

Youth Services – Preschool Voucher Application



Youth Services
PO Box 1090
Nome, AK 99762
Phone: (907) 443-2246
Fax: (907) 443-9140
www.necalaska.org



Youth Services **Preschool Voucher Application** **COVERSHEET**

Nome Eskimo Community offers two levels of Preschool Vouchers for NEC Members:

- **Child Care Development Fund (CCDF) – Voucher (70-90% payment of registration fees)**

How to register your child for Preschool

- Parent(s)/Guardian(s) must complete the Nome Preschool Application to become enrolled
- Parent(s)/Guardian(s) will receive an award notification from NEC regarding the amount of your child(s) voucher
- Parent(s)/Guardian(s) pay the co-pay part of the monthly Preschool fee to Nome Preschool Association after notification from NEC
- NEC will notify Nome Preschool of the voucher amount awarded

If you have questions/concerns regarding Nome Preschool please contact:

**Nome Preschool Association
PO Box 353
Nome, AK 99762
907-443-2943**

If you have questions/concerns regarding the NEC Preschool Voucher please contact:

**Sherri Anderson, Youth Services Specialist
Nome Eskimo Community
PO Box 1090
Nome, AK 99762
907-443-2246**

sherri.anderson@necalaska.org

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YOUTH SERVICES
Preschool Voucher Application
(Check Only One – CCDF or General)

Child Care Development Fund (CCDF) - Preschool Voucher (70-90% payment of registration fees)

Eligibility Criteria:

The applicant must be able to check all areas to be eligible for the voucher for Low-Income families:

- Child is tribally enrolled at Nome Eskimo Community (NEC), or in the process of enrolling as a member and is NOT enrolled in another Bering Straits Region tribe. An AI/AN child under 13 who is enrolled in a federally recognized tribe outside of the Bering Straits region and whose parent (s) have resided in Nome for more than one (1) year prior to requesting services.
- Child is 12 years old or younger at the time of registration
- Parent(s) must be working or enrolled in an educational program (20+ hrs./week)
- Family income is at or below monthly income limits (See below)
- Submit last two (2) pay stubs (if applicable) and other income related receipts (child support, etc.)**

HOW INCOME LIMITS USED TO DETERMINE ELIGIBILITY

- ALL Applicants will receive an automatic deduction for fuel, energy, and basic living expenses, at 25% of total income
 - AND -
- After the deduction has been made, NEC will determine eligibility using 85% of the remainder of the applicants Gross Monthly Income (See income chart)
 - AND -
- **Parents will pay a 10-30% co-pay of the total cost of the Preschool registration fees based on a sliding fees scale.**

| Family Size | 85% of GMI Monthly |
|-------------|--------------------|
| 1 | \$3,326 |
| 2 | \$4,349 |
| 3 | \$5,372 |
| 4 | \$6,397 |
| 5 | \$7,420 |
| 6 | \$8,443 |
| 7 | \$8,636 |
| 8 | \$8,827 |

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Date of Application: _____

Child's Name: _____ Birth Date: ____ / ____ / ____ Age: _____

Who does child live with primarily? Mother Father Both Grandparent(s)/other

| | | | | | |
|---------------------|--|---------------------|--|-----------------------|--|
| Mother Name: | | Father Name: | | Guardian Name: | |
| Tribe: | | Tribe: | | Tribe: | |
| PO Box: | | PO Box: | | PO Box: | |
| Home Phone: | | Home Phone: | | Home Phone: | |
| Work Phone: | | Work Phone: | | Work Phone: | |
| Cell Phone: | | Cell Phone: | | Cell Phone: | |
| Email Address: | | Email Address: | | Email Address: | |
| Employer: | | Employer: | | Employer: | |

Household Information

List all people currently living permanently in the home:

| Full Legal Name | Relationship | Birth Date | Monthly Income | Work/School Schedule |
|-----------------|--------------|------------|----------------|----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

All information is confidential. By signing below you understand that NEC staff will notify you of the amount you are responsible for and all information is true and accurate. Please provide income verification requested on the next two pages and attach copies of your 2 most recent pay stubs.

Signature of Parent/Guardian

Date

Nome Eskimo Community Staff Signature

Date

Youth Services – Preschool Voucher Application

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Youth Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the NEC Youth Services Program to provide services according to my application or case plan. I understand that copies of this authorization will be valid for one year after the signature date.

Printed Name

Social Security Number

Signature

Date



STOP



PORTION TO BE FILLED OUT BY EMPLOYER
 EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Youth Services Program. Please provide the following information for verification:

Employer Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 Applicant's Job Title: _____

Please Complete and Return to:
NOME ESKIMO COMMUNITY
Youth Services Program
P.O. Box 1090
Nome, AK 99762
Phone: (907) 443-2246 Fax: (907) 443-9140

Date of Hire: _____ Date of first check: _____ Amount of first check: _____
 Hourly Salary: _____ Hours Per Week: _____ Pay Schedule: _____
 Annual Gross Income: _____ Annual Net Income: _____
 Monthly Gross Income: _____ Monthly Net Income: _____

Please indicate applicant's employment status:

- Temporary – Full-time since (date) _____
 Temporary – Part-time since (date) _____
 Seasonal since (date) _____
 Regular – Full-time
 Regular – Part-time

Please describe the applicant's work schedule: _____

Has the employee been terminated? Yes No If yes, give reason. _____

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$ _____ Date of Final Pay: _____

Signature of Supervisor or Employer

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

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Printed Name

Social Security Number

Signature

Date



STOP



PORTION TO BE FILLED OUT BY EMPLOYER
EMPLOYMENT & INCOME VERIFICATION

The above named individual has applied for services through the Nome Eskimo Community Youth Services Program. Please provide the following information for verification:

Employer Name:
Address:
City: State: Zip:
Phone: Fax:
Applicant's Job Title:

Please Complete and Return to:
NOME ESKIMO COMMUNITY
Youth Services Program
P.O. Box 1090
Nome, AK 99762
Phone: (907) 443-2246 Fax: (907) 443-9140

Date of Hire: Date of first check: Amount of first check:
Hourly Salary: Hours Per Week: Pay Schedule:
Annual Gross Income: Annual Net Income:
Monthly Gross Income: Monthly Net Income:

Please indicate applicant's employment status:

- Temporary - Full-time since (date)
Temporary - Part-time since (date)
Seasonal through (date)
Regular - Full-time
Regular - Part-time

Please describe the applicant's work schedule:

Has the employee been terminated? Yes No If yes, give reason.

Has the employee received their final paycheck? Yes No

Total NET income received from their final paycheck: \$ Date of Final Pay:

Signature of Supervisor or Employer

Date

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RECORD OF INCOME & RESOURCES

All information for the completed NEC Preschool Voucher Application is based on the previous thirty (30) days. It is your responsibility to notify the Youth Services office of any changes to your submitted application. Any questions should be directed to the Youth Services staff.

List each household member's information for earned or unearned income received the previous thirty (30) days.

| Source of Income | Gross Amount (before taxes) | Net Amount (after taxes) | Payment Schedule |
|-----------------------------------|--------------------------------|-----------------------------|------------------|
| APA – Adult Public Assistance | | | |
| ATAP or TANF | | | |
| Child Support | | | |
| Disability Insurance | | | |
| Food Stamps | | | |
| Pension or Retirement | | | |
| Salary, Wages, Earned Income | | | |
| Social Security | | | |
| Unemployment Insurance Benefits | | | |
| Allowable Deductions | | | |
| Federal, State, Local, FICA Taxes | | | |
| Health Insurance | | | |
| Reasonable Transportation Costs | | | |
| Child Care paid in order to work | | | |
| Child Support Payments | | | |
| Other: | | | |
| Other: | | | |
| TOTAL MONTHLY INCOME | | | |

**Return this application to Nome Eskimo Community, 200 West 5th Avenue.
Contact Youth Services Department for more information.**