



Nome Eskimo Community
Box 1090
Nome, Alaska 99762
Phone (907)443-2246
Fax (907)443-3539



Youth Services

Preschool Voucher Application

COVERSHEET

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

- **Child Care Development Fund (CCDF) – Voucher (70, 80 or 90% payment of registration fees)**

How to register your child for Nome 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:

**Nome Eskimo Community
PO Box 1090
Nome, AK 99762
907-443-2246
info@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, 80 or 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 must be tribally enrolled at Nome Eskimo Community (NEC), or in the process of enrolling as a member and may NOT be 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)
- Resident of Nome, AK a minimum of one year prior to the application date and lives within the immediate service area of Nome or 20 mile area surrounding Nome, AK
- Parents must submit the employment & income verification form filled out by their employer.**
- To be eligible for income related deductions Parents are required to submit receipts for the expenses (child support, reasonable transportation etc.).**

HOW INCOME LIMITS ARE USED TO DETERMINE ELIGIBILITY

➤ NEC will determine net income after mandatory deductions using 85% of the applicants Gross Median 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



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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: _____

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

Please Complete and Return to:
NOME ESKIMO COMMUNITY
Youth Services Program
P.O. Box 1090
Nome, AK 99762
Phone: (907) 443-2246 Fax: (907) 443-3539



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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

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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.**