



Chugachmiut Behavioral Health Department

Social Services Program

APPLICATION FOR SERVICES

- Employment Services
- Vocational Training Tuition Assistance
- Chugachmiut Higher Education Scholarship Application
- General Assistance
- Child Care Assistance

Chugachmiut

1840 Bragaw St., Suite 110

Anchorage, AK 99508

Phone: (907) 562-4155 (800)-478-4155

Fax: (844)-478-0300

Please scan and email applications to: 477Application@Chugachmiut.org

Chugachmiut 477 Program

Chugachmiut's Education & Training, Scholarship, Employment, General Assistance, and Child Care services are components of Chugachmiut Behavioral Health Department's Social Services Program. These programs are available for eligible Alaska Natives and American Indians living within the Chugachmiut catchment area.

Eligibility Requirements for Chugachmiut services:

In order to be eligible, you must:

- Be an enrolled member of a Tribe and living within the Chugach region (Higher Education and Vocational Education does not have a residency requirement but you must be a shareholder or descendant of Chugach Alaska Corporation; **Valdez and Eyak have their own Higher Education/Vocational scholarship program**). **Higher Education Deadlines are 2x per year. June 10th and December 10th.**
- Submit a copy of your BIA Certificate of Indian Blood or Tribal enrollment card.
- Meet **all** eligibility requirements for the program(s) to which you are applying.

Application Instructions:

1. **Everyone must complete pages 2, 3, 12, 19 and 20 of this application.**
2. **Complete the application section** for the service(s) you are requesting (see sections and page numbers below).

<u>Application Section</u>	<u>Page</u>
• A Employment Services	4-5
• B Vocational Training Tuition Assistance	6
• C Chugachmiut Higher Education Scholarship Application	7-8
• D General Assistance.....	9-13
• E Child Care Assistance.....	14-18

3. Fill in **all** blanks in the application. If a blank does not apply to you, please write "NA" for not applicable.
4. Gather the following documents to submit with your application. **Your application will be considered incomplete without these documents and will not be processed:**
 - Tribal enrollment card or Certificate of Indian Blood for everyone in your household.
 - Birth Certificate of children (Child Care Assistance only)
 - Copy of Driver's License or other State or Federal identification.
 - Copy of Social Security card or number.
 - Copy of Selective Services registration, for all males between the ages of 18 and 25 years old.
5. Make sure you've signed and dated your application on the day it is submitted.

Please note: Incomplete applications cannot be processed until all information and documentation required to complete the application has been received by Chugachmiut.

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

Donna Malchoff, Social Services Coordinator

Phone: (907) 562-4155

Phone: (800) 478-4155

Please scan and email applications to: 477Application@Chugachmiut.org

Before completing this application, please carefully read the application instructions on page 1

Date: _____

Applicant Information - Please print.

Applicant Information				
Last Name	First Name	M.I.	Maiden Name	
<input type="checkbox"/> I am a new applicant.		<input type="checkbox"/> I have applied to Chugachmiut for services previously.		Date last applied
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	If a male over 18, have you registered with the Selective Service? <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				
Family Status:				
<input type="checkbox"/> Single Individual		Number of dependents under 18 years _____		
<input type="checkbox"/> Parent in one-parent family		Total number in household _____		
<input type="checkbox"/> Parent in 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
Home or Message Phone	Work Phone	Cell Phone	Email Address	

Services You Are Requesting (Check ALL that apply to your immediate needs.)

<input type="checkbox"/> Education and Training	<input type="checkbox"/> Employment	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Child Care
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Family Income and Available Funds

Family Income and Available Funds – List ALL sources of income that you have received during the last 30 days and current available funds. *You must provide copies of pay stub(s) for the last 30 days as verification of income.*

Source of Income	Amount	Comments
Applicant's net salary (attach pay stub)	\$	
Spouse's net salary (attach pay stub)	\$	
Tips or gratuities	\$	
ATAP, TANF, ASAP	\$	
General Relief (GR)	\$	
General Assistance (GA)	\$	
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	\$	
Alaska Permanent Fund Dividend (PFD) for everyone	\$	
Cash-out of retirement or pension plan	\$	
Alaska Longevity Bonus	\$	
Veteran's benefits	\$	
Unemployment insurance benefits	\$	
Worker's Compensation	\$	
Food stamps	\$	
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	\$	

Total Household Income for the last 30 days

\$

I (We) certify that all information I (we) have provided on all sections of this application are 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 five years, or both.

Applicant Signature

Date

Applicant Signature

Date

Section C

2019 CHUGACHMIUT HIGHER EDUCATION SCHOLARSHIP APPLICATION

Application Deadline: June 10th for Fall Semester and December 10th for Spring Semester.

Chugachmiut's Education and Training Program awards higher education scholarships to eligible full and part time undergraduate and graduate students who are Chugach Alaska Corporation shareholders and their descendants (**excluding Valdez and Eyak**). These higher education scholarships provide supplemental funds for college or university education for students with demonstrated financial need.

Applicant Information				
Last Name		First Name		M.I.
Mailing Address		City	State	Zip
Social Security Number	Date of Birth	Regional Corporation and Tribal Affiliation		Student ID Number
Home Phone	Work Phone	Email Address	If you are a male 18 years of age or older and have you registered for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2019-2020 School Year Educational Plan - You must submit proof of application for admission or proof of acceptance into your college/university.				
Name of Degree Program			Degree <input type="checkbox"/> Associate <input type="checkbox"/> Bachelors <input type="checkbox"/> Graduate	
College or University You Plan to Attend				
Address			City	State
Academic Status for Fall Semester 2018 <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate			No. of credits planned	Student status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Date Semester Begins		Date Semester Ends		Expected year of graduation

Previous Education - Transcripts must be submitted for last school attended. Transcripts may be unofficial.	
Last school attended	Circle highest grade completed or Certificate or GED 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 Certificate of Achievement or GED
If you have attended college previously, for how many years?	Major/subject area
Did you receive a degree?	If yes, what degree and year graduated
Are you currently a student?	If yes, where, and what are you studying?

Estimated 2019-2020 School Year Expenses - Please attach sample budget provided by college or university.			
Tuition	\$	Off-campus rent (per month x 9 months)	\$
Student fees	\$	Off-campus meals/food (per month x 9 months)	\$
Books and required supplies	\$	Child care (per month x 9 months)	\$
On-campus housing (per semester x 2 semesters)	\$	Other (specify)	\$
On-campus meal plan (per semester x 2 semesters)	\$	Total School Year Expenses	\$

Chugachmiut 2019 Higher Education Scholarship Application

Personal Funds and Financial Aid	
Student loans	\$
Tuition waiver	\$
Tribal assistance	\$
Parent / Spouse contribution	\$
Student contribution	\$
Employment	\$
ATAP/TANF	\$
FAFSA and Pell Grant (must provide proof of application)	\$
Total Personal Funds and Financial Aid	\$

Estimated Financial Need (Total Personal Resources and Financial Aid –Total School Year Expenses)	\$
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Personal Statement - 500 words in length, typed, doubled spaced, signed, and dated

First-time Scholarship Applicants:
 On a separate piece of paper, please describe:

- your personal and educational history
- your accomplishments
- your educational and career goals
- how the degree program you are planning to attend fits in with your educational and career goals

Previous Scholarship Recipients:
 On a separate piece of paper, please describe the progress you've made toward meeting your educational and career goals. Explain any changes in education and/or career goals, and reasons for those changes.

Application Checklist

- I have completed and signed the application form
- I have submitted my letter of admission from the college I will be attending
- I have enclosed a sample expense budget from my college
- I have enclosed a copy of my Student Aid Report from FAFSA
- I have enclosed my personal statement
- I have enclosed a copy of my tribal enrollment or Certificate of Indian Blood
- 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

I do hereby attest that the information provided and included in this application is true, accurate, and complete.

 Name of Applicant (printed or typed) Applicant's Signature Date

Signature of parent/guardian if applicant is under 18 years of age.

 Name of Parent / Guardian (printed or typed) Parent / Guardian Signature Date

INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)

Client Name: _____ **Date of Plan:** ____/____/____

I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment through specific action steps, and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the General Assistance Program for a period of 60 days but not more than 90 days.

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

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12
 Certificate of Achievement GED College or Vocational Training

Date Graduated: ____/____/____ **Date received GED or Certificate of Achievement:** ____/____/____

Date last attended school: ____/____/____

What are your short-term goal(s) to get off General Assistance? (only applicable if applying for General Assistance)

What are your long-term goal(s) to get off General Assistance? (only applicable if applying for General Assistance)

STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY

Work Activities

- Employment: ____ Full-time ____ Part-time
- Job Search
- Volunteer Work Experience
- Job Sampling or Job Shadow
- On-the-Job-Training
- Job Readiness

Education/Training

- High School Diploma
- GED
- Certificate of Achievement
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling
- ESL (English as a 2nd language)

Other Activities

- Life Skills Instruction
- Parenting Skills
- Child Care Assistance
- Child Support
- Substance Abuse Assessment
- Substance Abuse Treatment
- other: _____

SELF-SUFFICIENCY ACTIVITY PLAN AND GOALS

START DATE	GOAL #1	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

START DATE	GOAL #2	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

START DATE	GOAL #3	WHO WILL DO IT?	DATE TO BE ACHIEVED
ACTION STEPS TO ACHIEVE GOAL			
1.			
2.			
3.			

Signature of Applicant: _____ **Date:** _____

Case Worker Signature: _____ **Date:** _____

Chugachmiut 477 Programs Client Rights and Responsibilities

The client has a right to:

- be treated with respect without regard to creed, national origin, religion, sex, sexual preference, or age.
- be treated without regard to disability unless activity involved creates a hardship.
- have all personal information treated in a confidential manner.
- review his or her file with appropriate staff present.
- be fully informed regarding any and all fees associated with service client receives from Chugachmiut.
- be given clear information regarding participation in all program activities, e.g., attendance and completion requirements.

The client has the responsibility to:

- be accurate and complete when providing information.
- carry out program rules and requirements related to the services he or she is applying for.
- actively participate in the creation of a personal employability development plan in order to receive Chugachmiut services.
- inform Chugachmiut staff of any changes in name, address, or other personal information.
- ask for clarification regarding any instructions, guidelines or services requirements that the client does not fully understand.

Denial 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.

Client Grievance and Appeals Process

This procedure has been established by Chugachmiut to assist clients in resolving any complaints or grievances arising from any real or perceived violations of clients' rights. No specific printed form is necessary to file a grievance; however, a grievance must be in writing. The document must clearly state the problem(s) by describing the actions taken or not taken by Chugachmiut staff and it must also outline possible solutions and/or resolutions.

An earnest effort will be made by Chugachmiut staff and administration to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for resolution of complaints or grievances regarding the service components of Chugachmiut.

Grievance Process:

Submit a complaint in writing to Chugachmiut. An informal meeting with either the Social Services Coordinator or the Behavioral Health Director will be scheduled to discuss the complaint and an informal decision regarding the complaint will be made.

Appeals Process

If you are unsatisfied with the informal decision, you may submit a written request, within twenty (20) days of the informal decision, for a formal review of your complaint by the Social Services Program staff member's supervisor. The supervisor will review the complaint and all supporting documentation and will make a formal decision as to the appropriate actions to be taken. The supervisor will then issue a written response within twenty (20) days of the formal decision. If you are not satisfied with the decision, you can appeal again as per Chugachmiut Social Services Program Policies and Procedures. The final decision is not subject to appeal under CFR 25, Part 2.

I have read and I fully understand my rights and responsibilities, and the grievance process available to me as a Chugachmiut program participant.

Applicant signature

Date

CHUGACHMIUT SOCIAL SERVICES PROGRAMS RELEASE OF INFORMATION

I, _____, hereby authorize the release of information requested by the Chugachmiut Social Services Program. The requested information shall be used solely in the administration of Social Services Programs to determine eligibility and to coordinate services. Released information will not be re-released to any other person or agency outside the Social Services Program or its agents. I hereby authorize Chugachmiut to obtain and exchange information related to my application to participate in their programs.

Please initial and mark the boxes for persons or organizations that may be contacted below.

- Alaska Employment Office
- Adult Temporary Assistance Program (ATAP)
- Alaska Court System
- Landlord or Hotel Manager/ Other Name: _____
- My village Tribal Council Name: _____
- Referring agencies: _____
- Current employer Name: _____
- Relative(s): _____
- Other: _____

This information is released for the purpose(s) of:

A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL

Applicant Signature

Signature of Witness if signed with an "X"

Printed Name of Applicant

Printed Name of Witness if signed with an "X"

Date of Applicant Signature

Date of Witness Signature

This release of information shall be in effect while I am an applicant or recipient of Chugachmiut Social Services Programs, or for one year, whichever is shorter, and I understand that I have the right to revoke this release of information at any time and for any reason by calling by phone or by contacting the Social Services Program in writing. (I also understand that revocation can affect my eligibility for services and my receipt of benefits as Social Services Program funding sources require verification of my disclosed information.)