



APPLICATION PACKET FOR PROGRAM SERVICES

Revised March 2014

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 1 and December 1 (note the new dates!)
	<i>Training Programs</i>	Two months prior to start date
	* <i>Technical, Occupational and Apprenticeship Training</i>	
	<i>Employment Assistance</i>	Two weeks before 1st full paycheck received
	<i>Work Experience</i>	Open enrollment
	<i>On-the-job Training</i>	Open enrollment
	<i>Child Care Assistance</i>	Open enrollment*
	* <i>There are separate applications for Child Care Assistance</i>	

Mail ORIGINAL, completed application to:

AVCP EET&CC Department
 P.O. Box 219
 Bethel, AK 99559

COMPLETE applications must be **POSTMARKED**
 by the deadline stated above.

Faxed or scanned copies will NOT be accepted.

Feel free to call us with any questions about this application or our programs, toll free at 1(800)478-3521 (in-state), or (907)543-7482; ask for the appropriate EET&CC program staff:

Jennifer C. Hooper	Director	Ext. 7481
Cherilyn Jacob	Intake Specialist	Ext. 7482
VACANT	EET-477 Case Manager	Ext. 7483
Steven Aluska	EET-477 Case Manager	Ext. 7484
Beverly Turner	EET-477 Case Manager	Ext. 7485
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 in a timely manner. **Only COMPLETE packets will be considered!**

Requirements/Documents Needed:

- AVCP Region resident at least 30 days (except Higher Education)
- Complete 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 **(CONTACT STAFF TO COMPLETE)**
- Income Verification Documents – see page 6 (except Higher Education)

Additional information and requirements by program:

Higher Education: For members of AVCP Compact Tribes only. Funding is available to undergraduate 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 (required)

The following are Income-eligible programs and applicant must meet the income guidelines.

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 first apply with their tribe.

Technical Training is considered longer-term, traditional skills-based programs. **Occupational Training** is geared for those who need training as a requirement for their employment or to provide advancement in their current job. **Apprenticeship Training** is considered supportive services for someone participating in a documented apprenticeship program. *Applicants please include the following:*

- Acceptance letter from educational facility you plan to attend
- High School transcript with graduation date (or GED scores)
- Passing TABE Test Required (score of 9 for Reading and 9 for Math Comp/Applied combined – for Technical Training only (Flight school students must pass with scores of 10 for both Reading and Math combined) – not required for all Occupational/Apprenticeship programs (case-by-case)
- Employment Verification Form, page 16 (for occupational and apprenticeship applicants)

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 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, grocery/transportation stipends, tools, airfare, etc. All payments will be made directly to the vendor and no reimbursements will be considered. *Applicants must include the following:*

- Employment Verification Form, page 16
- Landlord Verification Form (if seeking rental assistance), page 17

Work Experience/On-The-Job Training: For any tribal member, 18 years of age or older, residing in the AVCP Region. A Memorandum of Agreement (MOA) is required with 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.

IMPORTANT! Please remember to sign wherever a signature is required!

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

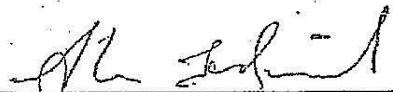
WHEREAS: AVCP, Inc. supports the efforts of YKHC in their "Take Pride in Sobriety" campaign; and

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

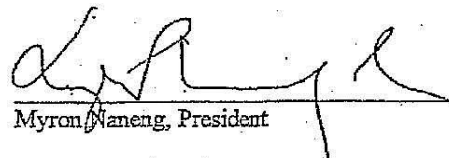
NOW THEREFORE BE IT RESOLVED THAT the delegates of the 32nd Annual Convention have determined to address the issue of reprimanding staff, delegates, Board Members and any other individuals sponsored by AVCP, Inc. funds to attend regional, state and federal meetings, or educational institutions and who 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 1(907)561-1818 Fax: 1(800)478-2389 Attn: Member Services Manager	April 15, August 15 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 an active member
Calista Scholarship Fund 1(800)277-5516 or 1(907)279-5516 Fax: 1(907)279-8430 Calista Heritage Foundation Scholarships@calistacorp.com	June 30, January 15 Application available at: www.calistacorp.org	Enrolled member or a descendant of a shareholder
Coastal Villages Region Fund (CVRF) Louis Bunyan Memorial Scholarship 1(888)795-5151 or 1(907) 278-5151 Fax: (907) 278-5150 scholarships@coastalvillages.org	May 31 st – Fall Oct. 31 st – Spring Application available at: www.coastalvillages.org	Resident of a CVRF member community for 5+ years
State of Alaska Department of Labor & Workforce Development 1(866)683-2941	No deadline	Program Dependent
United Utilities, Inc. 1(800)478-2020 ext. 5214 Fax: 1(907)563-3185	April 16 th (may vary) Application available at: www.unicom-alaska.com	Communities served by United Utilities, Inc.
Yukon Delta Fisheries Development Assn. (YDFDA) 1(877)985-6625 or 1(907) 949-1202	Feb. 14 th – UA Foundation www.uaonline.alaska.edu April 15, July 15, Dec. 15 Vocational Training: 2 months prior to start date www.ydfda.org	Resident of Kotlik, Emmonak, Alakanuk, Nunam Iqua, Mountain Village or Grayling for 5+ years
YK Health Corporation – PA Health Care Professional Scholarship 1(800)478-3321 ext. 6981 or 1(907)543-6981 Fax: 1(907)543-6061	No Deadline Application available at: www.ykhc.org	Tribal members and descendants; Employees with one year completed service and in good standing
Education Housing Assistance Grants (EHAG) See or call your Local Tribal Office	Limited Funds available first come first served	Member of a tribe who designates AVCPRHA as their TDHE
Free Application for Federal Student Aid (FAFSA) www.fafsa.ed.gov	Check with your school’s Financial Aid Office	
www.fastweb.com	Possible scholarships after a profile on website	
www.aigcs.org	For Graduate College students	

PART 2. FAMILY/HOUSEHOLD INFORMATION

List all Family Members living in your household; include yourself. We will use the information you provide to determine which members will be used for calculating your total “Family Income.”

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

Family Income Information: In order to determine income eligibility, we need to know your full family income for the last six (6) months, from the date you submit your application (except if you are applying for Higher Education). Please record the appropriate information below and provide documentation. The most common types of income are:

- *Gross wages/salaries
- *Regular insurance payments
- *Regular pension/retirement
- *Worker’s Compensation Benefits
- *Net self-employment income
- *Dividends, interest, net rental income
- *Alimony/spousal support
- *Educational assistance (not needs-based)
- *Commercial fishing income
- *Gambling/lottery winnings
- *Disability insurance payments
- *Training Stipends

Family includes husband/wife and/or parent/guardian, and any dependent children. If you are an independent economic unit (single and file your own federal income taxes) but live with your family, you are considered a **Family of One (Individual)** and only need to provide your income information.

List the income of ALL members of your family; include yourself:

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

Do you receive any form of public assistance? Yes No If yes, which one?
 TANF DPA Food Stamps Other (please explain) _____

Are you considered homeless (per the Stewart B. McKinney Homeless Assistance Act)? Yes No

Are you a foster child on behalf of whom State or local government payments are made? Yes No

PART 3. EDUCATION/TRAINING HISTORY

Previous Education/Training Information

Did you graduate from high school? Yes No

If yes, name of high school: _____ Month/Year: _____

If no, did you complete the GED? Yes No

If yes, name of facility: _____ Month/Year: _____

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:

- Associate of Arts Bachelor of Arts Bachelor of Science Master's or Doctorate
 Associate of Applied Science Certificate in _____

Current College Class Standing:	Enrollment Status:
<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)

If attending Vocational Training:

Program you are applying for: _____

Is the training program a requirement of your new/current employment or will it provide an opportunity for advancement in your current employment? Yes No If yes, please explain: _____

Indicate any skills you currently have:

- Computer – list any software you know: _____
 Operate multi-line phone CDL Heavy Equipment Operator
 10 Key Calculator CPR First Aid Valid Driver's License
 Operate copy machine Electrician Laborer
 Carpentry HAZ-MAT Certificate Mechanic
 Plumbing 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"/> Math skills below 7 th grade level | <input type="checkbox"/> Employed with low income | <input type="checkbox"/> High School Dropout |
| <input type="checkbox"/> Learning Materials | <input type="checkbox"/> Limited English | <input type="checkbox"/> In Treatment | <input type="checkbox"/> No GED |
| <input type="checkbox"/> Lack work history | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Lack Housing | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Need Clothing | <input type="checkbox"/> Homeless | <input type="checkbox"/> Sex Offender |
| <input type="checkbox"/> Single Parent | <input type="checkbox"/> Child Care | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Family Problems |
| <input type="checkbox"/> No Transportation | <input type="checkbox"/> No Driver's License | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Funding |

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: THIS IS REQUIRED

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.

List any and all additional funding sources you've applied to **AND** the amount awarded if known:

1. _____ \$ _____
2. _____ \$ _____
3. _____ \$ _____
4. _____ \$ _____
5. _____ \$ _____

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 required that you explore all other possible financial aid resources before applying to AVCP.

PART 4. WRITTEN STATEMENT

The main purpose of our programs is to assist eligible individuals find full-time and permanent employment. Whether it is through attending a formal education program or requesting assistance in finding employment, our goal is to help you become self-sufficient.

Please write a short essay about how your request for funding assistance will lead to your eventual full-time, permanent employment. You need to be specific and include any and all information that you feel would help us to better assist you.

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) 543-7482



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



***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 (EET&CC) 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 EET&CC 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 EET&CC control. Accordingly, I release the AVCP EET&CC 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



CLIENT REIMBURSEMENT FORM

I understand and agree to abide by the following conditions:

1. Travel

The EET&CC 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 EET&CC Department is not responsible for any additional expenses incurred during attendance at an educational and/or training institution. Emergency assistance may be available and is evaluated by case-by-case basis by the EET&CC 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 EET&CC 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. Refer to AVCP Resolution 96-10-13.

5. 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 EET&CC Department, namely for transportation, tuition, fees, room and board, miscellaneous equipment and living expenses.

Client Signature

Date

AVCP EET&CC Staff Signature

Date



EMPLOYABILITY DEVELOPMENT PLAN (EDP)

This form is required by all applicants and must be completed with an EE&TCC Case Manager.

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 are your employment interests? _____

2. Have you tried working in this area or field before? Yes No If yes, what did you think about it? _____

3. Do you feel that you need additional training or education? Yes No

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

5. 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: _____

6. Have you considered other schools that offer the same type of program? Yes No If yes, which ones? _____

7. What type of job are you considering after completing your education or training? _____

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

9. 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? _____

10. 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
If yes, where? _____

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

12. 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: _____

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

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

14. Please refer to the Barrier Check-list on page 8: Are there any barriers that would keep you from being employed, once you receive your education? Yes No If yes, what are they? _____

15. Barrier removal Plan: _____

16. Case manager recommendations: _____

17. How do you want your case manager to be involved throughout your plan? _____

GOALS:

Short-term Employment Goals: _____

Long-term Employment Goals:

By signing below, I verify that I have chosen the above education or employment goal along with the services that will provide me the tools necessary to accomplish my goal. I agree to let the Case Manager know when I move, change my phone number, get married, get a job, or need to make adjustments to this plan. I also agree to apply for work during or immediately following the completion of this plan.

Applicant Signature

Date

AVCP Case Manager Signature

Date

Case manager notes: _____

**Association of Village Council Presidents
Education, Employment, Training & Child Care Department**

P.O. Box 219, Bethel, AK 99559
Ph: 1(907)543-7482 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 \$ _____
FEES \$ _____
BOOKS \$ _____
SUPPLIES \$ _____
ROOM \$ _____
BOARD \$ _____
TRANSPORTATION \$ _____
Personal/MISC. \$ _____
TOTAL BUDGET \$ _____

Staff Signature: _____ Date: _____

Phone #: (_____) _____ Fax #: (_____) _____

AVCP Scholarship should be mailed to: _____

Student is currently:

- Full-time Part-time
 On Campus Off Campus Distance Delivery Attending Technical Training Program

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)					
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:					
Tribal Education Housing Grant					
Other:					
Total Funding Amount					
Unmet Needs					

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



EMPLOYER VERIFICATION

(For Occupational or Apprenticeship Training & Employment Assistance Only)

Applicant Name _____ Social Security Number _____ Date _____

I hereby authorize the following organization to release information concerning my employment status.

Signature of Applicant _____ Date _____

To Be Filled Out By Employer: The above named individual has applied for services through the AVCP Education, Employment, Training & Child Care Department. Please provide the following information for verification:

Is this employee applying for Occupational Training services? Yes No If yes, is the training program a requirement of their job or will it provide an opportunity for advancement? If yes, please explain: _____

Employer Organization Name: _____

Employer Address: _____

Phone Number: _____ Fax Number: _____

Applicant's Job Title: _____ Date of Hire: _____

Start Date: _____ Disbursement date of first check: _____
 Full check Partial check

Hourly Salary: _____ Hours worked per week: _____

Please indicate applicant's employment status:

- Temporary – Full-time through (date) _____ Permanent – Part-time
- Temporary – Part-time through (date) _____ Permanent – Full-time
- Seasonal through (date) _____ Other _____

Please describe the applicant's work schedule: _____

Please list any items (i.e. tools, clothing) the applicant will need for this position: _____

If applicant is transferring or moving to a new community, are there moving or transportation expenses that will be paid by the company? Yes No If yes, what is being paid for? _____

Print Name and Signature of Supervisor or Employer Representative _____ Date _____



EET&CC Department 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.
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 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.**
10. If the applicant is not satisfied with the final decision they have the option of contacting the lead federal agency, the Department of the Interior, Bureau of Indian Affairs, Office of Indian Energy and Economic Development, Division of Workforce Development at 1951 Constitution Ave., NW MS-20-SIB, Washington, DC 20245.

I have read and understand the above policies regarding the AVCP EET&CC Department Appeals process.

Signature

Date