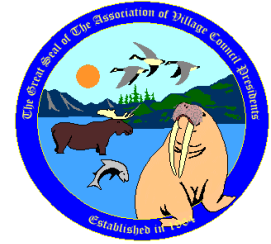


ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS
Education, Employment, Training & Child Care Department



CHILD CARE ASSISTANCE PROGRAM

Parent Application Process

This application packet includes the Application for Services and the Child Care Assistance Program Application.

Please complete the entire application and attach ALL required documents listed below or requested by staff BEFORE submitting. Only COMPLETED applications will be considered.

- Income Tax Papers – Form 1040 for last complete tax year.
- Check stubs (both parents or significant other) for the months of: _____
(last three months pay stubs copies).
- Immunization Records for the children needing child care services.
- Copy of your Tribal ID Card and your child(ren)'s enrollment number(s) forms or Tribal ID card **(hand written number(s) are not acceptable).**
- If attending school or training, provide a copy of School/University Acceptance Letter and class schedule (both parent and/or your significant other).

Applicant Requirements:

- You must select your own child care provider and they must submit a criminal background check and have been tested for TB with a negative result.
- An agreement must be made by you and your provider to the following location options that will best meet the needs of your child: *Child's Home, Provider's Home, or a Child Care Center.* The requirements are different for each location and they can be found in the Child Care Providers Application.

NOTE: AVCP Child Care cannot determine eligibility until we have all required paperwork and a completed application form. Child care is approved from the date we receive ALL the necessary documentation to determine your case. No child care is approved before that date. You are responsible for all of your child care expenses unless otherwise notified by AVCP Child Care staff.

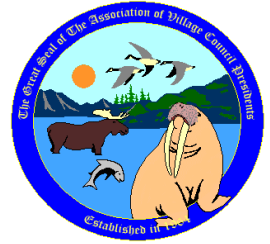
If you need assistance in completing these forms, please call 1(800) 478-3521 for staff:

Pauline Palacios	Child Care Coordinator	Ext. 7457
Fredrika Chaney	Child Care Specialist	Ext. 7458
Crystal Samuelson	Child Care Specialist	Ext. 7456

Mail or fax completed application to:
AVCP EET&CC Department
P.O. Box 219
Bethel, AK 99559
FAX: 1(907) 543-7494

Revised September 2010

Association of Village Council Presidents
Education, Employment, Training & Child Care Department
P.O. Box 219, Bethel, AK 99559
Ph: 1(907)543-7486 Fax: 1(907)543-4261
Toll Free: 1(800)478-3521 In-state only



CHILD CARE ASSISTANCE PROGRAM APPLICATION

Personal Information

Applicant:	Social Security Number:
Mailing Address:	Date of Birth:
City and Zip Code:	Telephone Number:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Degree of Native Blood:	Message Telephone:

Marital Status: Single Married Divorced Separated Widowed

Length of time at current residence: Number of Years _____ Months _____

Tribal Membership: _____ Regional Corporation: _____

Selective Service Number (men over age 18 only): _____ Are you a Veteran? Yes No

Please list ALL members of your household:

Name	Date of Birth	S.S. Number	Relationship	Occupation
1.			Self	
2.			Spouse or Child	
3.			Child	
4.			Child	
5.			Child	
6.			Child	
7.			Child	
8.			Child	
9.			Child	

Please list the income of all working members of your family including yourself:

Name of Person:	Source of Income:	The last six months:	Annual Income:

Please provide details on why you are in need of child care services. The information that you provide will help to determine your child care hour needs. Fill in the ones that apply to your situation.

Current Employment

Father's place of work: _____ Starting Time: _____ Quit Time: _____

Work Days (circle the days that apply): SU, MO, TU, WE, TH, FR, SA. Hourly Wage: \$ _____

Mother's place of work: _____ Starting Time: _____ Quit Time: _____

Work Days (circle the days that apply): SU, MO, TU, WE, TH, FR, SA. Hourly Wage: \$ _____

Do you receive survivor's benefits for your child(ren) Yes No

Do you receive Spousal or Child Support Yes No

If yes, how much per month: \$ _____

Education or Training Facility

If you are attending an education or training facility please attach your acceptance letter and class schedule to the application.

Father's place of training: _____ Start Time: _____ Quit Time: _____

Training Days (circle days that apply): Su, M, T, W, R, F, Sa. Expected Graduation Date: _____

Mother's place of training: _____ Start Time: _____ Quit Time: _____

Training Days (circle days that apply): Su, M, T, W, R, F, Sa. Expected Graduation Date: _____

Subsistence Activities

You are eligible for Child Care for subsistence activities, up to 10 days per month.

Father's subsistence activities: _____

Mother's subsistence activities: _____

Care will be provided at: Child's Home Provider's Home Other _____

Name of Child Care Provider: _____

Is the Child Care Provider related to the Parent(s)? Yes No

If yes, what is the relationship? _____

Child(ren) In Care

I am requesting _____ hours of child care services per day for the following children who under are under the age of 13 (up to age 19 if disabled):

Name of Child(ren)	Date of Birth	School Days	School Hours
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Emergency Child Record

Name of Child (last, first, middle initial):	Date of Birth	Allergies (foods, drugs, other):
1.		
2.		
3.		
4.		
5.		
6.		

Special dietary needs for child(ren): Yes No If yes, what are they? _____

Medication or other treatment required by the child(ren): Yes No If yes, please describe what, how much, how often, etc. _____

How to Reach Parent(s) or Legal Guardian(s)

Mother:	Father:
Home Address:	Home Address:
Home Phone:	Home Phone:
Business Place:	Business Place:
Business Phone:	Business Phone:

Regular Physician/Provider or Local Health Clinic

Name of Health Care Provider:	Address:	Telephone Number:

Person(s) who can assume responsibility if parent or legal guardian cannot be reached during an emergency.

Name of person:	Address:	Telephone Number:
1.		
2.		
3.		

Person(s) authorized to take the child(ren) from care.

Name of person:	Address:	Telephone Number:
1.		
2.		
3.		

CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE

This authorizes _____, my child care provider, to give permission to appropriate medical or hospital personnel to provide emergency medical or surgical care for the above named child(ren) in the event that I cannot be reached immediately. It is understood that a conscientious effort will be made to locate me or my child(ren)'s other parent or legal guardian before any action will be taken. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care.

Signature of Parent or legal guardian: _____ Date: _____

_____ Date: _____

Signature of a witness: _____ Date: _____

CHILD CARE ASSISTANCE PROGRAM – PROGRAM REGULATIONS

1. **Eligibility for Services:** You may receive and continue to receive Child Care Services for your child(ren) until such time: 1) your child(ren) reach the age of 13 years or 19 years if developmentally or physically disabled, 2) family income exceeds eligibility, or 3) funding is no longer available; whichever occurs first.

Eligibility for Child Care Services will be based on the child(ren)'s family income. The standards used to determine eligibility is based on 75% of the State of Alaska's median income for a family of the same size.

The Parent(s) must be participating in one or more of these activities: working, attending a vocational or educational facility or actively living a subsistence way of life.

2. **Parental Choice:** You may choose from the following alternatives for Child Care Services:
 - enroll your child(ren) with an eligible Child Care Provider selected by the Parent(s), or
 - enroll your child(ren) in center based child care facility if available, or
 - enroll your child(ren) in a before and after school program if available
3. **Child Care Provider Registration:** Selected Child Care Provider's must register with the Child Care Assistance Program. A listing of registered Child Care Providers will be maintained at the Main Office in Bethel and in the villages where a Child Care Specialist is based. Child Care Providers will be approved based on the following criteria:
 - Must be 18 years of age or older, and
 - Must meet minimum health and safety standards set by AVCP and agree to have quarterly inspections conducted by Child Care Staff, and
 - Must submit a negative tuberculosis screening form, and
 - Must agree to attend Pediatric First Aid and Minimum Health and Safety Standards Training sessions, and
 - Must pass the required criminal background check.
4. **Refusal of Child Care Providers:** AVCP's Child Care Assistance Program reserves the right to deny a Child Care Provider's application even if selected by the Parent(s), if adverse or detrimental information regarding the person's character is discovered as a result of the background investigation.
5. **Parental Access:** Parents shall have unlimited access to their child(ren) during the hours the child(ren) are in care.
6. **Health and Safety Requirement: Proof of Immunizations:** the Parent(s) of the child(ren) desiring Child Care Assistance must show proof that the required immunizations of the child(ren) are current and updated as necessary. The Child Care Facility must meet the Minimum Health and Safety Standards set by the Child Care Assistance Program.
7. **Orientation Classes:** Parents and Providers must enroll by application at the same time. During the application process the Child Care Coordinator or Child Care Specialist will explain the Child Care Assistance Program, including:

- Parental options/Unlimited access to the child(ren)
- Complaint Procedures
- Responsibilities of the Parent, Child Care Provider, and the Child Care Assistance Program
- Agreements and Payments

All Child Care Providers will be required to attend training classes provided by the Child Care Assistance Program. The training classes will cover these areas: Pediatric First Aid, Child Abuse and Neglect Prevention, Child Abuse and Neglect Reporting, and Minimum Health and Safety Standards.

8. Attendance Policies for Head Start Program: the Parent(s) must ensure that their child(ren) will attend the Head Start Program, if offered in their village, on the child(ren)'s scheduled school days.
9. Agreement: Both the Parent(s) and the Child Care Provider will sign an agreement with the Child Care Assistance Program outlining the terms and responsibilities of each party. The agreement will also outline conditions under which Child Care Services will be provided.
10. Payments: Child Care Services will be paid only for reasonable service costs as determined by the Child Care Coordinator. Payments will be made to the Parent only after the Child Care Assistance Program receives timesheets and a work verification form. The Receipt of Payment that the reimbursement check is taped to must be mailed back to the Bethel Office to continue receiving assistance.
11. Sliding Fee Scale/Co-payments: the Parent will pay a share of the child care costs as determined by the sliding fee scale. Failure to pay the Parent's share of the costs in any month will terminate any and all eligibility in the Child Care Assistance Program.
12. Transportation of the Child(ren): The Child Care Provider is advised not to transport the child(ren) of the Parents to and from appointments, school, etc. The Child Care Assistance Program will not be held liable for any accidents or problems that may occur if the Parent allows the Child Care Provider to transport the child(ren). Transportation to and from School or Head Start shall be the responsibility of the Parent.
13. Release of the Child(ren): The child(ren) should not be picked up by an unauthorized individual. If there is suspicion of intoxication or illegal drug use by the Parent(s) or others authorized to pick up the child(ren), the Child Care Provider is advised not to release the child(ren) in their custody. The Child Care Provider is advised to make other arrangements before the child(ren) can be released. If endangerment to the child(ren) is suspected, the Child Care Provider is advised not to release the child(ren). The Child Care Provider is advised to contact the local Police Department and the Division of Family and Youth Services.
14. Waiver of Liability: The Association of Village Council Presidents shall not be held liable for any accidents, injuries, or damages that may occur to the Parent, Child Care Providers, or the Child(ren) participating in the Child Care Assistance Program.
15. Complaints: If you have a complaint against AVCP, the Child Care Assistance Program, or the Child Care Provider concerning discrimination, violation of your rights, etc., you must submit a complaint in writing to the Department Director. The written complaint must be dated and signed. All

complaints will be investigated and substantiated before action is taken. A record of all complaints will be maintained at the Child Care Assistance Program's Office.

ACKNOWLEDGEMENT: We, the undersigned, acknowledge that we have reviewed and understand the Child Care Assistance Program's Policies and Procedures, and the complaint procedures.

Parent(s) Signature: _____ Date: _____

_____ Date: _____

1st Child Care Provider's Signature: _____ Date: _____

2nd Child Care Provider's Signature: _____ Date: _____

Child Care Specialist or Coordinator's Signature: _____ Date: _____

CHILD CARE ASSISTANCE PROGRAM – PARENT(S) RESPONSIBILITIES

As a parent participating in the Child Care Assistance Program, I agree to the following requirements:

1. I understand that program funds are for use only when I am participating in approved employment, education, training, or subsistence activities.
2. I understand that I will be reimbursed for a percentage of my monthly child care expenses. I understand that I must pay the remaining percentage.
3. I understand that I must pay the Child Care Provider the full amount of the reimbursement check once received or jeopardize my eligibility in the program.
4. I will secure a Child Care Provider who will accept my child(ren) on an attendance or scheduled enrollment basis, and provide them with a copy of the Letter of Authorization before child care services begin.
5. I will notify the Child Care Coordinator or Specialist serving my village and Child Care Provider within 7 days if authorized child care benefits will not be used, or if there are any changes to my original application.
6. I will give my Child Care Provider at least 14 days notice of my intent to end child care services, except in the case of immediate program ineligibility, or upon mutual agreement between myself and the Child Care Provider.
7. I will renew my Child Care Assistance Application or reapply early enough so child care services will not be interrupted.
8. I may use more than one (1) Child Care Provider as long as they are licensed; however, any costs incurred exceeding the authorized amounts are my responsibility.

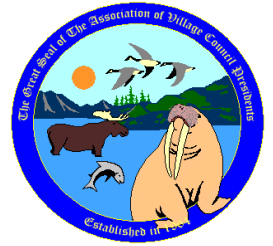
9. I will fill out an emergency information record for each of my children for the Child Care Provider.
10. I understand that it is my responsibility to pay my Child Care Provider(s) for services provided if my application is not approved, or both parties' applications are incomplete.
11. I understand that in order to get approved for Child Care Assistance both my and the Child Care Provider's Application must be complete.

CHILD CARE ASSISTANCE PROGRAM PENALTY WARNING

I certify that I have read and understand my responsibilities under the Child Care Assistance Program. I understand that it is fraud to misrepresent facts in order to receive reimbursement for child care services provided. I understand that fraud will result in removal from the program and that I will have to repay funds wrongfully obtained.

Parent(s) Signature: _____ Date: _____
_____ Date: _____

*Association of Village Council Presidents
Education, Employment, Training & Child Care Department
P.O. Box 219, Bethel, AK 99559
Ph: 1(907)543-7486 Fax: 1(907)543-4261
Toll Free: 1(800)478-3521 In-state only*



RELEASE OF INFORMATION REQUEST

I authorize the individuals or agencies listed below to exchange information related to my current eligibility to participate in AVCP's assistance programs. I understand that I may revoke this consent by a written notice.

Name of individuals or agencies: _____

Specifically, I request that the Division of Public Assistance or _____
release the following information from their files or records:

- ATAP/TANF BENEFIT HISTORY - Print out
- Food Stamp Eligibility
- Work hours and days. Supervisor must complete highlighted area
- Other: _____

Employment Date: _____ Start Time: _____ Quit Time: _____ Starting Hourly Wage: _____

Program Year: _____ (to establish eligibility in AVCP's Child Care Assistance Program)

Name of person receiving services: _____

Social Security Number: _____ Signed this _____ day of _____, 20____.

Community: _____

Applicant's Signature: _____ Date: _____

Witness (if signed with an X): _____

CERTIFICATION STATEMENT

I hereby certify that the information provided herewith is true to the best of my knowledge. I understand that I am subject to immediate termination if I am found ineligible after enrollment. I understand that if I deliberately falsify information on this form, I may be prosecuted for fraud and/or perjury.

Applicant's Signature: _____ Date: _____

FOR OFFICE USE ONLY

Action Taken: Approved Disapproved Date: _____

Determination made by: _____ Title: _____

Reason for ineligibility: _____

Comments: _____

Forwarding Instructions:

1. Mail the information to this address: AVCP EET&CC Department
 Child Care Assistance Program
 P.O. Box 219
 Bethel, AK 99559

2. Mail to the Child Care Specialist at this address: _____

3. Fax the information to Pauline Palacios, Fredrika Chaney, or Crystal Samuelson at 1(907)543-7494.

4. Fax the information to the Attention of _____ at _____.