



APPLICATION PACKET FOR PROGRAM SERVICES

Effective December 2011

AVCP EET&CC programs are available to all eligible members of a federally recognized tribe who reside in the AVCP service area. *Those residing in Bethel or who are ONC tribal members need to contact the Orutsararmiut Native Council.*

DEADLINES:	<i>Higher Education</i>	June 30, November 30, April 30
	<i>Vocational Training</i>	Two months prior to start date
	<i>Classroom/Short-term Training</i>	Two weeks prior to start date
	<i>Employment Assistance</i>	Two weeks before 1st full paycheck
	<i>ABE/GED Program</i>	Open enrollment
	<i>Work Experience</i>	Open enrollment
	<i>On-the-job Training</i>	Open enrollment
	<i>Child Care Assistance</i>	Open enrollment*
	* There are separate applications for Child Care Assistance.	

Mail completed application to:
 AVCP EET&CC Department
 P.O. Box 219
 Bethel, AK 99559

COMPLETE applications must be received in the office by the deadline stated above.

Faxed copies will NOT be accepted.

Any questions about this application or our programs please call 1(800)478-3521 for EETCC staff:

Jennifer C. Hooper	Director	Ext. 7481
Carol Samuelson	In-take Specialist	Ext. 7486
Beverly Turner	Training Specialist	Ext. 7485
Steven Aluska	Higher Education Specialist	Ext. 7484
Jon Lewis	TERO/Employment Specialist	Ext. 7483
Pauline Palacios	Child Care Coordinator	Ext. 7457
Fredrika Chaney	Child Care Specialist	Ext. 7458

Reminder: EET&CC services are supplemental resources. All applicants are required to apply for financial assistance from other State, Federal and private resources. All EET&CC services are dependent upon available funds.

Please complete the entire application and attach ALL required documents listed below or requested by staff BEFORE submitting. **Only COMPLETE packets will be considered!**

For all programs:

- AVCP Region resident for most recent 6 months (except higher education)
- Completed application
- Copy of Tribal ID card or tribal verification form
- Budget Forecast – fill out top portion, sign and date; *we will submit to your School FAO*
- Military Selective Service Number – all men must provide proof of filing
- Written Statement – Part 4, page 8
- Employability Development Plan (EDP) – pages 13-14

Additional information and requirements by program:

Higher Education: For members of AVCP Compact Tribes only. Funding is available to students who demonstrate an *UNMET* financial need. Higher education grants must be applied for annually. A separate application is used for renewals. *Applicants please include the following:*

- Acceptance letter from the college or university you plan to attend
- Class Schedule or Registration/Enrollment Form
- High School transcripts with graduation date (or GED scores) or College Transcripts
- Student Aid Report (SAR) – FAFSA reply

Adult Vocational Training: For any tribal member residing in the AVCP Region. Funding is available to students who demonstrate an *UNMET* financial need. Non-compact tribal members must contact their tribe first for funding. *Applicants please include the following:*

- Acceptance letter from educational facility you plan to attend
- Most recent Income Tax Form 1040
- Passing TABE Test Required (score of 9 for Reading and 9 for Math Comp/Applied combined)

Classroom/Short-term Training: Same requirements as Adult Vocational Training. Assistance is available if training is a requirement for employment or will provide advancement for client. *Applicants please include the following:*

- Acceptance letter from educational facility you plan to attend
- Most recent Income Tax Form 1040
- Passing TABE Test Required (score of 9 for Reading and 9 for Math Comp/Applied combined)

Employment Assistance: For any tribal member residing in the AVCP Region. This program provides ONE-TIME assistance to those who were unemployed or underemployed and have since found full-time, PERMANENT employment. Assistance provided will be on a case-by-case basis and can include first month's rent, work-required clothing, a one-time grocery/transportation stipend, etc. You must meet income requirements and demonstrate a financial need. All payments will be made directly to the vendor and no reimbursements will be considered. *Applicants please include the following:*

- Employment Verification Form, page 15
- Most recent Income Tax Form 1040
- Landlord Verification Form (if seeking rental assistance), page 16

Work Experience/On-The-Job Training: For any tribal member residing in the AVCP Region. A Memorandum of Agreement (MOA) is required between the agency requesting the program and AVCP. Placement at an appropriate work site is determined once the applicant completes screening. An AVCP hiring packet will be required for approved Work Experience participants.

Child Care Assistance: For any tribal member residing in AVCP Child Care Villages. There are separate applications for both parents and providers requesting this program.

AVCP

ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
P.O. BOX 219 • BETHEL, ALASKA 99559 • PHONE 543-3521

THIRTY-SECOND ANNUAL CONVENTION
EMMONAK, ALASKA OCTOBER 8-10, 1996

RESOLUTION 96-10-13

AN ADDENDUM TO RESOLUTION #91-28 ESTABLISHING A POLICY OF SOBER AND RESPONSIBLE REPRESENTATION FOR AREA VILLAGES

WHEREAS: The Association of Village Council Presidents, Inc. (AVCP, Inc.) is the regional non-profit organization representing its 56 member indigenous Native villages within western Alaska and supports the endeavors of its member villages; and

WHEREAS: AVCP, Inc. recognizes the critical effect that alcohol abuse is having on our survival as native people; and

WHEREAS: AVCP, Inc. at its Twenty-Seventh Annual Convention made a declaration of war against alcohol and drugs by adopting Resolution #91-28; and

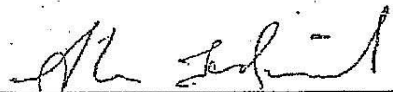
WHEREAS: AVCP, Inc. supports the efforts of YKHC in their "Take Pride in Sobriety" campaign; and

WHEREAS: The time has come for us to demand strong, sober leadership to provide positive role models for our children and constituents;

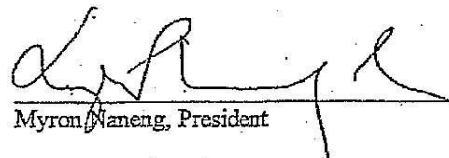
NOW THEREFORE BE IT RESOLVED THAT the delegates of the 32nd Annual Convention have determined to address the issue of reprimanding staff, delegates, Board Members and any other individuals sponsored by AVCP, Inc. funds to attend regional, state and federal meetings, or educational institutions and who do not fulfill their responsibilities due to the abuse of Alcohol. The following sanctions may be imposed for just cause, which may include but not limited to the following:

1. Full reimbursement of travel and per-diem costs to AVCP, Inc.
2. A letter to be sent to appropriate entities advising them of the circumstances and actions.
3. In the case of a Board Member or staff member abusing alcohol when representing AVCP, Inc. the first violation will result in removal or termination unless the individual enters a substance abuse treatment program, a written reprimand and reimbursement proof of travel expenses. The second violation will result in removal or termination.
4. In the case of individuals who are not employed by AVCP, Inc., but are funded by AVCP, Inc. to attend meetings or conferences, a second violation will result in the individuals being "black listed" from representing AVCP, Inc. until they can exhibit responsible and accountable behavior. **For clients, a first violation will result in not funding assistance until proof of substance abuse treatment and one year of sobriety is shown.**

ADOPTED by the Association of Village Council Presidents, Inc. meeting in its Thirty-Second Annual Convention in Emmonak, Alaska on October 10, 1996, with a duly constituted quorum of delegates.



Glenn Fredericks, Chairman of the Board



Myron Naneng, President

ADDITIONAL SCHOLARSHIP INFORMATION FOR YUKON-KUSKOKWIM DELTA ORGANIZATIONS

Please contact the appropriate agencies for your area; more current information may be available.

REMINDER: Apply for scholarships between January and Mid-April every year. Some are semester based.

Organization	Deadline(s)	Eligibility
AVEC, Inc. 1-800-478-1818 or (907) 561-1818 Fax: 1-800-478-2389 Georgia Shaw gshaw@avec.org	April 15th Voc Training: 2-3 Months prior to start date. Application available at: www.avec.org	Member of AVEC or residing in household whose head-of-household is a member
Calista Scholarship Fund 1-800-277-5516 Fax: (907) 279-8430 Carmen Williams-Bydalek cbydalek@calistacorp.com	June 30 th Application available at: www.calistacorp.org	Enrolled member or a Descendant of a shareholder
Coastal Villages Region Fund 1-888-795-5151 or (907) 278-5151 Fax: (907) 278-5150 Lloyd Black lloyd_b@coastalvillages.org	May 31 st – Fall Oct. 31 st – Spring Application available at: www.coastalvillages.org	CVRF Community Members
State of Alaska Department of Labor & Workforce Development 1-888-282-3526 or (907) 543-1601	At least two months prior to start-date	Depends on Program
United Utilities, Inc. 1-800-478-2020 ext. 5214 Fax: (907) 563-3185 Tam Cleary tamp@uui-alaska.com	April 9th Application available at: www.unicom-alaska.com	Communities served by United Utilities, Inc.
Yukon-Delta Fisheries Development Association Scholarship Fund 1-877-985-6625 or (907) 949-1202 Doug Redfox dredfox@ydfda.org	Feb. 14 th – UA Foundation Vocational Training: 2 months prior to start date	YDFDA Community Members
YK Health Corporation PA Health Care Professional Scholarship 1-800-478-3321 ext. 6981 or (907) 543-6981 Fax: (907) 543-6061 Laurinda O'Brien laurinda_obrien@ykhc.org	No Deadline Application available at: www.ykhc.org	Tribal Members and Descendants
Education Housing Assistance Grants See or call your Local Tribal Office	Limited Funds available first come first served	Enrolled Member to a Tribal Village
Free Application for Federal Student Aid (FAFSA) www.fafsa.ed.gov	Check with your school's Financial Aid Office	
www.scholarships101.com	Possible scholarships after a profile on website	
www.aigcs.org	For Graduate College students	

PART 2. FAMILY/HOUSEHOLD INFORMATION

List all members living in your household; include yourself:

Name	Birth date	Age	Relationship
			Self

Emergency Contact Information

List person(s) who can be contacted in case of an emergency:

Name	Address	Relationship	Phone Number

Household Income Information

List the income of all members of your household; include yourself:

Name	Source of Income	The last 6 months	The last 12 months

Other Sources of Income

Fill in amounts that apply:

TANF	\$ _____	Public Assistance	\$ _____
ATAP	\$ _____	General Assistance	\$ _____
SSI	\$ _____	Other	\$ _____
Child Support	\$ _____	Other	\$ _____
Unemployment	\$ _____	Other	\$ _____
Permanent Fund	\$ _____	Other	\$ _____

PART 3. EDUCATION/TRAINING HISTORY**Previous Education/Training Information**

Highest Grade Completed: _____ High School Diploma or Certificate of Attendance

High School Graduate School: _____ Date: _____
Or

G.E.D. Facility: _____ Date: _____

Has AVCP funded any of your previous training or education? Yes No If yes, when, how much and, to which school? _____

List any previous training and/or college attendance and any certification earned; including funded by AVCP.

Name of School	Attendance Dates (From-To)	Certificate/License/Degree Earned

Current Education/Training Information

Name of College or Training Facility (and address) I plan to attend: _____

Admission Status: Applied Accepted

Start Date: _____ Expected Graduation Date: _____

If attending College: Attending On Campus Attending Distance Delivery

Major: _____ Minor: _____

Expected College Degree or Training Certificate:

- | | | |
|--|---|---|
| <input type="checkbox"/> Associate of Arts | <input type="checkbox"/> Associate of Applied Science | <input type="checkbox"/> Bachelor of Arts |
| <input type="checkbox"/> Bachelor of Science | <input type="checkbox"/> Master's or Doctorate | <input type="checkbox"/> Certificate in _____ |

<i>Current College Class Standing:</i>	<i>Enrollment Status:</i>
<input type="checkbox"/> Freshmen <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior	<input type="checkbox"/> Full-time (12 or more credits)
<input type="checkbox"/> Senior <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	<input type="checkbox"/> Part-time (6 or more credits)

Prior college attendance achievements: *(You need to submit your most recent transcripts)*

If attending Vocational Training:

Program you are applying for: _____

Indicate any skills you currently have:

- | | | |
|---|--|---|
| <input type="checkbox"/> Computer – list any software you know: _____ | <input type="checkbox"/> CDL | <input type="checkbox"/> Heavy Equipment Operator |
| <input type="checkbox"/> Operate multi-line phone | <input type="checkbox"/> CPR First Aid | <input type="checkbox"/> Laborer |
| <input type="checkbox"/> 10 Key Calculator | <input type="checkbox"/> Electrician | <input type="checkbox"/> Mechanic |
| <input type="checkbox"/> Operate copy machine | <input type="checkbox"/> HAZ-MAT Certificate | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | | |

Indicate any barriers or needs for Education, Employment and/or Training you have:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Reading Skills below 7 th grade level | <input type="checkbox"/> Lack work history | <input type="checkbox"/> TANF Recipient | <input type="checkbox"/> Family Problems |
| <input type="checkbox"/> Math Skills below 7 th grade level | <input type="checkbox"/> Employed with low income | <input type="checkbox"/> G.A. Recipient | <input type="checkbox"/> In Treatment |
| <input type="checkbox"/> HS Dropout | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> No GED | <input type="checkbox"/> Disability | <input type="checkbox"/> Lack Housing | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Learning Materials | <input type="checkbox"/> Single Parent | <input type="checkbox"/> Need Clothing | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Limited English | <input type="checkbox"/> Child Care | <input type="checkbox"/> No Transportation | <input type="checkbox"/> Funding |
| | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Other: _____ | |
| | | <input type="checkbox"/> Other: _____ | |

List any additional information not listed in the barrier and skills list that may help us to determine more of your needs: _____

Other Funding Sources You Have Applied To:

Did you apply for the FAFSA? Yes No In the process
If yes, provide a copy of your Student Aid Report (SAR) with this application.
If no, it is a program requirement to apply. Find the FAFSA application on-line at www.fafsa.ed.gov.

Did you apply for other sources? Yes No In the process

List other funding sources you've applied to and the amount awarded if known:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If you have not applied for other funding yet, STOP and look at page 4 for other scholarships available. You MUST apply for any sources listed there and elsewhere before submitting your application to us.

NOTE: AVCP determines funding amounts for those eligible participants based on a demonstrated unmet financial need. Therefore, it is important that you explore all other possible financial aid before applying to AVCP.

PART 4. WRITTEN STATEMENT - *Required for all Applicants*

Your written statement should address your educational (training or college) plans that will lead to your eventual full-time permanent employment. Explain what your short-term and long-term goals are, any barriers that may be holding you back and current needs to obtain your educational and career goal. You need to be specific, and include all information that you feel would help us to better assist you. Some of the types of questions that you should address in your statement are:

- What college, university or training program do you plan to attend?
- Why does this particular place interest you? How did you hear about it?
- What type of a degree or certificate are you hoping to attain?
- What job would you eventually like to be permanently employed in? Where?
- Why does this profession interest you? How did you learn about it?
- What barriers are preventing you from eventually obtaining your goal for a degree or certificate, followed by permanent full-time employment?

(Write out clearly or type a full-page essay)

PART 5. EMPLOYMENT HISTORY

Start With Your Current or Most Recent Job

Name Of Employer: _____ Job Title: _____ Name Of Supervisor: _____ Address: _____ Description Of Job Duties: _____ Hourly Wage: _____ Start Date: _____ End Date: _____ Reason For Leaving: _____
Name Of Employer: _____ Job Title: _____ Name Of Supervisor: _____ Address: _____ Description Of Job Duties: _____ Hourly Wage: _____ Start Date: _____ End Date: _____ Reason For Leaving: _____
Name Of Employer: _____ Job Title: _____ Name Of Supervisor: _____ Address: _____ Description Of Job Duties: _____ Hourly Wage: _____ Start Date: _____ End Date: _____ Reason For Leaving: _____
Name Of Employer: _____ Job Title: _____ Name Of Supervisor: _____ Address: _____ Description Of Job Duties: _____ Hourly Wage: _____ Start Date: _____ End Date: _____ Reason For Leaving: _____

CERTIFICATION STATEMENT

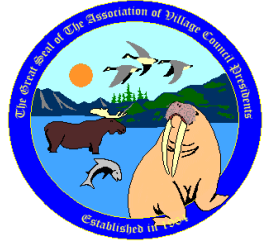
I certify that the information provided herewith is true and correct to the best of my knowledge. I understand that I am subject to immediate termination if I am found ineligible after enrollment.

I further understand that if I deliberately falsify any information on this application, I may be prosecuted for fraud and/or perjury.

Applicant Signature Date

Parent/Guardian Signature if less than 18 years of age Date

*Association of Village Council Presidents
Education, Employment, Training & Child Care Department
1(907) 543-7486*



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize any person, agency or institution to release any and all information requested by the Association of Village Council Presidents Education, Employment, Training & Child Care (EET&CC) Department contained in City Councils, Village Councils, State, Federal, Private and Educational Agencies' records, concerning me and to allow inspection and reproduction of records in their possession pertaining to me by any duly authorized representative of EET&CC. The EET&CC Department is also authorized to share information needed for financial consideration with other funding agencies and organizations on my behalf (e.g. State DOL/WIA, joint application with AVCP).

Listed below is information I do not wish to be shared with or by the EET&CC Department:

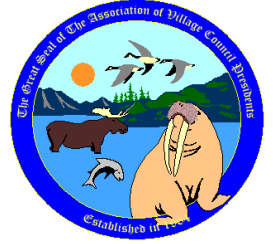
This authorization shall continue to be in effect for six (6) years from date signed. I acknowledge that if I wish to change any item under this authorization, including the date of expiration, or to revoke my consent, I am required to sign and submit a new ROI form.

Signature Date

Mailing Address (City/State/Zip Code)

Contact Phone Number

*Association of Village Council Presidents
Education, Employment, Training & Child Care Department
1(907) 543-7486*



***AUTHORIZATION FOR USE OF EDUCATION & TRAINING
INFORMATION AND/OR PHOTOGRAPH***

Upon successful completion, I (printed name) _____, do permit and authorize the AVCP Education, Employment, Training and Child Care (EETCC) Department to use my name, institution, certification or degree, and village of residency to further encourage youth of the AVCP region to eventually attend college or vocational training.

I understand this information may be copied and distributed by means of various media, including video presentations and mail-outs. I understand that, although AVCP EETCC will endeavor to use such information in accordance with standards of good judgment, it cannot warranty or guarantee that any further dissemination of my photograph or information will be subject to EETCC control. Accordingly, I release the AVCP EETCC Department from any and all liability related to dissemination of such information or photograph/ likeness. I have read this document and understand its contents.

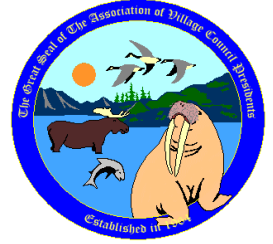
Signature

Date

Mailing Address (City/State/Zip Code)

Contact Phone Number

*Association of Village Council Presidents
Education, Employment, Training & Child Care Department
1(907) 543-7486*



CLIENT REIMBURSEMENT FORM

I understand and agree to abide by the following conditions:

1. Travel

The EETCC staff makes all travel arrangements for clients. Requests to staff for reasonable changes may be made. Additional charges, if any, will be the responsibility of the traveler.

2. Living Expenses / Room and Board

Living Expenses are paid for accommodations and meals only while attending an educational and/or training institution and may be pro-rated. If any sessions are missed, living expenses from the duration of time misses may be deducted from future payments. The EETCC Department is not responsible for any additional expenses incurred during attendance at an educational and/or training institution. Emergency assistance is evaluated by case-by-case basis by the EETCC staff.

3. Miscellaneous

Funding assistance for items requested through the Employment Assistance program, such as tools, required health tests, etc. will be determined on a case-by-case basis. Funding for equipment needed for training programs such as tools or computers will be determined on a case-by-case basis.

4. Behavior

No alcohol is allowed in any housing accommodations paid for by the EETCC Department.

If a client appears intoxicated at any educational and/or training institution the client will be asked to leave. If a client misses a significant amount of sessions due to intoxication the client will be dismissed from the program. All staff involved including AVCP and the education and/or training institution will determine what constitutes a “significant” amount.

4. Termination

If a student is terminated from the program for any reason they may be responsible for all expenses incurred during their training including: travel, tuition, room and board, miscellaneous equipment and living expenses.

If a student terminates on their own they may also be responsible for all expenses they incurred during their training.

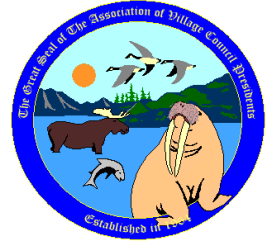
These are the basic rules that apply to all clients that have or will receive financial assistance from the AVCP EETCC Department, namely for transportation, tuition, fees, room and board, miscellaneous equipment and living expenses.

Client Signature

Date

AVCP EETCC Staff Signature

Date



EMPLOYABILITY DEVELOPMENT PLAN (EDP)

This form is required by all applicants.

The services you may receive from AVCP will be based upon your responses to the questions listed below. Please answer these questions completely and to the best of your ability.

1. What type of education or training are you interested in; what kind of skills do you want to obtain?

2. Have you contacted or applied to any school for this education or training? Yes No
If yes, have you been accepted? Yes No

Name of School and Address: _____

3. Do you have family that you want to bring with you while you attend school? Yes No
If yes, will you need child care? Yes No

4. Why are you interested in this type of training or education? _____

5. What job are you considering after completing your education or training? _____

6. Can you make a living doing this kind of work in your community? Yes No
In the AVCP Region? Yes No If so, where? _____

7. Will the income you earn with this type of job be enough to support your family? Yes No
If no, what are your plans for that? _____

8. If there would be no job available in your community will you be willing to relocate to another place that might have jobs available – another village, Bethel, Anchorage? Yes No

9. Are you willing to relocate to another community in order to work in the field you will be trained in? Yes No If yes, where? _____

10. Are there any places you will not relocate to? _____

11. Do you have plans to begin work immediately with a specific company after completing your education? Yes No If yes, please provide their name and address below:

12. When are they interested in hiring you? _____

(If you have a letter of intent from this employer please attach a copy it to this application.)

13. Are there any barriers that would keep you from being employed, once you receive your education?

Yes No If yes, what are they? _____

14. Are there any other types of work you are interested in? Yes No If yes, what type?

Additional Comments: _____

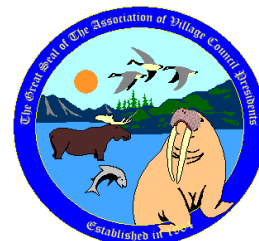
Student Signature

Date

AVCP Staff Signature

Date

Association of Village Council Presidents
Education, Employment, Training & Child Care Department
P.O. Box 219, Bethel, AK 99559
Ph: 1(907)543-7486 Fax: 1(907)543-4261
Toll Free: 1(800)478-3521 In-state only



BUDGET FORECAST AUTHORIZATION FORM

Name: _____ SSN: _____/_____/_____ Stud. ID#: _____

Mailing Address: _____

City, State, Zip: _____

College/University: _____ Rank: Freshman Sophomore Junior Senior Graduate

I authorize/consent the release of any information needed by the AVCP EET & CC Department to determine my eligibility for assistance.

Signature of Student _____ Date _____

Note: This authorization/consent shall remain in effect during the student's consecutive and continued attendance at the College/University listed above to obtain current unmet needs and any other awards when requested by AVCP EET&CC Staff until student graduates.

For Financial Aid Office Use Only *FAO may use own budget forecast form if available; otherwise please use this form.

School Budget: Financial Aid Staff Name: _____

TUITION \$ _____ Financial Aid Staff Signature: _____

FEES \$ _____

BOOKS \$ _____ Phone #: (_____) _____ Fax #: (_____) _____

SUPPLIES \$ _____

ROOM \$ _____ AVCP Scholarship should be mailed to: _____

BOARD \$ _____

TRANSPORTATION \$ _____

Personal/MISC. \$ _____

TOTAL BUDGET \$ _____

Student is currently: _____

- Full-time Part-time
 On Campus Off Campus Distance Delivery Vocational Training

STUDENT RESOURCES AND INSTITUTION AWARDS:

Type of Aid:	Fall 20____	Winter 20____	Spring 20____	Summer 20____	Total Resources
AVCP EET&CC					
Calista Corporation					
College/University Loan					
Coastal Villages Region Fund (CVRF)-LBM					
Yukon Delta Fisheries Development Assn. (YDFDA)					
Federal Family Education Loan/Direct Loan					
Federal Pell Grant					
Federal Supplemental Education Opportunity Grant					
Federal Work Study					
Parent/Student Contribution					
Student/Spouse Contribution					
UA Scholar					
United Utilities Inc. (UII)					
YKHC					
SOA/Workforce Development:					
Other:					
				Total Funding Amount	
				Unmet Needs	

THIS SECTION IS FOR OFFICE AND STAFF USE ONLY:

Program applicant applied for:

- Vocational Training Short-Term/Classroom Training Higher Education
 Employment Assistance On-The-Job Training/Work Experience Child Care Assistance

Action Taken: Approved Denied

Comments: _____

If denied, reason for ineligibility: _____

Was the appeals process provided to the client? Yes No

Did the client choose to initiate the appeals process? Yes No

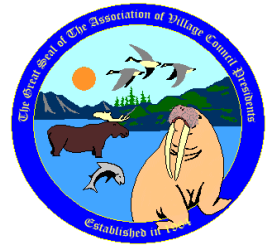
Staff Signature: _____

Title: _____

Date: _____

Director's Signature: _____ Date: _____

Comments: _____



Appeals Process

Once an eligibility determination has been made by Education, Employment, Training and Child Care (EETCC) staff, if the applicant does not agree and is not satisfied with the decision, they reserve the right to request an appeal. There are several steps that will be followed if an appeal is initiated.

1. EETCC staff will review with the applicant the basis for the decision made. Validity of facts related to the decision will be completed and, if any error is found to have been made or new information justifies modifying the initial decision, appropriate adjustments will be made.
2. If the applicant is still not satisfied after the initial review, he or she has the right to further the appeal within ten (10) days of receipt of the denial notice. The applicant must submit a written request to the Director of the EETCC Department, requesting a hearing and explaining their reasoning.
3. If a hearing is requested the appropriate EETCC staff will submit a written statement regarding the particular matter at hand, specifically stating the facts and policies that were used to base their decision, to the Director of the EETCC Department. A copy of this statement will be available to the applicant upon request, prior to any scheduled hearing.
4. The applicant has the right to be represented by someone of his or her choice, including an attorney at his or her own expense.
5. The applicant may appear in person at the designated date, time and place of the hearing. He or she is responsible for any and all arrangements and to pay for any expenses that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place and can involve the applicant calling in over the phone.
6. If a hearing is held and the applicant does not participate either in person or via telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and the available written information.
7. The applicant will be informed of the appeals decision within five (5) business days after the hearing.
8. If the applicant is not satisfied with the outcome of the hearing, he or she may resubmit their appeal for an Administrative Review, within five (5) business days after receiving the decision outcome from the hearing.
9. The Administrative Review Team will examine all actions taken and will provide a decision within five (5) business days of their meeting. **All determinations made by the Administrative Review Team are final.**

**** Please Detach and Keep for Your Records ****