

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



## Nome Eskimo Community 2019 Pre-School Voucher Application

### Eligibility Criteria:

The applicant must be able to check all areas to be eligible for the voucher:

- Child must be tribally enrolled at Nome Eskimo Community (NEC) and a resident of Nome for the last (1) year or eligible to be enrolled and not currently enrolled in another federally recognized tribe.
- Parent(s) must be working, attending a job education program, or enrolled in an educational program (20+ hrs./week)
- Family income is at or below monthly income limits (See below)
- Applicants must submit proof of income such as two (2) month's pay stubs (if applicable) or other income related documentation such as child support, general assistance, retirement, etc.

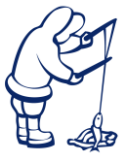
### HOW INCOME LIMITS ARE USED TO DETERMINE ELIGIBILITY

- Parents are required pay a portion of the cost which is called a copay.
- NEC is required to collect household income information to calculate the required copay.
- NEC will waive the copay requirement if the family is below the federal poverty level or the child(ren) is receiving protective services.
- Please note NEC will accept applications throughout the school year. However, applications received within 5 days of the end of the month will not become effective until the following month.

Family Size	85% of GMI Monthly	Fed Pov Level Monthly
1	\$3,326	\$1,237
2	\$4,349	\$1,668
3	\$5,372	\$2,100
4	\$6,397	\$2,532
5	\$7,420	\$2,963
6	\$8,443	\$3,395
7	\$8,636	\$3,827
8	\$8,827	\$4,260

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Complete applications can be submitted to Silas Wade, Youth Services Specialist  
 at 907-443-3539 fax or [silas.wade@necalaska.org](mailto:silas.wade@necalaska.org)



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Child's Name: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ Gender \_\_\_\_\_

Is the child enrolled at Nome Eskimo Community: Yes/No

If no, is the child Alaska Native/Native American not currently enrolled in another federally recognized tribe: Yes/no

Who does child live with primarily? Mother Father Both Guardian/other

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ Gender \_\_\_\_\_

Is the child enrolled at Nome Eskimo Community: Yes/No

If no, is the child Alaska Native/Native American not currently enrolled in another federally recognized tribe: Yes/no

Who does child live with primarily? Mother Father Both Guardian/other

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_ Gender \_\_\_\_\_

Is the child enrolled at Nome Eskimo Community: Yes/No

If no, is the child Alaska Native/Native American not currently enrolled in another federally recognized tribe: Yes/no

Who does child live with primarily? Mother Father Both Guardian/other

Mother's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_

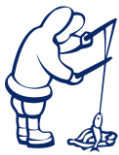
Guardian Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

Employer: \_\_\_\_\_



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**List all people currently living permanently in the home:**

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

\_\_\_\_\_  
 Parent or guardian signature

\_\_\_\_\_  
 Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

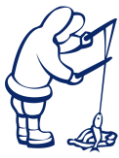
I hereby authorize the **Nome Eskimo Community (NEC) Youth Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the Tribal 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



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**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) 443-3539**

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: \_\_\_\_\_

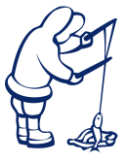
Has the employee been terminated?  Yes  No If yes, give reason \_\_\_\_\_

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

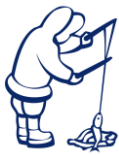
All information for the completed NEC Youth Services Program scholarship is based on the previous thirty (30) days. It is your responsibility to notify the tribal services staff if there is any changes to your income and rent.

List each household member's information for earned or unearned income received the previous thirty (30) days. Please bring in copies of all documents needed.

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

Parent/Guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



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 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Applicant's Job Title: \_\_\_\_\_

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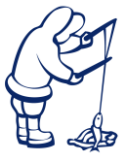
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<b>TOTAL MONTHLY INCOME</b>			

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Date: \_\_\_\_\_