



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



2020-2021 Pre-School Voucher Application

Eligibility Criteria:

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

- Child must be tribally enrolled at Nome Eskimo Community (NEC) and not enrolled in another federally recognized tribe.
- A current resident of Nome or resident within 25 miles of the City Limits.
- Children must reside with a parent(s)/guardian(s) who is/are:
 - a. Working 20 hours or more per week,
 - b. Attending an educational job training program and studying for at least 20 hours/week facilitated by an accredited institution aimed at increasing a worker's employability such as college courses, driver's education, vocational education, certification programs, etc.
 - c. Actively seeking employment and provide at least 12 work searches per month due at least 1 week prior to the end of the month in order to continue participating. Applicants must request an extension if the information will be late. Assistance will be available for up to 6 months unless an extension is approved due lack of jobs the applicant is qualified for or other similar reasons.
 - d. Subsistence hunting/gathering for at least 20 hours or more per week and provide reasonable documentation such as fuel receipts, mileage log, time/date stamped photos to support their activities. Transportation to and from the hunting/gathering site can qualify towards the weekly hourly require.

Eligibility will continue for a period of twelve (12) months as long as the family does not experience a non-temporary change in work, education or training that effects their eligibility.

Families in need of child care services during a state disaster declaration or public health emergency may be eligible on a case by case basis and may be given priority. This includes parents who are deemed first responders or essential personnel during the disaster declaration or public health emergency.

NEC will also extend priority to children with special needs and families impacted by a state disaster declaration or public health emergency such as COVID-19. A child will be considered to have "special needs" if instructed by a physician and/or recognized professional within the medical and/or mental health field with a minimum of a Master's Degree and licensed by the state; or is on staff with a recognized mental rehabilitative/child development facility. Should funds become insufficient to meet the needs of the program, the amount of assistance to families who do not have special needs children will be reduced so that families with special needs can also be served.

Please note:

NEC will accept application through the school year. However, applications received within 5 working days of the end of the month will not be effective until the following month.

Any question, call 907-443-2246. Completed applications can be sent to fax 907-443-9144 or information@necalaska.org



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

What Tribe 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	Weekly 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 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

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

 Signature of Supervisor or Employer

 Date



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