

# Kenaitze Indian Tribe

P.O. Box 988

Kenai, AK 99611

907-335-0669 Fax: 907-335-0989

[education@kenaitze.org](mailto:education@kenaitze.org) [www.kenaitze.org](http://www.kenaitze.org)

## Workforce Investment Act (WIA) Youth Services Programs (YS)

The Workforce Investment Program provides meaningful work experience and career exploration to the participant. The youth services program serves youth between the ages of 14-21 year old; participants are expected to learn while they earn. We have planned Education Field Trips, and many other activities that will enhance your work and learning experiences.

To qualify for the Workforce Investment Program you must be Alaska Native/American Indian, with an established financial need. Please provide copies of the documentation listed below. IF copies of the documentation are not submitted with this application or the applications incomplete, **your application will be returned to you.**

### **APPLICATIONS DUE: April 30, 2010**

Parents need to submit for participant's eligibility:

- Tax Return 1040
- Pay Check Stubs
- AK Workforce Development Permit
- If applies: Unemployment Verification, Proof of Food Stamps, Public Assistance, General Assistance, SSI or Other.

Participant requirements:

- Application Form
- Proof of Alaska Native/American Indian Lineage
- ID Card, Driver License, Driver Permit
- Social Security Card
- Birth Certificate
- Child's Grades
- Paragraph of his or her interest

If you have any additional question please call me at 907-335-0669 or email at [education@kenaitze.org](mailto:education@kenaitze.org).

Thank you,

Sondra Shaginoff-Stuart  
Educational Services Coordinator

# Kenaitze Indian Tribe, I. R. A.

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## Youth Services Application

<b>GENERAL INFORMATION</b>				Record No.
Last name	First	MI	SSN	
Mailing address		City	State	Zip
Physical address		City	State	Zip
DOB	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone number	Message phone	
Race or Ethnic group: <input type="checkbox"/> Alaska Native/American Indian <input type="checkbox"/> Asian or Pacific Islander		Place of Residence <input type="checkbox"/> Kenai <input type="checkbox"/> Soldotna <input type="checkbox"/> None of the above, please list _____		
Is it hard for you to read, write or speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you under treatment for alcohol or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Family status: <input type="checkbox"/> Independent individual <input type="checkbox"/> Single parent <input type="checkbox"/> Parent in two parent family <input type="checkbox"/> Other Family member, but not a parent (includes married persons with no children)				
No. of family members living with you (including yourself): _____			No. of children under 18 living with you: _____	
<b>Permanent Contact Information:</b> Provide the following information below on an individual who does <b>NOT</b> live with you, but who knows how to contact you if you move. It is IMPORTANT that this person have a telephone.				
Last name	First	Relationship to self	Phone number	
Address		City	State	Zip

### SOCIAL SERVICES

Indicate whether you or a member of your family receives or are using any of these services:	
Alaska Permanent Dividend	<input type="checkbox"/> Yes <input type="checkbox"/> No
AFDC (Aid for families with dependant children)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your name on the grant for AFDC?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Refugee Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your name on the grant for refugee assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your name on the grant for general assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Supplemental Security Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your name on the grant for Supplemental Security Income?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Temporary Assistance To Needy Families (TANF)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aid to the Blind	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Old Age Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unemployment insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you receiving or have you been determined within the last 6 months to be eligible to receive food stamps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Child support	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DVR (Division of Vocational Rehabilitation)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
JOBS (Job Opportunities and Basic Skills)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other financial assistance received: _____		

## EDUCATION AND EMPLOYMENT

Check the highest grade completed:	
<input type="checkbox"/> No educational grades completed	<input type="checkbox"/> Freshman in college
<input type="checkbox"/> Grades between 1-10 completed in elementary/secondary grade	<input type="checkbox"/> Sophomore in college
<input type="checkbox"/> Completed 11 <sup>th</sup> grade or went thru the 12 <sup>th</sup> grade but did not receive a diploma	<input type="checkbox"/> Junior or Senior in college
<input type="checkbox"/> High school graduate or equivalent (GED)	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> 5 years of college
	<input type="checkbox"/> 6 or more years of college
Education status:	
<input type="checkbox"/> Student; attending high school or less	<input type="checkbox"/> Not attending high school; dropout
<input type="checkbox"/> Student, attending post high school	<input type="checkbox"/> Not attending high school; high school graduate
Have you received training under JTPA or WIA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving unemployment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you exhausted unemployment insurance claim? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Does not Apply	
Check if your current employment status:	
<input type="checkbox"/> Employed, full time	
<input type="checkbox"/> Employed, part time	
<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Not in Labor Force, not actively seeking work prior to applying for this program	

Do you need to work because of a change in your marital status due to death, divorce or separation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a current JOBS Program participant (within 6 months)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How many weeks out of the past 26 weeks have you worked?	What was the date you last worked?	Last hourly wage
Name of employer	Occupation	Hours per week

**FINANCIAL**

List the amount of any other income YOU or your family had during the past 6 months:

Applicant Wages	\$ _____
Net Self Employment Income	\$ _____
Net Rental Income	\$ _____
Pensions	\$ _____
Alimony	\$ _____
Retirement – Armed Forces	\$ _____
Retirement – Government/Other	\$ _____
Insurance Policy Annuities	\$ _____
Dividends & Interest	\$ _____
<b>TOTAL</b>	\$ _____

If YOU had no income in the last six months, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Family members are persons related to each other by blood, marriage, or decree of court who are living in the same home. (Such persons are: husband, wife, guardian and dependent children)

List all family members and their total income (include all sources of income welfare, social security, veterans benefits, Workman’s comp. or other) during the PAST SIX MONTHS (Enter a zero in the income column if the person had no earnings or income. DO NOT include any income listed in the boxed area.)

Name	Relationship to applicant	Total Income
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$
<b>TOTAL Applicant wages (listed in section above)</b>		\$
<b>***FOR AGENCY USE ONLY***</b>		<b>Less Exclusions</b>
		\$

Net Income	\$
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**\*\*\*\*\*MALES YOUTH ONLY OVER AGE 18\*\*\*\*\***

**SELECTIVE/MILITARY SERVICE**

<b>Self Certification</b>		
<p>Section 3 (a) of the Military Selective Services Act requires that male citizens of the United States who were born after December 31, 1959 and are between the ages of eighteen (18) and twenty six (26) MUST register for the Selective Service.</p> <p>Section 504 of the Employment and Training Programs require that all participants be in compliance with the Military Selective Services Act registration requirements.</p> <p>I realize that I cannot be service under the Employment and Training Programs unless I have registered with the Military Selective Service. I further understand that the Kenaitze Indian Tribe as an Employment and Training Grantee can verify my registration with the Selective Service System and if I am found not registered, I can be terminated from the program. I also understand that if I falsify information I can be prosecuted for fraud.</p>		
_____ Signature of Applicant		_____ Date
Are you exempt from Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Registered for the Selective Service? <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of registration		Registration number
Branch of Service	Type of Service	Type of discharge
Were you active in Desert Storm/ Desert Shield? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Enlistment date	Discharge date

**\*\*\*ALL YOUTH PLEASE SIGN THE FOLLOWING\*\*\***

**PRIVACY ACT (P.L. 579)  
NOTICE OF RECORDS SYSTEM**

The U.S. Congress has passed a law that requires every office maintaining records about people to inform each person from whom information is being obtained, about the nature and purpose of the record. This includes employment and vocational training records maintained by the Kenaitze Indian Tribe's Employment and Training Office since we have a contract with the U.S. Dept. of Labor and the Bureau of Indian Affairs.

The purpose of the forms and questions asked of you is to enable us to organize staff and provided comprehensive Employment and Vocational services to the people we serve. In some instances, you may choose not to answer questions if you so desire without risk of entitlements. However, by giving information requested of you, we will be able to carry our responsibilities to you more effectively, and render better services.

Information provided by you is held in confidence and is only used to determine your eligibility for services and plan better training on your behalf.

I certify that I understand the authority by which information is asked of me, and the purpose and use to which that information will be used, and that providing any information is voluntary on my part.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**CERTIFICATION**

I certify that the information provided is true and correct to the best of my knowledge. I understand that all information provided is subject to review and verification, and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible for enrollment and could be prosecuted for fraud and/or perjury. I authorize release of this information for verification purposes and understand that it will be used to determine my eligibility.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature (required if applicant is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Personnel

\_\_\_\_\_  
Date

**RECERTIFICATION**

Note: If more than 45 days have elapsed between the date of this application and the date of enrollment, a new application may be completed or this application may be updated, re-signed, and re-dated (not required for the SYETP program)

I/we certify that since the date of the initial application, the applicant has not obtained full-time employment, and none of the information has changed except where indicated.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature (required if applicant is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Personnel

\_\_\_\_\_  
Date

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## Information Release

The Kenaitze Indian Tribe Youth Services Program provides employment, as well as career training for participants. In order to provide this training and for statistical purposes we would like to have the following information provided by your teacher or school. This information is confidential as all information in your application.

### To the Teacher,

Please provide grade levels for the following subjects for \_\_\_\_\_  
Name of youth

English \_\_\_\_\_  
Math \_\_\_\_\_  
Reading \_\_\_\_\_

\_\_\_\_\_  
Teacher signature

\_\_\_\_\_  
Date

### To the Parent/Guardian:

I give my permission for the above information to be released to the Kenaitze Indian Tribe's Youth Services Program.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

