



Kenaitze Indian Tribe Education and Career Development

P.O. Box 988 Kenai, AK 99611
35105 K-B Drive Suite A, Soldotna, AK 99669
Phone: 907.335.7609 Fax: 907-202-8359
education@kenaitze.org, 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:

Parents need to submit for participant's eligibility:

- Tax Return 1040
- Pay Check Stubs
- 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
- Grades
- Paragraph of his or her interest

If you have any additional question please call me at 907-335-7609.

Thank you,

Education & Career Development



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Youth Services Application

GENERAL INFORMATION				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: _____	
Permanent Contact Information: Provide the following information below on an individual who does NOT 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 dependent 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 th grade or went thru the 12 th 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	

*******MALES YOUTH ONLY OVER AGE 18*******

SELECTIVE/MILITARY SERVICE

Self Certification	
<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

***** 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

KIT Education and Career Development Staff _____
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

KIT Education and Career Development Staff _____
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

