



"Yee gu.aa yax x'wan."

**An Indian Reorganization Act Village
Under Act of Congress June 15th, 1935**

32 Chilkat Ave. Klukwan, Alaska 99827
HC60 Box 2207 Haines, Alaska 99827
Phone: 907-767-5505
Fax: 907-767-5408
klukwan@chilkat-nsn.gov

Application for 477 Services

What kind of assistance are you requesting?

(CHECK ALL THAT APPLY)

- Child Care
- Job Placement and Training
- General Assistance
- Adult Higher Education

Name of Client: _____ Date of application: _____

Phone # _____

Address: _____

*****FOR OFFICE USE ONLY*****

Date Application Received: _____ Application Received By: _____

DECISION OF APPLICATION:

Approved Denied

Date: ____ / ____ / ____

(Review Dates: ____ / ____ / ____
1-Month Review

____ / ____ / ____
3-Month Review

____ / ____ / ____)
6-month Review

COMMENTS/NOTES: _____

477 Caseworker Signature: _____ Date: ____ / ____ / ____

Application Instructions:

1. Fill out the 477 application.
2. Complete the additional application for the service(s) you are requesting.
3. Fill in **all** blanks in the application. If a blank does not apply to you, please write "NA".
4. The following documents must be submitted 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 child (Child Care Assistance only)
 - Copy of Driver's License or other State or Federal identification.
 - Copy of Social Security card or Social Security number.
5. Make sure you sign and date your application.

Eligibility Requirements for Chilkat Indian Village services:

In order to be eligible, you must:

- Be an enrolled member of a federally recognized tribe and living within our service area. (Higher Education Scholarships do not have a residency requirement but you must be Chilkat Indian Village enrolled member).
- Submit a copy of your BIA Certificate of Indian Blood (CIB) or Chilkat Indian Village Tribal enrollment card verifying Indian Blood Quantum.
- All males 18 to 25 must provide proof of enrollment with Selective Service.
- Meet all eligibility requirements for the program(s) to which you are applying.
- Must be unemployed or underemployed and economically disadvantaged. (Higher Education Scholarships do not have a economical requirement.)
- Demonstrate ability to obtain employment based upon training request. (Higher Education Scholarships and Child Care does not apply.)

Please note:

Incomplete applications cannot be processed until all information and documentation required to complete the application has been received by Chilkat Indian Village.

Who do I contact if I have any questions, need more information, and/or need assistance in completing my application?

For employment services, scholarships, general assistance and child care assistance:

Please call the 477 Case Manager: (907) 767-5505

APPLICANT INFORMATION/PERSONEL DATA

Name (First, Middle, Last)

Sex Male/Female

Date of Birth

Home Address (Physical Location)	City	State/Zip code
Mailing Address	City	State/Zip code
Home Phone	Cell Phone	Message Phone
Emergency Contact/ Relationship	Phone number of emergency contact	Personal Email Address
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Single living with significant other <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Family Status <input type="checkbox"/> Parent in one-parent family <input type="checkbox"/> Parent in two-parent family <input type="checkbox"/> Number of dependents under 18 in household _____ <input type="checkbox"/> Total Number in household _____	Have you applied for Chilkat Indian Village Services before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____
Are you enrolled with the Chilkat Indian Village Yes / No	Tribal Enrollment Number	Social Security Number
Do you have a misdemeanor or a felony record? Y / N If yes please explain:		
If you are a male between the ages of 18 to 25, have you signed up for selective services? Y / N NA		
Have you received ATAP or TANF in the last month: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much: \$_____		
Have you been determined ineligible for ATAP/TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:_____		
Are you eligible to reapply for ATAP/TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No Date able to reapply:___/___/___		
Sign Here X	Date	

CHILKAT INDIAN VILLAGE



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CERTIFICATION AND AGREEMENT

I (we) certify to the best of my knowledge that the information and documentation contained in this application is accurate and true. I (we) also understand that additional information may be requested to verify what has been submitted.

I (we) understand that my application is subject to verification, and that falsification of information shall be grounds for immediate termination from the program and will subject me to Federal prosecution under 18 U.S.C. § 1001, which carries a fine of not more than \$10,000 or federal imprisonment for not more than years, or both. I (we) also understand that if I (we) receive services as a result of falsified information, I (we) will have to repay the Tribe for those services.

I (we) understand and will comply with Goals and Activities outlined in the family Self-Sufficiency Plan developed with my (our) Program Case Worker.

I (we) understand that there is an Appeal Procedure by which I (we) can challenge a decision with regard to this application. I (we) certify that I (we) have received a copy of this Appeal Procedure, have read it, understand it and will abide by it.

Applicant Signature

Date

Applicant Signature

Date

Printed name of applicant

Print name of applicant

Parent/Guardian Signature

Date

Appeal Rights

All applicants of the program have the right to make a written request to appeal all decisions and actions being made on their 477 self sufficiency program services. Each time a client makes a written request for reconsideration in filing an appeal, the request must contain the following:

1. The reason for the dispute and why the client disagrees with the decision, action or findings of the staff that made the decision/action.
2. The issue involved in the dispute.

All written request must be made within twenty (20) working days from the date the letter of notification was written. The request for a formal appeal must be submitted to Tribal Administrator, Chilkat Indian Village, HC 60 2207, Haines, AK, 99827 or it can be hand delivered to the Tribal Administrator. If you do not request within the twenty (20) days, the decision will become final and not subject to appeal under 25 CFR Part 20. If you are dissatisfied with the Tribal Administrator's written decision after the formal hearing then you may submit your request for another formal appeal hearing within twenty (20) days of the tribal formal hearing's written decision. This request should be directed to the Bureau of Indian Affairs, Regional Office of Human Services, P.O. Box 25520, Juneau, Alaska, 99802. You may have representation, at your own expense for either of the formal hearings.

Chilkat Indian Village HIGHER EDUCATION SCHOLARSHIP

For your application to be processed, please include the following:

- Student ID number given to you by your registrar/admissions office.
- Transcripts
- Copy of **Acceptance letter** from the school you plan to attend (*or you already have a letter on file **IF** you are a continuing student*)
- Course fee statement

High School _____ Grad/Date _____ GED/Date _____

Address _____

Application Request _____ to _____
Month/Year Month/Year

() Academic Year () Spring only () Fall Only () Summer () Fall-time () Part-time

College _____

Address _____

College Major _____ Expected Graduation Date _____

Expected Degree () AA () BA () BS () MA () Other _____

I will live () On campus () Off campus () With parents () With relatives

Have you ever received a BIA Grant before? () No () Yes Year: _____ Number of Hours earned _____

Statement of education purpose: I declare that I will use any funds I receive under the Chilkat Indian Village, Tribal Services Higher Education Grant program solely for expenses connected with attendance at:

Name of Institution _____

PRIVACY ACT AND PAPERWORK EDUCATION ACT STATEMENT: This information is provided pursuant to Public 93-579 (Privacy Act of 1974), December 31, 1974. Although furnishing personal information to this office is voluntary, failure to supply complete and accurate information may preclude applicants from eligibility for assistance under this program.

This information is being collected to determine eligibility of individuals applying for services. This information will be used to produce statistical records required by the office of Indian Education Programs. Response to this request is required to obtain a benefit.

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any Higher Education Grant awarded to me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcripts to the Chilkat Indian Village Tribal Services Office at the end of each academic term.

Signature of Student _____ Date _____

Education Budget Worksheet

Resources:

Estimated Student Contribution	\$ _____
Est. Parent/Spouse Contribution	\$ _____
College Work Study	\$ _____
Govt. Aid	\$ _____
College Scholarship	\$ _____
Pell Grant	\$ _____
SEOG	\$ _____
Perkins Loan	\$ _____
State Loan	\$ _____
State Grant	\$ _____
Veteran's Benefits	\$ _____
Social Security	\$ _____
Tuition Exemption	\$ _____
Corporation Grant : _____	\$ _____
ANB/ANS : _____	\$ _____
T&H : _____	\$ _____
Other \$: _____	\$ _____
\$ _____	

College Budget:

Tuition	\$ _____
Fee/Non Residential	\$ _____
Books & Supplies	\$ _____
Room Per 9 Months	\$ _____
Board Per 9 Months	\$ _____
Transportation	\$ _____
Child Care	\$ _____
Personal Expenses	\$ _____
Specify : _____	\$ _____
Total:	\$ _____

Amount needed after College Budget taken from Resources total

Total: \$ _____



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AUTHORIZATION FOR RELEASE OF STUDENT INFORMATION

I, _____
Name of Student

Social Security Number

Authorize _____
College, University, Institute or Agency Contact Person

To release the following confidential Information to:

Chilkat Indian Village, Tribal Human and Education Services, ATTENTION: Scholarships, HC-60 box 2207, Haines, Alaska 99827

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | Transcripts |
| <input type="checkbox"/> | Progress Report |
| <input type="checkbox"/> | Certificate of Completion |
| <input type="checkbox"/> | Termination/Suspension Notification |

Signed: _____
Signature of Student

Date: _____