

## Yukon-Koyukuk School District

### Home Away Program

Application Instructions and Payment Rates Effective July 1, 2021 through June 30, 2022

1) Eligibility:

- A. Students in grades 8 through 12 who transfer within or into YKSD on or before the application due **October 1, 2021**. Must complete registration on the district website at [www.yksd.com](http://www.yksd.com) and submit a registration packet.
- B. Students in grades 1-7 at schools designated by the district as being at risk of closing, and boarding with relative placement. Stipend will be \$600 per month which does not include the \$100 student stipend.
- C. Applicants who qualify for the State Boarding Home will fall under those rates.
- D. Students must maintain 90% attendance and 2.0 GPA.

2) Housing placement: Parents are responsible for arranging appropriate placement for their child.

- A. Students ages 15 and under must be in relative placement. Living with biological or adoptive parents does not qualify. If students ages 15 and under will be staying with a non-relative please see item 3 (Licensing of Boarding Homes) below.
- B. The provider receiving a student is responsible for communicating with the parent and teachers regarding child and providing (but not limited to) the following:
  - 1.) Safe comfortable housing, hygiene, healthy meals and out-of-school supervision, etc.
  - 2.) Daily access to a school, ensure school/home work is submitted and maintain attendance.
  - 3.) Enforcing by the village/school rules and laws.
- C. It is the parent's responsibility to assist the provider in obtaining Power of Attorney for any additional student medical or personal needs.
- D. If the host parent is no longer available to house the student for whatever reason, the student will need to return home to parent unless an alternate home placement can be found by the parent. It will be the responsibility of the parent to ensure the paperwork is completed for the new home within one week of the move.
- E. If a student or parent wishes to switch homes for whatever reason it is the responsibility of the parent to ensure the paperwork is completed for the new home within one week of move. Failure to do so will result in delayed payment of the stipend.

3) Licensing of Boarding Homes: State law requires that homes providing care for unrelated children less than 16 years of age must be licensed by the Department of Health and Social Services (DHSS). The school district receiving and placing students is responsible for assuring that any student under age 16 is placed in a licensed home. (7 AAC 50.005 – 7AAC 50.640).

- 4) Payment Rates: The reimbursement is intended to assist the host family with the monthly utility costs such as heat, water, electric, food associated with housing student. The stipend will be mailed to the name and address provided on page 7 of the application on the 1<sup>st</sup> Monday of the month after services are provided.
  - A. Payment rate is \$600 per month. The days a student arrives/departs the host home are reimbursable. The daily rate is 1/30<sup>th</sup> of the monthly rate.
  - B. Rate for each additional student in the program will be \$300 per month, not \$600.
  - C. An additional student stipend of \$100 per month, per student(s) in grades 8-12 will be included in the monthly reimbursement stipend; the \$100 it is to be given to the student(s). The host parent is responsible to give the \$100 to the student(s) they are housing.
  
- 5) Removal of Stipend: If for any reason a student chooses to leave the host home, or is sent home as a result of breaking rules, the parent/guardian is responsible for paying the airfare for the trip home and the stipend will end on the day the student exits the host home.
  - A. Students must maintain 90% attendance and a 2.0 GPA. If a student falls below either of these requirements during the semester, then the stipend could be removed. Student will have 30 days to restore their grades or attendance to acceptable levels. Failure to do so will result in removal of the stipend.
  
- 6) Health Care: Routine health care costs are a parental responsibility. Parent must complete any forms required of clinic medical doctor to have guardian accompany child to the doctor.
  
- 7) Submission of Application: Application must be filled out by both parties prior to submission. It is the responsibility of the parent to ensure proper signatures. Lack of required signatures will delay application. **Applications are due by October 1, 2021.**
  - A. Housing reimbursement applications and online registration packet for students entering the school district must be received to Yukon-Koyukuk School District by the **October 1, 2021**. Applications received after these dates may be rejected.
  
- 8) Travel: Reimbursement for one travel ticket from (limited to instate travel from Fairbanks OR within YKSD) the home of residence to the school community in the fall, and at the end of the school year, per school year. Parent is responsible for making the reservations including returning home and submitting receipts to YKSD. Reimbursement will be for the regular cost of ticket, excess not authorized. Additional travel costs will not be considered. YKSD does not pay for the cost of travel during Christmas or Spring Break, parents are responsible for any other travel costs.
  
- 9) Approval: Submission of application does not guarantee approval.

**2021/22 YKSD HOUSING REIMBURSEMENT PROGRAM**

**DEADLINE: OCTOBER 1, 2021**

1. THIS APPLICATION MUST BE COMPLETED IN COMPLIANCE WITH THE STATE OF ALASKA'S GUIDELINES FOR PARTICIPATING IN THE HOUSING REIMBURSEMENT PROGRAM (AS 14.07.030(2); 4 AAC 09.050)
2. APPLICATIONS: MUST BE FILLED OUT BY BOTH PARTIES. LACK OF REQUIRED SIGNATURES WILL DELAY STIPEND REQUESTS.

Date of Application: \_\_\_\_\_

**STUDENT FAMILY INFORMATION**

**Father/Guardian:** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

State/Zip: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency # / Names: \_\_\_\_\_

Emergency # / Names: \_\_\_\_\_

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

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

**STUDENT INFORMATION: to be filled out by parent/guardian**

Student ID (Official Use Only): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Re-enrollment to the program or new application? \_\_\_\_\_

Legal Name \_\_\_\_\_

(Last, First, MI)

Date of Birth (DOB): \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_

Where is the students home community? \_\_\_\_\_

Name of school & you wish to enroll student at: \_\_\_\_\_

Date of entry into new school? \_\_\_\_\_ Date of entry into host home? \_\_\_\_\_

Is the student currently enrolled to Yukon Koyukuk School District? Yes \_\_\_ No \_\_\_

Last School and dates attended \_\_\_\_\_

*Parent Statement*

Reason for Home Away Program Request, please explain:

Will the student be housing with relatives? Please explain relation. Students ages 15 and under, and not a relative please refer to Section 3: Licensing of Homes and indicate the steps you will take in attaining license.

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Signature of Parent/Guardian

Relation to Student

Date

*Student Statement*

Why did you choose the selected location? Please explain

Please finish the following statement: I know I am willing to abide by the rules of my host family and maintain 90% attendance at school as well as maintain a 2.0 GPA or higher because....

Please state your goals for attending selected school and achieving academic success at chosen location. Are you on track to graduate?

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Signature of Student

Printed Name

Date

## To Be Filled Out by Student & Parent/Guardian

STUDENT RESPONSIBILITIES. As a participant of the Yukon Koyukuk School District Home Away Program, I agree to the following. **Student** and **Parent** sign your initials at the beginning of each statement indicating you have read and understand.

1. Parent\_\_\_\_/Student\_\_\_\_: I will obey the instructions of my supervising host parent(s). I will treat the parent(s), school principal, and school staff with respect. I will obey boarding home parents and school rules of conduct. Consequences of poor attitude or behavior could result in loss of extracurricular activities or other restrictions according to host parent or school rules.
2. Parent\_\_\_\_/Student\_\_\_\_: I am to notify the host parent(s) of my whereabouts at all times. I will abide by village curfew and be home at time set by host parent(s). I will not leave the community unless I have the permission of both my host parent(s) and biological parent(s). I accept responsibility for my own actions and will act in a mature manner at all times.
3. Parent\_\_\_\_/Student\_\_\_\_: I will attend school on time and will not fall below 90% attendance. Only sickness or emergency family matters will be accepted excused absences.
4. Parent\_\_\_\_/Student\_\_\_\_: I will keep up with all my schoolwork and turn in assignments, homework, reports, etc. on time. Assignments turned in late could result in additional time at school or adjustment in a lower grade for class. I understand I must maintain at least a 2.0 GPA.
5. Parent\_\_\_\_/Student\_\_\_\_: I agree to adhere to the illegal substances policies of the Yukon Koyukuk School District and understand tobacco products, alcohol or illegal substances by students are not tolerated.
6. Parent\_\_\_\_/Student\_\_\_\_: In the event there are concerns or problems either between the host parent and student; and/or between the student and school; the parent should be contacted.
7. Parent\_\_\_\_/Student\_\_\_\_: Clothing, personal care costs and allowances are a parental responsibility.
8. Parent\_\_\_\_/Student\_\_\_\_: I understand I will receive \$100 from host parent paid by the district. It can be given all at once, or throughout the month. At the host family's discretion.
9. Parent\_\_\_\_/Student\_\_\_\_: Power of Attorneys are parents responsibility. Parents must communicate with host family.
10. Parent\_\_\_\_/Student\_\_\_\_: It is the responsibility of the biological parent(s) for any and all health costs.

*I understand I am not relinquishing my parental rights and responsibilities. I have read the above statements regarding my responsibility, as a student, have initialed each statement, and will abide by these statements; not following these expectations may be grounds for dismissal from the Home Away Program at parents expense and removal of or reimbursement of the stipend.*

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Signature of Student	Printed Name	Date
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Signature of Parent	Printed Name	Date
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## To Be Filled Out by Home Away (Host) Parent

Primary Responsible Adult: \_\_\_\_\_

Secondary Responsible Adult: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relation to student: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

HOST PARENT RESPONSIBILITIES: Please sign your initials at the beginning of each statement indicating you have read and understand each.

1. \_\_\_\_ Host parent(s) acts on behalf of the student's parent with respect to educationally related matters involving but not limited to signing permission slips for school activities, school related disciplinary matters, release forms and student activities, and providing minor health care services including all treatment and prescriptions recommended by qualified medical staff, village health aide, hospital or physician.
2. \_\_\_\_ Host parent(s) will be responsible for student to attend school on time and on a regular basis, attend parent-teacher conferences; check to make sure student's homework is completed on time. Student must maintain 90% attendance and 2.0 GPA.
3. \_\_\_\_ Provide a safe environment for the student to live. Student should have their own room when possible and a quiet place to study without distractions. Student will be treated with respect and not asked to do any more (chores etc.) than is expected of any other family member.
4. \_\_\_\_ Provide healthy, nutritional meals on a regular basis, as well as sufficient snacks.
5. \_\_\_\_ Enforce any local curfews or specific instructions given to you by the biological parent(s)/legal guardian(s).
6. \_\_\_\_ There should be no illegal chemicals, drugs, alcohol, verbal abuse or sexual harassment in the home.
7. \_\_\_\_ In the event there are concerns or problems either between the host parent and student, parent or legal guardian must be notified.
8. \_\_\_\_ Host parent(s) will receive \$600 reimbursement stipend per month. Monthly stipends are for costs associated with food and housing home student (example, Heat, Water&sewer, electricity). General spending money or monthly allowance and personal care costs are the responsibility of the biological parent/legal guardian.
9. \_\_\_\_ I understand I will receive an additional \$100 included in the monthly reimbursement to be given to the student as spending allowance. It can be given all at once, or weekly.
10. \_\_\_\_ I will notify parent immediately if student leaves or if I am unable to host any longer.

I have read the above paragraphs regarding my responsibility as host parent(s), have initialed each statement, and will abide by these statements. Not following these expectations may be grounds for removal of stipend.

\_\_\_\_\_  
Signature of Host Parent(s)

\_\_\_\_\_  
Date

**FY22 YKSD Home Away Program Application**

I \_\_\_\_\_ understand that the YKSD Home Away Program is a voluntary program. If for any reason a student chooses to leave, or is sent home as a result of breaking rules or non-compliance with the program or school, the parent/guardian is responsible for paying the airfare for the trip home.

I understand the local Board of Education or ASAA does not carry field trips, sports or activity insurance and will not assume responsibility for injuries sustained in this school activity or field trip. I/We also understand that accident insurance coverage is my responsibility.

Insurance Coverage: Native Services Military Great-West Life Family  
Other \_\_\_\_\_  
None: I/We will assume financial responsibility for injuries.

Emergency Contact Name & Phone  
Number: \_\_\_\_\_

*I give permission to the host parent(s) \_\_\_\_\_ to act on my behalf with respect to educationally related matters involving but not limited to signing permission slips for school activities, school related disciplinary matters, release forms and student activities, and health care services including all treatment and prescriptions recommended by qualified medical staff, village health aide, hospital or physician. It is the responsibility of the biological parent(s) for any and all health costs.*

To the fullest extent permitted by law, I/we (parent/guardian) agrees to defend, indemnify and hold harmless the Yukon Koyukuk School District, its elected and appointed officials, employees, and volunteers against any and all liabilities, claims, demands, lawsuits, or losses, including costs and attorney fees incurred in defense thereof, arising out of or in any way connected or associated with the Home Away Program.

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Signature of Parent/Guardian                      Relation to Student                      Date



MEMORANDUM OF AGREEMENT REQUEST FOR HOME AWAY PROGRAM BETWEEN:

1. Yukon Koyukuk School District shall pay the housing reimbursement cost for the student(s) listed on the application.
2. This memorandum is effective when signed by YKSD, parent, student and the host family.
3. Submission of this application does not guarantee approval.
4. Failure to abide by the terms in this agreement may lead to removal at guardian's expense and loss of monthly reimbursement stipend at the discretion of the District.

\_\_\_\_\_  
Date                                      Legal Guardian of Student                                      Printed Name

\_\_\_\_\_  
Date                                      Home Away (Host Parent)                                      Printed Name

CERTIFICATION OF INFORMATION SUBMITTED ON REIMBURSEMENT REPORTS

By signing below, I certify that the students listed on the district's Housing Reimbursement Program meet the current eligibility requirements.

Signature of Certifying Official: \_\_\_\_\_

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