



## **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](mailto: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 10<sup>th</sup> and December 10<sup>th</sup>.**
- 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](mailto:477Application@Chugachmiut.org)**

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

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

**Applicant Information** - Please print.

<b>Last Name</b>					<b>First Name</b>		<b>M.I.</b>	<b>Maiden Name</b>		
<input type="checkbox"/> I am a new applicant.		<input type="checkbox"/> I have applied to Chugachmiut for services previously.					<b>Date last applied</b>			
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Date of Birth</b>		<b>If a male over 18, have you registered with the Selective Service?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Social Security No.</b>		<b>Blood Quantum</b>		
<b>Marital Status:</b>										
<input type="checkbox"/> Single		<input type="checkbox"/> Single living with significant other			<input type="checkbox"/> Married		<input type="checkbox"/> Separated		<input type="checkbox"/> Divorced	
<b>Family Status:</b>										
<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										
<b>Education Status:</b>										
<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						
<b>Contact Information:</b>										
<b>Mailing address</b>								<b>Town/Zip</b>		
<b>Home or Message Phone</b>		<b>Work Phone</b>		<b>Cell Phone</b>		<b>Email Address</b>				

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

<input type="checkbox"/> <b>Education and Training</b>	<input type="checkbox"/> <b>Employment</b>	<input type="checkbox"/> <b>General Assistance</b>	<input type="checkbox"/> <b>Child Care</b>
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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)	\$	
<b>Total Income for Last 30 Days</b>	<b>\$</b>	

**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 B

### APPLICATION FOR VOCATIONAL TRAINING TUITION ASSISTANCE

Vocational training tuition assistance is offered to eligible Alaska Natives or American Indians with demonstrated financial need residing within the Chugach region (**excluding Valdez and Eyak**). Applicants must be unemployed or underemployed and in need of supplemental tuition assistance for vocational training in order to obtain long-term employment. *Please submit a copy of your Certificate of Indian Blood or Tribal Enrollment Card with this application.*

**Vocational Training Plan - Please submit a copy of the training program description and courses included from the school.**

Name of training program <i>(examples include: automotive technology, office occupations, computer technology, carpentry, craft/trades programs)</i>			
Name of School			
Mailing Address			
City	State	Zip Code	Telephone Number
Length of training program	Beginning date	Ending Date	Degree program <input type="checkbox"/> Certificate <input type="checkbox"/> 2-Year Associate's

**Previous Education – Attach copies of education or training certificates, if applicable.**

If you have not completed high school or obtained a GED, why did you leave school?	
If you attended college, for how many years?	Major/subject area
Did you receive a degree?	If yes, degree received <b>and</b> year graduated
Are you currently a student?	If yes, where, and what are you studying?

**Vocational Training School Budget – please attach sample budget provided by school.**

Tuition	\$	Off-campus rent	\$
Student fees	\$	Off-campus meals/food	\$
Books and required supplies	\$	Child care	\$
On-site housing	\$	Other (specify)	\$
On-site meal plan	\$	<b>Total School Budget</b>	<b>\$</b>

**Personal Funds Available and Financial Aid**

Personal Funds Available for School and Financial Aid You Have Received or Applied For	Amount Applied For or Funds Available
Student Loan	\$
Vocational Scholarship or Grant	\$
Tuition Waiver	\$
Tribal Assistance	\$
Parent/Spouse Contribution	\$
Student Contribution	\$
Employment	\$
ATAP, TANF, ASAP	\$
Other (specify)	\$
<b>Total Personal Funds Available and Financial Aid Applied For</b>	<b>\$</b>

**Personal Statement - On a separate piece of paper, please answer the following questions. Be specific in your answers.**

- 1) What are your immediate and long term career and employment goals, and what steps are you planning to take to meet those goals?
- 2) How will this training contribute toward those goals?

## 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 2<sup>nd</sup> 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

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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.)