



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



2018 Pre-School Voucher Application

Child Care Development Fund (CCDF) - (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) and a resident for one for the last (1) year. An AI/AN 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.
- 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 the last two (2) month's pay stubs (if applicable) and other income related receipts (child support (include Child support member number) etc.)**

HOW INCOME LIMITS ARE USED TO DETERMINE ELIGIBILITY

All Applicants will receive an automatic deduction for fuel, energy, and basic living expenses, at 25% of total income.

After the deduction has been made, NEC will determine eligibility using 85% of the remainder of the applicants Gross Monthly Income (See income chart).

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

- AND -

➤ Parents will pay a portion of the cost of Summercise

Please return back to Nome Eskimo Community by Friday, August 30th, 2018

Fax to, 907-443-9144 or scan/email to dawn.warnke@necalaska.org or tara.richards@necalaska.org



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Child's Name: _____ Birth Date: ___ / ___ / ___ Age: _____ Gender _____

What Tribal is the Child enrolled with: _____

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: _____

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



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AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Tribal 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



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
Tribal Services Program
P.O. Box 1090
Nome, AK 99762
Phone: (907) 443-2246
Fax: (907) 443-9144

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 Tribal 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			
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			

Parent/Guardian signature: _____

Date: _____