Degree <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Graduate		
College or University you plan to attend			
Institution Mailing Address	City	State	Zip Code
Academic Status for upcoming semester/term <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate	Planned # of credits	Student Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Date semester begins	Date semester ends	Expected year of graduation	

Estimated School Year Expenses – please attach an official budget need sheet issued by the college or university.

Tuition	\$	Off-Campus rent	\$
Student Fees	\$	Off-campus meals/food	\$
Books & required supplies	\$	Childcare	\$
On-site housing	\$	Other (specify)	\$
On-site meal plan	\$	Total School Budget	\$

Personal Funds Available & Anticipated Financial Aid - Must show proof of applying for other funding sources.

Please add the scholarship amounts you have applied for, even if you have not been awarded yet.

Personal Funds available for school & Financial Aid	Funds Available/Applied for
FAFSA or Pell Grant	\$
Student Loan	\$
Vocational Scholarship Grant	\$
University Tuition Waiver	\$
Tribal Assistance & Tribal IRA Scholarships	\$
Corporation Scholarships	\$
Community Scholarships (specify)	\$
Parent/Spouse Contribution	\$
Student Contribution	\$
Employment Contribution	\$
Permanent Fund Dividend	\$
Native Corporation Dividends	\$
Temporary Assistance (Tribal or State)	\$
Unemployment Insurance	\$
Other (specify)	\$
Total Personal Funds Available & Financial Aid Applied for	\$

Personal Statement -500 words in length, typed, double spaced, signed & dated

First-time Scholarship Applicants:

On a separate piece of paper, please describe:

- Your personal & educational history.
- Your accomplishments.
- Your educational & career goals.
- How does the degree program you plan to attend fit in with your educational & career goals?
- Must be signed and dated.

Previous Scholarship Recipients:

On a separate piece of paper, please describe the progress you have made toward meeting your educational and career goals. Explain any changes in educational and/or career goals and the reasons for those changes. Must be signed and dated.

Application Checklist

- I have completed and signed the application form.
- I have submitted my acceptance letter from the college I am attending.
- I have enclosed an expense budget need sheet from my college or university.
- I have enclosed a copy of my Student Aid Report from FAFSA.
- I have enclosed my personal goal statement.
- I have enclosed a copy of my Tribal Enrollment or Certificate of Indian Blood, which verifies I am an affiliated member of such tribe.
- I have enclosed a copy of my identification.
- If male, I have enclosed a copy of my Selective Service Registration.
- I have enclosed a copy of my transcripts for the last school I attended or documentation of my Certificate of Attendance or GED.
- Class Schedule showing credit hours.
- I have submitted proof of my residency from one of the following tribes: Ambler, Deering, Kivalina, Kobuk, Noorvik, or Shungnak.
- I have submitted proof of income showing I am employed/underemployed or am low-income.

I do hereby attest that the information provided and included in this application is true and correct to the best of my knowledge.

Name of Applicant (printed)

Applicant Signature

Date

Section C

Application for Employment and Training Supportive Services

WFD offers services to eligible Native Americans with demonstrated financial need residing within the Maniilaq Service Area who are unemployed or underemployed and need assistance in obtaining employment and/or in preparing to be competitive in the job market. The goal for each client served through this program is to gain self-sufficiency through gainful employment. Applicants must have **1.** An Employment offer, **2.** Training needs to maintain employment, or **3.** Training needed for job advancement (ensure page 21 is completed by official staff). Please note these employment services are not temporary welfare assistance to get food, shelter, or to pay for disconnect or past due bills, but to assist the client with employment needs.

1. **Do you have an Employment Offer?** _____
2. **Are you Employed and in need of Training to stay employed?** _____
3. **Are you Employed and have an opportunity for job advancement?** _____

If you answered NO to any of these questions, then you may not be eligible for this Section.

Have you contacted and applied for assistance with other agencies? (If NO, STOP here. You must first apply with other agencies)	Circle one Yes No	List all agencies you have applied with:
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Applicant Barriers (Mark all that apply, have at least one form the list)		
<input type="checkbox"/> Currently Employed/Low Income <input type="checkbox"/> Living in Rural Area <input type="checkbox"/> Lack of Work in Village/Town <input type="checkbox"/> High School Dropout/No GED <input type="checkbox"/> Unemployed (15 or more weeks) <input type="checkbox"/> Long Term Public Assistance <input type="checkbox"/> In treatment (Substance, Grief, other)	<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Disabled <input type="checkbox"/> Lack of Degree <input type="checkbox"/> No Driver's License <input type="checkbox"/> Foster Care <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Homelessness	<input type="checkbox"/> Child Support <input type="checkbox"/> Lack of Work History <input type="checkbox"/> Criminal History <input type="checkbox"/> Domestic Violence <input type="checkbox"/> 477 Participant <input type="checkbox"/> Teen Pregnancy/Parenting <input type="checkbox"/> In correction facility/Third-party Release

Employment Status:					
Currently Employed?	Y / N	Received job offer	Y / N	Job Advancement	Y / N
Hourly wage		Have you received a layoff notice?			Y / N
Hours per week		Are you an active union member?			Y / N
Main Occupation:		If yes, the name of the union:			
Do you have a valid driver's license?	Y / N	Alaska driver's license (ADL) #:	ADL expiration date:		
Do you have a valid commercial driver's license?	Y / N	If yes, what class?			

Employment Training (MUST provide ALL information, invoices, itineraries, quotes, or other official documentation)			
Institution or Agency enrolled in:	Training Location (Provide Full Address):		
Major course of study:	Graduation Date:		
Dates of Training:	Estimated Cost:		
Will this activity require travel away from home?	Y / N	Do you need assistance with travel?	Y / N
Will you need assistance with lodging?	Y / N	Do you need assistance with meals?	Y / N
Do you have a special need or handicap? (Provide verification from doctor/provider)	Y / N	List type of service requesting:	
Do you have a need for counseling, medical, optical or dental services related to this training request?	Y / N	List type and provide verification from doctor or official referral agency:	

Employment Goals:
What are your immediate employment goals? Please be specific about the kind of job you would like to work in and any training that may be necessary to gain employment in your chosen field.
Have you had any difficulty obtaining employment due to a previous misdemeanor or felony record? If so, please explain.

Section D

Application for Child Care Assistance for Families (Parents and Guardians)

Child Care Assistance is available to income-eligible families who reside in the Maniilaq service area and who are employed or undergoing training. The program pays a percentage of childcare costs incurred when the parent(s) are engaging in employment or school.

Child Information - attach a copy of each eligible child's birth certificate, Certificate of Tribal Enrollment & age-appropriate immunization records.

**Child Care Assistance cannot be approved unless all documents are received.*

Children eligible for program benefits under age 13		Children NOT eligible for program benefits age 13+	
Name	DOB	Name	DOB

Do any of the children have special needs or need special accommodations? Yes No

If yes, explain: _____

Do both biological parents or guardians reside in the household with the child(ren)? Yes No

If so, are both parents or guardians employed or in a training program? Yes No

Does the child(ren) live with you full-time? Yes No

Child Care Status

Do you presently have a childcare provider? Yes No

If yes, list the name(s): _____

Your Child Care Provider must apply separately to become approved under the Maniilaq Child Care Assistance Program.

Income Data - You must provide copies of proof of income for the last 30 days as verification of employment and income. Income sources include employment pay stubs, social security benefits, Native Corporation or State dividends, welfare assistance (GA, TANF, ATAP), foster care payments, child support, settlements, and other income received.

Employment or Training Schedule - The information below concerns your day/hours of employment or training.

Day	Hours of employment/training	Name of employer/school & position held	Comments
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Child Care Program Agreement, Standards & Requirements

Childcare assistance funds are intended for use only when an individual(s) is employed or participating in training or another approved activity. If a parent or guardian is not working or attending training or school, they will be responsible for taking care of the children. The Child Care Program will NOT provide assistance if the parent or guardian is NOT working, in training or school, or involved in subsistence activities.

It is important to notify the program within 5 days of any changes that may affect your eligibility. These changes include shifts in employment or training status, adjustments to days and hours of work or training, the number of children needing childcare, and income.

Applicant read and initial each statement, as proof of agreement:

- _____ If approved, WFD may provide a percentage of my child care payments, while I am working or in a training program.
- _____ I am responsible for paying the provider my portion (co-payment) of approved childcare costs and any costs that are not covered by the childcare program. I also understand that I will be responsible for paying my provider for any hours or time that is not approved on my provider's timesheet.
- _____ Co-payments are my responsibility and must be paid to my provider at the beginning of each month.
- _____ I will notify the caseworker and provider within 5 days if my work or training schedule changes.
- _____ I understand that the childcare program has specific guidelines for submitting and processing timesheets, and it is my responsibility to ensure that my timesheets are correct and complete.
- _____ I understand that if my timesheets are incomplete or incorrect it may be deemed ineligible for payment.
- _____ It is my responsibility to ensure that my timesheets are submitted to WFD the following week of the pay period end date and that anything submitted beyond 30 days will not be eligible for processing.
- _____ I understand that I may become ineligible if I am fired or laid off or for not reporting changes in your household composition, income, change, or other important information.
- _____ I understand that my case will be suspended if I do not provide all requested documentation to Workforce Development. These documents include but are not limited to my child's immunization records, certificates of Tribal Enrollment, birth certificates, employment or training schedule, and income verification.
- _____ I understand that if I do not comply with these responsibilities, my participation in the program may be terminated.
- _____ I understand that I will be required to read the Childcare Guide and submit a signed acknowledgment.

Parent Certification

I assert that I will fully comply with the parent agreement and meet all specified requirements. I have personally visited the provider's home or thoroughly evaluated my own home to confirm that the care environment meets the fundamental safety standards outlined on page 16.

_____	_____	_____
Applicant's Printed Name	Applicant's Signature	Date signed
_____	_____	_____
Co-Applicant's Printed Name	Co-Applicant's Signature	Date signed

Section E

Application for Child Care Providers

Check the category that best describes the type of provider you are applying to be:

- **Licensed Child Care Centers and Family Child Care Homes** – These facilities must be licensed through the State of Alaska. Maniilaq will require documentation of current licensing and training certifications to verify eligibility and to ensure they are compliant with the program's federal regulations.
- **License Exempt and In-Home Child Care Provider** - Must be 18 years of age, and may provide care for no more than four (4) children under age 13 of which no more than two (2) may be under 30 months of age. Complete a minimum of five (5) hours of pre-service training within the first three (3) months.
- **Relative Provider** - Must be 18 years of age, and may be exempt from immunization requirements. May provide care for no more than six (6) children under the age of 13, of which no more than two (2) may be under the age of 30 months of age, and no more than four (4) may be under the age of 48 months of age.

Last Name	First Name	M.I.	Last 4 # of SSN
<input type="checkbox"/> I am a New Applicant	<input type="checkbox"/> I was a child care provider in the past	Date last provided child care:	
Type of Provider:			
<input type="checkbox"/> Relative Provider <input type="checkbox"/> Licensed-Exempt Family or In-Home Provider <input type="checkbox"/> Licensed Center/Facility/Group Home			
List all certificates, licenses, or college credits you have earned related to Childcare:			
Enter the address where child care will be provided (Include House #, Street, Town, State and Zip code)			

Children in care - List ALL children you plan to provide child care services			
Children's Full Name	Relationship	Children's Full Name	Relationship

Child Care Services Information	
What hours are you available to provide childcare?	What days are you available to provide childcare?
Where is the child care provided? <input type="checkbox"/> Center <input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home	What ages will you provide for? <input type="checkbox"/> Infant <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> School Aged
Any of the children you provide care are disabled or need special equipment? Please explain:	
Do you accept drop-ins and new children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can the child care program give your contact information to a parent in need of child care? <input type="checkbox"/> Yes <input type="checkbox"/> No

List ALL household members 16 and older, residing in the home where child care services are provided	Date of Birth	Relationship to provider
1.		
2.		
3.		
4.		
5.		
6.		

Background check results must be received for the provider and all Household members, prior to approval.

<http://dhss.alaska.gov/dhcs/Documents/Residential-Licensing Background/bgcheck/assets/BarrierCrimeMatrix.pdf>

Child Care Health/Safety Checklist

Applicant Provider: Please review the following checklist of safety requirements with your child care provider. Parents are required to monitor child care providers and facilities for compliance with Childcare Assistance Safety Standards. Child Care Providers are required to meet these standards.

Parent: Read and Initial each item as it is reviewed with your provider.

PROVIDER	PARENT	TO BE COMPLETED BY PROVIDER AND CHILD'S PARENT OR GUARDIAN
		I understand that providers are required by law to report suspected child abuse.
		The provider does not leave child alone.
		Children are never to be near a known convicted sex offender, or a person who has been convicted of a crime of violence or with an animal known to be dangerous.
		Provider will provide a smoke, drug and alcohol free environment for the children.
		The provider has a working smoke alarm, carbon monoxide monitor & fire extinguisher.
		Home has a first aid kit that is in a convenient location and easily accessible.
		Provider ensures ventilation, temperature, and lighting are adequate for children's safety and comfort.
		Place where children receive care is well maintained, free of hazards and safe, both inside and out.
		Guns are locked in a safe place, unloaded and out of reach of children. Ammunitions are stored separately.
		Medicines, cleaners, & dangerous materials are kept out of the reach of children.
		The place where the child receives care has 2 separate exits (one may be a window large enough for an adult to exit).
		The provider has a plan to evacuate children in the event of a fire. Please provide a copy of your fire escape plan.
		The home where care is provided has safe drinking water, proper sewage & garbage disposal.
		Outlets are covered or non-accessible to infants and toddlers, toys and small items are safe, durable, non-toxic and checked for choking hazards.
		Provider will offer daily activities to promote children physical, social, intellectual & emotional development that includes time for sleep, toileting, playtime, and exercise according to each child's individual needs.
		Provider will contact the parent/guardian immediately about any injury to the child(ren) requiring medical treatment and any serious illness. The provider keeps emergency contact information available. Medication is only given if the provider has written permission from the parent/guardian.
		Provider is aware of any food or known allergies to the child(ren).
		If applicable, provider will potty-train and/or change diapers away from food preparation area.
		The provider washes hands before & after handling food, changing diapers, and using the bathroom.
		Children are not physically punished or verbally abused.
		The provider allows parent's access to their children at all times.
		We understand these requirements are important to ensure the health and safety of the children in care.
		Providers are encouraged to apply for licensing with the State of Alaska, Child Care Program.
		Providers must complete Health and Safety Standards Training within 3 months of approval.

I certify that I will comply with all the requirements set forth by the Maniilaq Association WFD Childcare Assistance Program. The answers to the health and safety checklist are true to the best of my knowledge.

Child Care Provider Signature

Child Care Provider's Printed Name

Date

Parent or Guardian Signature

Parent or Guardian's Printed Name

Date

Child Care Provider Agreement & Requirements

Applicant child care providers must meet all requirements and provide the documentation requested. Please be advised that child care providers are subject to home visits by Workforce Development Staff.

- I have not been refused a child care license or had a child care license revoked within the past 10 years.
- I have not had a substantiated incident of child abuse or neglect.
- I will be screened by all background checks required. The background check must be free of crimes involving sexual assault or sexual abuse of a minor, neglect, incest, unlawful exploitation of minor or indecent exposure. This report must show that you have not been convicted of a felony within the past 10 years.
- I will not care for more than the maximum number of children specified on my Child Care Approval Notice.
- I have no health problems or contagious diseases that might be a risk to children.
- I understand that I am not an employee of Maniilaq Association, I am running my own business. Approved child care providers are independent contractors, and will be responsible to report all income received through this program to the Internal Revenue Service (IRS) for tax purposes. At the end of the calendar year, the finance department will issue a 1099-MISC form to all providers earning over \$600 during that year. **NO TAXES ARE DEDUCTED FROM THESE PAYMENTS.**
- I understand that the Workforce Development Staff will visit my home or the home where care is provided.
- I understand this Child Care eligibility is non-transferable and is valid only on the premises that is indicated on the approval letter.
- I understand my information may be verified through collateral contact and/or available databases to ensure my participation eligibility.
- I understand that I am responsible for compliance with all program rules and requirements, penalties, and repayment of any overpayments. I further understand I will not receive any payment for child care services I provide prior to the effective date of an approval determination regarding my eligibility, and/or the effective date of an approval for program participation.
- FRAUD PENALTY WARNINGS:** You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to the WFD Program, or for helping someone obtain payments for which they are ineligible. If you are found to have committed an intentional program violation or are convicted of defrauding the WFD Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.
- CERTIFICATION AND STATEMENT OF TRUTH:** Under penalty of perjury or unsworn falsification, I certify that I am the only individual providing child care at the physical address listed; the statements made on this application regarding myself and individuals living in the location where child care is provided are true and correct. I further certify I will not participate in paid or unpaid employment, self-employment, unpaid/ volunteer activity, educational or any other type of activity during the hours of my operating hours.

Pay Standards

- The Program pays based on full-time daily, part-time daily and only hourly for 1 to 2 hours of care. Payments are processed bi-weekly, on a case-by-case basis, depending on funding availability and according to the parents work schedule.
- The Child Care Program has 30 days to process payments.
- Once a child care provider is no longer providing services, the provider will receive the last payment approximately two weeks after the final time sheet is received by the WFD office.
- Bi-weekly both parent and the child care provider must sign the Child Care Provider Timesheets.
- Co-payments must be paid to the provider monthly on the first pay period or the beginning of each month.

Child Care Provider Certification

I certify that I will meet the safety and child care provider requirements.

I also understand and agree to the pay standards.

Child Care Provider's Printed Name _____ Last 4 of SSN _____

Child Care Provider's Signature _____ Date _____

Child Care Provider Reference Questionnaire

This form must be completed by someone who knows you well, excluding immediate relatives, and submitted with your application.

This is a reference for _____, who I have known for _____ months/years
Child Care Provider's Name(circle one)

in the capacity of _____
Friend, Coworker, Employer, etc. (Not an immediate relative)

I know this person:

VERY WELL CASUALLY NOT WELL ENOUGH TO GIVE A REFERENCE

Please answer the following questions:

Does this provider show any serious health, alcohol or drug problem? No Yes – Explain:

Can you attest to the good character, maturity and sound judgement of this provider? No Yes – Explain:

How would you rate the applicant's capabilities to care for children?

EXCELLENT GOOD FAIR POOR

List qualities, which you believe will enable the provider to work successfully (or unsuccessfully):

If you need a Child Care Provider, how would you feel about leaving your children with this provider?

VERY ENTHUSIASTIC SOMEWHAT ENTHUSIASTIC WORRIED WOULD NOT

Additional Comments:

Print Name: _____ **Signature:** _____ **Today's Date:** _____

Mailing Address: _____
(P.O. Box) (City) (State) (Zip Code)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____ Best way to contact you: _____

Return completed form to Maniilaq Workforce Development - PO Box 256 Kotzebue, AK 99752

INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

This form MUST be completed with your assigned caseworker after you have been deemed eligible for services.

Name of Applicant _____ Date of Plan _____

Are you currently employed? Yes No **If yes, where?** _____ **How long?** _____

Highest grade level completed (circle one) 1 2 3 4 5 6 7 8 9 10 11 12 GED CERT College/Vocational

Date Graduated _____ Date of GED or Cert _____ Date last attended school _____

What are your short-term employment goal(s) to reach self-sufficiency?

What are your long-term employment goal(s) to become self-sufficient?

Barriers to you and/or your family (check all that apply)

<input type="checkbox"/> Currently Employed/Low Income <input type="checkbox"/> Living in Rural Area <input type="checkbox"/> Lack of Work in Village/Town <input type="checkbox"/> High School Dropout/No GED <input type="checkbox"/> Unemployed (15 or more weeks) <input type="checkbox"/> Long Term Public Assistance <input type="checkbox"/> In treatment (Substance, Grief, other)	<input type="checkbox"/> Substance Abuse <input type="checkbox"/> Disabled <input type="checkbox"/> Lack of Degree <input type="checkbox"/> No Driver's License <input type="checkbox"/> Foster Care <input type="checkbox"/> Lack of Transportation <input type="checkbox"/> Homelessness	<input type="checkbox"/> Child Support <input type="checkbox"/> Lack of Work History <input type="checkbox"/> Criminal History <input type="checkbox"/> Domestic Violence <input type="checkbox"/> 477 Participant <input type="checkbox"/> Teen Pregnancy/Parenting <input type="checkbox"/> In correction facility/Third-party Release
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Short-Term Goal # 1 (Example: Get Driver's License)	Date you plan to start this goal/step?	Date you plan to complete this step?
Action Step 1 (Example: Study DMV manual)		
Action Step 2 (Example: Take written test)		
Action Step 3 (Example: Take driving test)		
Short-Term Goal # 2 (Example: Update my Resume)	Date you plan to start this goal/step?	Date you plan to complete this step?
Action Step 1 (Example: Get employment history added to my resume)		
Action Step 2 (Example: Find a computer to use to update resume)		
Action Step 3 (Example: Finish final official Resume)		

I understand that the purpose of this plan is to help me achieve my goal of gaining employment, education, or related activities. To remain eligible for the services offered, I must comply with specific steps outlined in this plan. These steps will aid in promoting my self-sufficiency and may include participation in employment, training, or related activities. Failure to follow these steps may result in the suspension of my services for a period of 60 to 90 days. Additionally, if there are any changes to my circumstances, I am responsible for reporting them to my caseworker in a timely manner.

Signature of Applicant

Date

Workforce Development Staff

Date

Each adult applicant must complete this form. If there are two adult applicants, a copy of this page must be made or requested.

WFD Caseworker ONLY – Outlook Reminder Follow-up 30 day's _____ 90 days _____ 180 days _____

Completed by: _____ Outcome notes: _____

Verification of Employment or School Enrollment

Every question must be answered and signed by official staff and will not be considered if left Blank!

Applicant's Name: _____

Employer/ Human Resources or School/ Training Registrar

The individual named above has applied for services through the Maniilaq Workforce Development Program. Please provide the following information for verification.

Employer or Institution Name: _____

Employer or Institution Address: _____

Phone and Fax Numbers: _____ Email Address: _____

Employee's Job Title: _____ Date of Hire: _____

Employment/Program Start Date: _____ End Date: _____

Disbursement date of first check: _____ Hourly Salary: _____ Hours per Week: _____

Employee / Student Weekly Schedule (Example: 8:00 AM-5:00 PM)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Please indicate the applicant's employment, school, or training status:

- Full-time, permanent employee or student (more than 20 hours a week)
- Full-time, temporary employee. If temporary, what is the duration of employment _____
- Part-time, permanent employee or student (less than 20 hours)
- Part-time, temporary. If temporary, what is the duration of employment or school _____
- Other, explain: _____
- This participant needs or will need to obtain specific program clothing, gear or tools to perform their work or training, list in space below: _____

Actual Date Paid	Gross Wages (before taxes)	Check Amount	Hours Worked

Authorizing Signature _____ Date: _____

Printed Name _____ Job Title: _____

For two parent families, each adult applicant in the household must complete this form