ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

Education, Employment, Training, Child Care Department (EET&CC)
Bethel, Alaska

Temporary Cares Act Child Care Assistance Program – *Parent Application*

The Cares Act is to assist essential employees in child care at 100% until May 2021 or when all funds are exhausted. Please complete the entire application and attach ALL required documents listed below or requested by staff BEFORE submitting. Only COMPLETED applications will be considered.

Application Checklist:

□ Completed application, including employment verification.
□ Immunization Records for all children needing child care services.
□ Copy of parent(s) tribal ID card (verify identification), if tribally enrolled.

Applicant Requirements:

□ You must select your own child care provider and they must submit *Provider Application,* along with a clear criminal background check. They must have applied for an Alaska Child Care License and an Alaska Business License (if required) and have been tested for TB with a negative result.
a. If a sibling of the children is to be the provider they must reside in a different residence.

□ An agreement must be made between you and your provider, indicating which option will best meet The needs of your child: care in the *child's home, care in the provider's home or, care in a Child Care Center*. The requirements are different for each location and they can be found in the Child Care *Provider's Application*. If you choose to place your child in a Child Care Center, we will need a copy of Their Alaska Business License, their Child Care License and their rate sheet.

NOTE: AVCP cannot determine eligibility until we have all required paperwork and a completed application form. Child care assistance is approved from the date we determine eligibility – after we receive ALL the necessary documentation. No childcare is approved before that date and you are responsible for all of your childcare expenses, unless otherwise notified by AVCP staff.

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

Carol Hunter	Child Care Coordinator	Ext. 7436	chunter2@avcp.org
Kyle Koester	Child Care Specialist	Ext. 7437	kkoester@avcp.org
Aanii Anaver	Child Care Specialist	Ext. 7435	aanaver@avcp.org
Darline Kiunya	Child Care Intake Specialist	Ext. 7428	dkiunya@avcp.org

Mail, fax, or scan email application to:
AVCP EET & CC Department
P.O. Box 219
Bethel, AK 99559
Fax # (907)543-4261

Association of Village Council Presidents
Education, Employment, Training & Child Care Department

CHILD CARE ASSISTANCE PROGRAM APPLICATION

PART 1. APPLICATION INFORMATION

Applicant:	Date of Birth:
Mailing Address:	Telephone Number:
City, State, Zip Code:	Message Number:
Gender: □ Male □ Female	Email Address:

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

Are you enrolled in a tribe? □ Yes □ No If yes, which tribe: _____

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

PART 2. FAMILY INFORMATION

Please list ALL members of your family:

Name	Date of Birth	Relationship	Occupation
1.		Self	
2.		Spouse or Sig. Other	
3.		Child	
4.		Child	
5.		Child	
6.		Child	
7.		Child	

Do you have any Children in Head start? □ Yes □ No AVCP_____ or Rural Cap_____

Part 3. NEED FOR CHILD CARE SERVICES

Please provide details on 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.

Parents (s) are employed:

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

Work Days (circle days that apply): Su, M, T, W, T, F, Sa Hourly Wage: $ _____

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

Work Days (circle days that apply): Su, M, T, W, T, F, Sa Hourly Wage: $ _____

PART 4. CHILDREN IN CARE

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

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

Location of Child Care

Child 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 child(ren)? □ Yes □ No

If yes, what is the relationship? _____

Emergency Child Record

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

Special dietary needs for the child(ren) □ Yes □ No If yes, please describe 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:
Cell Phone:	Cell Phone:
Business Phone:	Business Phone:

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

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

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 further understand that if I deliberately falsify information on this application, I may be prosecuted for fraud and/or perjury.

Part 5. Child Care Assistance Program – Parent (s) Responsibilities

As a parent participating in the Child Care Assistance Program, I agree to the following requirements: (please initial on each line, indicating you've read and understand the agreement)

____ I understand that program funds are for use only when I am participating in approved Employment.

____ I will secure a Child Care Provider who will accept my child(ren) on an attendance or scheduled enrollment basis, and provide them with the Letter of Authorization before child care services begin.

____ 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.

____ I will give my Child Care Provider at least 14 day's 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.

____ I may use more than one (1) Child Care Provider, as long as they are licensed (if applicable).

____ I will fill out an emergency information record for each of children for the Child Care Provider.

____ 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.

____ I understand that in order to get approved for Child Care Assistance both my and the Child Care Provider's Application must be complete.

ACKNOWLEDGEMENT: 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 Signature: _____ Date: _____

Parent Signature: _____ Date: _____

EMPLOYMENT VERIFICATION FORM

Each parent who is employed needs one of these forms filled out. It will be used to verify child care eligibility.

I hereby authorize the following organization to release information concerning my employment status.

_____

Parent Name Signature Date

_____

Parent Name Signature Date

To Be Filled Out by Employer: The above-named individual(s) has applied for services through the AVCP Education, Employment, Training & Child Care Department. Please provide the following information for verification.

Mother's Employment:

Employer Name: _____ Address: _____

Phone Number: _____ Fax No: _____

Applicant Job Title: _____ Start Date: _____

Work Schedule: Sunday __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ Saturday _

Work Hours: Starting Time: _____ a.m./ p.m. Quitting Time: _____ a.m./p.m.

Employment Status: □ Permanent Full-time □ Permanent Part-time □ Temporary Full-time

□ Temporary Part-time □ Seasonal Through (date) _____ [ ] Other: _____

Supervisor's Name: _____ Supervisor's Signature: _____

Father's Employment:

Employer Name: _____ Address: _____

Phone Number: _____ Fax No: _____

Applicant Job Title: _____ Start Date: _____

Work Schedule: Sunday __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ Saturday _

Work Hours: Starting Time: _____ a.m./ p.m. Quitting Time: _____ a.m./p.m.

Employment Status: □ Permanent Full-time □ Permanent Part-time □ Temporary Full-time

□ Temporary Part-time □ Seasonal Through (date) _____ [ ] Other: _____

Supervisor's Name: _____ Supervisor's Signature: _____

Authorization for Release of Information

We/I, _____ and _____, herby authorize any person, agency or institution to release any and all information requested by the Association of Village council Presidents Education, Employment, Training & Child Care (EET&CC) Department contained in City Councils, Village Councils, State, Federal, Private and Educational Agencies' records, concerning me/us and to allow inspection and reproduction of records in their possession pertaining to us/me by any duly authorized representative of EET&CC. The EET&CC Department is also authorized to share information needed for financial consideration with other funding agencies and organizations on our/my behalf (e.g. State DOL/WIA, joint application with AVCP).

Specifically, we/I request that the Division of Public Assistance or _____
Release the following information from their files ore records:

□ ATAP/TANF BENEFIT HISTORY – Attach current eligibility form.
□ Other: _____

Listed below is information we/I do not wish to be shared with or by the EET&CC Department:

_____
_____

Name of individuals or agencies: _____

This authorization shall continue to be in effect for six (6) years from date signed. We/I acknowledge that if we/I wish to change any item under this authorization, including the date of expiration, or to revoke my consent, we/I are/am required to sign and submit a new ROI form.

_____
Signature Date

_____
Signature Date

_____
Mailing Address (City/State/Zip Code)