
Box 927, Bethel, AK 99559
(907)543-2608 (907)543-2639 FAX

**CHILDCARE DEVELOPMENT FUND PROGRAM**

**PARENTS INFORMATION**

Thank-you for your interest in ONC’s Childcare Program. In order to determine eligibility, you must submit the following information along with the application:

**PARENTS INFORMATION:**

\_\_\_\_\_ Two recent check stubs from both parents or if you are single or if you just started

 working a Employment of Verification filled out by your employer.

\_\_\_\_\_ All income including, Permanent Fund Dividends, child support, TANF and any unemployment.

\_\_\_\_\_ Proof of your children’s (13 yrs. & under) immunization records for those in need

 of childcare services.

\_\_\_\_\_ Verification that you were admitted into a program of study. (Educational, Vocational Training

 High school, etc.)

\_\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_\_ Tribal enrollments or CIB cards for all children.

\_\_\_\_\_ Letter from OCS stating child is under foster care and the income for foster parent.

\_\_\_\_\_\_ Parents Responsibilities along with the agreement

## ONC

### Orutsararmiut Native Council

102-477 Program

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| Applicant Identification Case Number: |

# Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_/\_\_\_/\_\_\_ Social Security\_\_\_/\_\_\_/\_\_\_ ❑Male ❑Female

# Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_ ZIP\_­­­\_\_\_\_\_\_\_\_\_\_\_

# Physical Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_Msg:\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (If under 18 years of age) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Marital Status:** ❑ Single ❑ Married ❑ Separated ❑ Divorced ❑ Widowed

**Are you a Veteran?** ❑NO If no, Selective Service Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Verified:\_\_\_\_\_\_\_ ❑N/A

 ❑YES If yes, dates: from\_\_\_\_\_\_\_to\_\_\_\_\_\_\_ Discharge Date:\_\_\_/\_\_\_/\_\_\_Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnic Background:**

❑Alaska Native or American Indian\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_

 Tribe Enrollment Number

❑Native Hawaiian ❑Hispanic ❑African American ❑Caucasian ❑Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by: ❑ Self/Walk-in ❑Social Services ❑Vocational Rehab ❑Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Application Data |

Household: (list all household members including yourself)

 NAME DATE OF BIRTH AGE RELATIONSHIP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

Household Income: (list all household members including yourself)

 NAME EMPLOYER TOTAL MONTHLY INCOME

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |

In case of an EMERGENCY, Contact:

NAME ADDRESS PHONE RELATIONSHIP

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

### EDUCATION

Type of High School Attended: ❑BIA ❑TRIBAL ❑PRIVATE ❑MISSION ❑PUBLIC

Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+

Check One: ❑High School Diploma ❑Still Attending ❑No Longer Attending

 ❑GED ❑Certificate of Attendance

**Education Completed:** List any Vocational and/or Colleges you have attended:

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mo/Yr:\_\_\_/\_\_\_ Type of Degree/Certificate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mo/Yr:\_\_\_/\_\_\_ Type of Degree/Certificate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mo/Yr:\_\_\_/\_\_\_ Type of Degree/Certificate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever received any of the following services? ❑NO ❑YES (If yes, check all that apply)

 ❑BIA ❑Childcare ❑Job Corp ❑Military ❑Other

 ❑ONC ❑Vocational ❑State JOBS ❑Veterans

Where, When, & Type of training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| CURRENT INFORMATION (HIGHER EDUCATION/VOCATIONAL TRAINING STUDENTS) |

REQUEST FOR CALENDAR YEAR \_\_\_\_\_ TO \_\_\_\_\_ MAJOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF UNIVERSITY/COLLEGE OR TRAINING INSTITUTION

MAILING ADDRESS CITY STATE ZIP CODE

PHONE NUMBER FAX

COLLEGE LEVEL: ❑FRESHMAN ❑SOPHOMORE ❑JUNIOR ❑SENIOR ❑GRATUATE LEVEL

EXPECTED DEGREE: ❑CERTIFICATE ❑AA ❑BA ❑BS ❑ MA

 EXPECTED GRADUATION DATE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I PLAN TO LIVE: ❑ON CAMPUS ❑OFF CAMPUS ❑WITH FAMILY

|  |
| --- |
| **STATEMENT OF PURPOSE: I CERTIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE RELEASE OF ANY INFORMATION NEEDED BY ONC IN ORDER TO COMPLETE MY SCHOLARSHIP APPLICATION PACKAGE. I CERTIFY THAT ANY FUNDING THAT I DO RECEIVE WILL GO SOLELY TOWARDS MY EDUCATIONAL EXPENSES.** **I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE ONC WITH AN OFFICIAL TRANSCRIPT AFTER EACH TERM THAT I AM FUNDED. I WILL RECEIVE A GPA OF 2.0 OR ABOVE AND MAINTAIN A MINIMUM OF 12 CREDIT HOURS PER TERM. I UNDERSTAND THAT IF I FAIL TO MAINTAIN THE ABOVE MINIMUM STANDARDS, I WILL BE PLACED ON PROBATIONARY STATUS FOR THE NEXT TERM. IF, WHILE ON PROBATION, I STILL DO NOT MEET 2.0 GPA/12 CREDIT MINIMUM, I WILL NO LONGER BE ELIGIBLE FOR 477 FUNDING FROM ONC UNTIL I COMPLY WITH THE ACADEMICALLY REQUIRED STANDARDS.**  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Labor Force Status:** Please check your status and complete the information below.

❑Employed full-time ❑Part-time ❑Self-employed ❑ Unemployed: (No. of weeks) \_\_\_\_\_\_\_\_\_\_

 Last hourly wage $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| EMPLOYMENT HISTORY (ALL APPLICANTS) |

# HAS ALCOHOL OR DRUGS EVER CAUSED PROBLEMS FOR YOU AT WORK? 🗖YES 🗖 NO

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# FROM\_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUTIES AND RESPONSIBILITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU ELIGIBLE FOR REHIRE? ❑Yes ❑No

REASON FOR LEAVING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# FROM\_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUTIES AND RESPONSIBILITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU ELIGIBLE FOR REHIRE? ❑Yes ❑No

REASON FOR LEAVING:\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# FROM\_\_\_\_/\_\_\_\_/\_\_\_\_ TO \_\_\_\_/\_\_\_\_/\_\_\_\_ JOB TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUTIES AND RESPONSIBILITIES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ARE YOU ELIGIBLE FOR RE-HIRE? ❑Yes ❑No

REASON FOR LEAVING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ONC

### Orutsararmiut Native Council

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| Barriers to Education, Training, or Employment  |

 Check all of the items below which apply to you:

 \_\_Single; head of household \_\_Not in Labor Force

 \_\_Limited English Proficiency \_\_Unemployed 15+ weeks

 \_\_Disabled Individual \_\_Underemployed/Low Income

 \_\_Offender \_\_Public Assistance (Food Stamps, GA, etc)

 \_\_Reading Skills below 7th Grade Level \_\_TANF Recipient

 \_\_Math Skill below 7th Grade Level \_\_Pregnant/Parenting Teen

 \_\_Homelessness \_\_Substance/Alcohol Abuse

 \_\_Lack Significant Work History \_\_Treatment/Counseling

Have you ever been convicted of any crimes involving alcohol or drugs? If yes, When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever been convicted of a felony? If yes, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently on probation or parole? ❑Yes ❑No

Probation / Parole Officer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you scheduled for any substance abuse treatment? If yes, when?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Certification of ApplicationI certify that the information provided is true to the best of my knowledge. I am aware that the information provided is subject to review and verification and that I may have to provide additional information. I authorize Orutsararmiut Native Council to share this information for the purpose of assisting me in obtaining assistance, training, education, or employment.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant’s Signature Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent or Guardian Signature Date  |

|  |
| --- |
| Employment Goals and Interests  |

Check any skills you may have:

❑ Accounting ❑ Mechanical ❑ Maintenance ❑ Clerical ❑ Painting

❑ Welding ❑ Cashier ❑ Food Service ❑ Carpentry ❑ Receptionist

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

What is your Career Goal?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you prefer to work by yourself or with others?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any tools and/or office equipment have you used?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## ONC

### Orutsararmiut Native Council

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| **Education, Employment, Training, and Related Services** |

**Please check all that apply to your immediate needs**:

**Student Services: Higher Education: Employment Services:**

**❑ Tutorial Services ❑ Assessment/Evaluation ❑ Career Counseling**

**❑ Career Counseling ❑ Career Counseling ❑ Employment Preparation**

**❑ College entrance support ❑ Financial Aid ❑ Job Search Activities**

**❑ ACT/SAT testing fees ❑ Financial Resources ❑ Work Experience**

**❑ Summer Youth E&T ❑ Internship Information ❑ Direct Employment**

**❑ Literacy Gain ❑ Vocational Training / / On The Job Training**

**❑ Numeracy Gain**

**Childcare Assistance:**

**❑ Parent Application Process**

**❑ Provider Registration (baby-sitter)**

**Vocational rehabilitation services are available for individuals with disabilities.**

###### Do you require these services? ❑Yes ❑No Referral Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to activate the application process and determine eligibility, you must provide additional

documents.

**Please see the following 102-477 staff for assistance:**

### 102-477 Programs Director: Forrest Jenkins

### 477 Specialist: Diane Typpo

**BETHEL RESIDENCY & TRIBAL AFFLIATION FORM**

PRINTED NAME MAIDEN

SOCIAL SECURITY NUMBER

ARE YOU A BETHEL NATIVE CORPORATION SHAREHOLDER OR A DESCENDANT OF A SHAREHOLDER? YES NO

ARE YOU AN ONC TRIBAL MEMBER? YES NO

IF YES, PLEASE LIST YOUR ONC TRIBAL ENROLLMENT NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I HAVE BEEN A BETHEL RESIDENT SINCE \_\_\_\_/\_\_\_\_/\_\_\_\_.

I CERTIFY THAT THE INFORMATION LISTED ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE DATE

 **ONC’S PL 102-477 PROGRAM**

 **RELEASE OF INFORMATION FORM**

 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To Whom It May Concern:

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize and request the release of any and all information necessary to verify or determine my eligibility for participation in programs offered by Orutsararmiut Native Council’s PL102-477 Programs. Agencies which may be contracted, but are not limited to are: Employers, State of Alaska Division of Public Assistance, Unemployment Offices Social Security Administration, Retirement Agencies, Banks, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Social Security Number

|  |
| --- |
| **A reproduction of this release is as valid as the original; to be used indefinitely for the present and all future income verifications.** |

**GRIEVANCE/APPEAL PROCEDURE**

**ORUTSARARMIUT NATIVE COUNCIL**

**P.O. BOX 927**

**BETHEL, AK 99559**

**STUDENTS MAY APPEAL THE DECISION OF ANY PROGRAM DIRECTOR IF DENIED FUNDING OR DISSATISFIED WITH THE AMOUNT OF THE AWARD OF FEELS DISCRIMINATED AGAINST, BY WRITING A LETTER WHICH DEFINES THE REASON (S) WHY THE APPLICANT BELIEVES THE DECISION IS UNSATISFACTORY. APPEALS AND GRIEVANCES SHOULD FIRST BE ADDRESSED TO ONC’S EXECUTIVE DIRECTOR. IF THE APPLICANT IS DISSATISFIED WITH THE DECISION OF THE EXECUTIVE DIRECTOR, THE APPEAL OR GRIEVANCE SHOULD THEN BE ADDRESSED TO ONC’S EDUCATION EMPLOYMENT AND TRAINING AND RELATED SERVICES COMMITTEE WHICH CONSISTS OF THREE (3) ONC BOARD MEMBERS, THE DECISION OF THE EDUCATION, EMPLOYMENT AND TRAINING AND RELATED SERVICES COMMITTEE SHALL BE FINAL.**

**ORUTSARARMIUT NATIVE COUNCIL**

**CHILDCARE DEVELOPMENT FUND**

Childcare is requested for the following child(ren):

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Childcare Options:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Center Based: Family/In Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-Time: Part-Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Period of Service:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

From Date: Date To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hours From: Hours To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting Childcare to engage in the following activity:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment: Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education: In-patient Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official Use Only**

**Education, Employment, Training and Related Services:**

 **APPROVED DISAPPROVED**

Explain

I certify that the individual has met the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application requirements and, based on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All the information received through the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intake process, this person is eligible for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education, Employment, Training and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Related Services funding. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

477 Specialist Date

Additional Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT VERIFICATION**

 Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name:

Mailing Address:

City: State: Zip Code:

Telephone: SS#: \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_ Birth Date:

Date of Hire: Organization:

♦ ♦ ♦ To Be Completed By Employer ♦ ♦ ♦

Employee’s Job Title / Position:

Date of Hire: Is this person still employed? [ ]  Yes [ ]  No

If yes, is this a permanent full time job? [ ]  Yes [ ]  No

Starting Wages: $ [ ]  Hourly [ ]  Salary

Current Wages: $ [ ]  Hourly [ ]  Salary

If no longer employed by you, was this person [ ]  Terminated [ ]  Voluntarily Quit

If no longer employed by you, what was the last day of employment?

Is this person eligible for rehire? [ ]  Yes [ ]  No

Reason for separation:

Supervisor’s Name:

Title: Phone:

Address:

 PO Box City State Zip Code

Employers Signature Date

♦ Orutsararmiut Native Council ♦ P.O. Box 927 ♦ Bethel, Alaska 99559 ♦ Phone (907) 543-2608 ♦ Fax (907) 543-2639 ♦