

AVCP
Association of Village Council Presidents
Education, Employment, Training & Child Care Department
P.O. Box 219, Bethel, Alaska 99559
1(907)543-7432 or Toll Free 1(800)478-3521
Fax: 907-543-4261



Temporary Cares Act CHILD CARE ASSISTANCE PROGRAM - Provider 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.

Criminal Background Check (CBC): If you are providing child care at your home a criminal background check is **REQUIRED** for everyone in your home over 16 years of age. If you are providing at the child's home you are the only one required to submit for a CBC. The State of Alaska CBC request form is enclosed. It must be mailed to the Criminal Records and Identification Bureau at the address listed at the top, along with a check or money order (no cash) for \$20.00 for each background check. Contact us if you need additional CBC forms.

Current TB Test: A TB clearance form is enclosed. All providers need to have a clear TB test. If you are providing at the child's home only you will need to be tested. If you are providing at your home all residing adults over the age of 18 are **REQUIRED** to be tested and their results submitted. Contact us if you need additional TB clearance forms.

State of Alaska Home Child Care License: If you care for more than five (5) related children or four (4) unrelated children you must be licensed with the State of Alaska before we can determine your eligibility as an approved provider. If you care for four (4) or less unrelated children you have to become licensed with the State of Alaska after 12 months of becoming an approved provider (you need to start that process after six (6) months of being approved). The contact information for requesting an application packet from the State is: 1(888)268-4632 toll free or by email to ccpo@alaska.gov. If you have any questions feel free to contact us.

Alaska Business License (ABL): The ABL is not required at this time (we will notify all current providers if and when this changes). Providers are encouraged to obtain an ABL for personal financial purposes. Please contact us if you have any questions or need the application.

Your application will be on hold until we receive the history report on your Criminal Background Check(s) from the State. No child care will be approved until both the parent(s) and provider applications are complete AND we have determined eligibility!

NOTE: The Association of Village Council Presidents reserves the right to deny registration & payment to any person or agency who is determined by a tribe to be a potential danger to children because of current or past association with or participation in criminal activities, alcohol or other substance abuse, communicable health problems, or unsafe child care practices.

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

Vacant	Child Care Coordinator	Ext. 7436	
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

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Temporary Cares Act CHILD CARE ASSISTANCE PROGRAM APPLICATION

Each person or agency who provides child care for a parent or guardian receiving child care assistance from the Association of Village Council Presidents Child Care Development Fund must complete this application and be approved before any child care payment can be authorized. A child care provider must be 18 years of age or older and if they are a sibling of the child(ren) receiving assistance, they cannot reside in the same household as the children. **Child Care Providers are not employees of AVCP.**

Child Care Assistance Program – Eligible Provider Types

Approved Relative Providers: Providers who provide care in their own private residence to eligible children who are related by blood, marriage or court-decree (children or their grandchildren, great-grandchildren, sibling (must reside in a different residence), niece or nephew, great-niece or great-nephew). They may care for no more than a total of five (5) children under 13 years of age, including any of their own children under 12. Of those five, all must be related as described above and no more than two (2) may be under 30 months of age (“non-walkers”).

Approved Non-Relative Providers: Providers who provide care to eligible children in their own private residence who are not related (as defined above). They may care for no more than a total of five (5) children under 13 years of age, including any of their own children under 12. Of those five, no more than four (4) children may be unrelated to the provider and no more than two (2) may be under 30 months of age (“non-walkers”). *This category of provider must start the process for becoming licensed with the State of Alaska, Child Care Program Licensing Office after six (6) months of receiving approval.*

In-home Care Providers: Providers who provide care for eligible children (related (see definition above) or un-related) in the children’s own home. They may care for no more than a total of five (5) related or four (4) unrelated children under 13 years of age, including any of their own children under 12. Of those four or five no more than two (2) may be under 30 months of age (“non-walkers”).

After you’ve read the provider types described above which category or type do you qualify as?

- ☐ Approved Relative Provider
- ☐ Approved Non-Relative Provider
- ☐ In-home Care Provider

If you are approved would you like to be put on a list of “Eligible Providers” for your community for future reference? ☐ Yes ☐ No

Part 1. Applicant Information

Provider’s Name:	Date of Birth:
Business Name:	License Number: (if applicable)
Mailing Address:	Phone Number:
City, State & Zip Code:	Message Number:

Child Care Services will be provided at: ☐ Child’s Home ☐ Provider’s Home ☐ Other:

Name of the parent(s) that you are providing child care services for: _____

Are you related to the child(ren)? ☐ Yes ☐ No If yes, what is the relationship?

Part. 2 Household Information

Please list the household members of the Child Care Provider’s Home:

Household Members	Relationship to you	Date of Birth	Age
1.	Self		
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

(If providing at provider’s home, all residing adults need a TB test & a Criminal Background check)

Part 3. Declaration of Legal Exemption from Child Care Licensing

The Child Care Provider is exempt from the State of Alaska Child Care licensing or pre-elementary school certification if at least one of the following conditions applies and, they are caring for no more than 5 children, including their own. Please check the appropriate box(es) if applicable:

- ☐ Child care services are provided in the child's private residence (In-home Care Provider).
- ☐ Child care services are provided in the provider's private residence and only to children related by marriage, blood or court decree. "Related" is defined here to mean the children in care are their grandchildren, great-grandchildren, sibling (only if living in a separate residence), great-niece, niece, great-nephew or nephew.
- ☐ Child care services are provided by an approved child care center operated by a municipality or a school district.
- ☐ A program whose purpose is primarily educational and is either (1) certified by the State of Alaska, Department of Education or (2) serves children aged 3 years or older and receives no direct or federal money.

I certify that according to AVCP's standards I am legally exempt from state licensing as a Child Care Provider and that I am at least 18 years of age.

Child Care Provider Signature: _____ Date: _____

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.

Child Care Provider Signature: _____ Date: _____

Part 4. Child Care Assistance Program – Provider Responsibilities

As a Child Care Provider participating in the program, I agree to the following requirements:

(Please initial on each line, indicating you've read and understand the agreement)

_____ I will provide child care services to a parent participating in the Temporary Cares Act Child Care Assistance Program only if the parent provides me with a copy of their Letter of Authorization. I certify that space is available to meet the parent(s) work, training, education, and/or subsistence schedule.

_____ I understand as a Child Care Provider, I will be reimbursed for the days and times that the parent is determined eligible. Child care services provided outside the days and times of the Letter of Authorization are to be paid by the parent.

_____ I agree to charge a parent participating in the program the same rate that I charge to non-subsidized parents for the same service.

_____ I will notify the AVCP Child Care staff immediately if there are any changes to my household, specifically, if anyone over the age of 16 not identified on this original application, moves in (even if temporary). I understand that my eligibility may be put on a temporary hold until such time that the required CBC and TB tests are submitted and cleared (if child care is to occur in my private residence).

_____ I will give the parent and the AVCP Child Care staff at least 14 days' notice of my intent to end child care services, or upon mutual agreement between myself and the parent(s).

_____ I qualify as a legally exempt entity and meet all the required minimum health and safety standards.

_____ I understand that once approved and if child care is to occur in my home, a biannual inspection will be conducted of my home, to ensure that the minimum health and safety standards are being maintained.

_____ I understand that it is my responsibility to purchase and maintain an Alaska Business License (if required).

_____ I understand that a Child Care Certificate becomes null and void if licenses expire or are revoked. I will not receive reimbursement for child care services provided before the effective date of my registration or after the effective date of expiration or revocation.

_____ I agree not to discriminate against any program participation on the basis of race, color, creed, age, or sex. I will comply with all applicable federal, state, and local laws and regulations.

_____ I certify that parents will have unlimited access to the home or facility whenever their children are in care. I will never leave the children in my care unattended or with another person.

_____ I understand that in order to get approved for Child Care assistance both mine and the parent(s)' Child Care Assistance Program Applications must be complete.

_____ I understand that I am a mandatory reporter of any suspected abuse or neglect of the child(ren) in my care and that I will notify the appropriate authorities if necessary.

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.

Child Care Provider Signature: _____ Date: _____

Part 5. Requirements for Minimum Health and Safety Standards

As a Child Care Provider participating in the program, I agree to comply with the following requirements: (Please initial on each line, indicating you've read and understand the agreement)

_____ Space and equipment arrangements are adequate for the child(ren)'s safety and comfort.

_____ Ventilation, temperature, and lighting are adequate for the child(ren)'s safety and comfort.

_____ A safe play area is provided in both inside and outside areas.

_____ Floors and walls are clean and maintained in a safe condition for the child(ren).

_____ At least one smoke detector is installed at an appropriate location in the home or facility.

_____ The home or facility has at least one fire extinguisher in the kitchen, which is maintained in an operable condition at all times.

_____ Combustible and flammable materials are not stored in the water heater rooms, furnace rooms, or laundry rooms but stored in a safe place.

_____ In case of a fire, the Child Care Provider's first responsibility is to evacuate the child(ren) to safety. The Provider must develop an emergency evacuation plan and post it at the child(ren)'s eye level.

_____ Toys and objects (including highchairs) are safe, durable, easy to clean, and non-toxic.

_____ The home has a first aid kit which is inaccessible to the child(ren) and stored in a convenient location.

_____ Diaper changing is not done in the food preparation area.

_____ Use of a common towel or wash cloth will not be allowed.

- _____ Firearms are unloaded and kept locked up; ammunition is stored in a separate location.
 - _____ The Child Care Provider will never leave the child alone or with someone else.
 - _____ Physical, verbal, or emotional punishment will not be used as a form of discipline.
 - _____ Use of alcohol, drugs, or tobacco will not be allowed during child care service hours.
 - _____ Medication, cleaning substances, and dangerous materials will be kept in locked cabinets.
 - _____ The Child Care Provider must contact the parent for injury to the child(ren) requiring medical treatment or for serious illness. An emergency child record will be given to the Child Care Provider.
 - _____ Medication will be given only with the parent's written instructions.
 - _____ The Child Care Provider will wash hands before and after handling food, and after changing diapers and using the bathroom.
 - _____ The child(ren) will never be around a person or animal known to be dangerous.
 - _____ The Child Care provider will store, refrigerate, and prepare food properly.
-

PROVIDER CERTIFICATION: I certify that I will comply with all the requirements in the Minimum Health and Safety Standards set by AVCP's Child Care Assistance Program. I understand and agree that the above standards must be met and maintained.

Child Care Provider's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

CHILD CARE STAFF CERTIFICATION: I have explained the Minimum Health and Safety Standards to the potential Child Care Provider. She/he understands that these standards must be met and maintained. I have informed the potential Child Care Provider an inspection will be conducted on a biannual basis to ensure that these standards are maintained.

Child Care Staff Signature: _____ Date: _____

Part 6. Description of the Program of Care

Meals/Snacks

If you provide child care services for more than 5 hours in a day you must provide meals and snacks; either 2 meals and 1 snack or 1 meal and 2 snacks.

Child Abuse and Neglect Policy

If you have a reasonable cause to suspect child abuse or neglect, a report must be made to the Office of Children's Services (OCS). The report must be forwarded to the nearest Child Care Specialist or to the Child Care Coordinator or EET&CC Department Director. The responsibility of substantiating the report will fall solely on the Office of Children's Services (OCS).

Transportation

You are advised not to transport any child in your care to and from appointments, school, etc. The Child Care Assistance Program is not liable for any accidents or problems that may occur, if the parent allows you to transport the child(ren). Transportation to and from school is the responsibility of the parent.

Release of Children

Child(ren) will not be picked up by unauthorized family or friends. If there is suspicion of alcohol or illegal drug use by the parent or others authorized to pick up the child(ren), you are advised not to release them into their custody. You are advised to make other arrangements before the child is released.

Parental Access

Parents must have unlimited access to their child(ren) during the hours that their child(ren) are in care.

Waiver of Liability

AVCP's Child Care Assistance Program will not be held liable for any accidents, injuries, or damages that may occur to the Parents, Child Care Providers, and Child(ren) participating in this program.

ACKNOWLEDGEMENT: I certify that this information is true and I agree to follow and maintain the terms and standards outlined in care program description.

Child Care Provider Signature: _____ Date: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION (ROI)

I, _____, hereby 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 and to allow inspection and reproduction of records in their possession pertaining to 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 my behalf (e.g. State DOL/WIA, joint application with AVCP).

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

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

Signature

Date

Mailing Address (City/State/Zip Code)

Contact Phone Number

Comments or Questions for AVCP Child Care Staff:

PHYSICAL/TUBERCULOSIS CLEARANCE FORM

Name:	Date of Birth:
Village:	<input type="checkbox"/> Child Care Provider <input type="checkbox"/> Family Member

Examiner's Statement:

I examined the above named person on this ____ day of _____, 20____. This examination included a review of his or her past medical history and a physical exam. A copy of the medical history and examination findings will be maintained in the patient's medical records. You or your authorized representative upon a written authorization or request by the patient may review them.

Check the applicable statement:

☐ The applicant was found to be free of communicable diseases and to be fit for the proposed duties.

☐ The applicant was found to be unfit for the following reasons:

Tuberculosis Test Result

TYPE OF TEST	RESULT	DATE
<input type="checkbox"/> PPD	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
<input type="checkbox"/> Tine	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
<input type="checkbox"/> X-ray	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	

For Persons Unable to Take a TB Test

TUBERCULOSIS HISTORY	TREATMENT	COMPLETION DATE
<input type="checkbox"/> Positive Skin Test Converter		
<input type="checkbox"/> TB		

Was a Screening Form for persons with a positive TB skin test completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
--

The following tests were performed and the results are available from the applicant's medical records:

Serologic Test: ☐ Yes ☐ No

Urinalysis:

 Yes

 No

Physician / Health Aide Signature: _____

Address: _____ Date: _____

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STATE OF ALASKA
DEPARTMENT OF PUBLIC SAFETY
REQUEST FOR CRIMINAL JUSTICE INFORMATION
From the Alaska Criminal History Record Repository *Original forms*
must be submitted to:
Criminal Records and Identification Bureau
5700 E. Tudor Road, Anchorage, AK 99507
Telephone: (907) 269-5767 Fax: (907) 269-5091 (RSAs only)
Include fee: \$20 single copy, \$5 each additional copy
Check or money order must be made payable to 'State of Alaska'

Type of information being requested (from other than the record subject): (Choose ONE)

☒ 1. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**

☐ This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.

x 2. Criminal Justice Information available to an **INTERESTED PERSON**

☐ This report includes all criminal charges and dispositions; excluding sealed records

2.A. If you checked item 2, the requester must provide the following information;

I request this report for the purpose of determining whether to grant the records subject supervisory or

Disciplinary power over (check all that apply):

☒ Minor(s)

☒ Dependent adult(s)

Title or brief description of the position under consideration: _____

☒ 3. Criminal Justice Information needed for another purpose authorized by federal or state law.

Client Number: _____

If you check this box, you **must** provide the client number assigned by the DPS Records and Identification Bureau. To obtain a client number, you must provide the applicable state or federal statute to this office for review and approval prior to submitting this request

*A check or money order payable to the State of Alaska in the amount of \$20 **must** accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional \$5 per copy. State agencies with Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.*

Subject Name: _____

Maiden/Alias name(s): _____

Mailing Address: _____

City/State/Zip: _____

Alaska Driver's License #: _____

Date of Birth: _____

Sex: ☒ Male ☐ Female SSN: _____

Telephone: _____ Msg: _____

To be completed by the record subject: "I authorize the release of my criminal justice information record, (described above) to the named requester."

Signature of subject: _____

Date Signed: _____

Requester Name: Kyle Koester

Title: AVCP Child Care Specialist

Business/Agency: AVCP

Mailing Address: PO Box 219

City/State/Zip: Bethel, Alaska 99559

Date of Birth: _____ Telephone: 1(907)543-7436

Sex: ☒ Male ☐ Female SSN: _____

The requested record will be mailed to the above named individual at the listed address. If you would like the record faxed, check the box below:

☒ Fax Number: 1(907)543-4261

Signature of requester: Kyle Koester

Date Signed: 07/27/2020

Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)

I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.

Record Subject's Signature

Date

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Association of Village Council Presidents

Client Direct Deposit Form



Benefits to You

- Convenient – Your money is deposited automatically for you and it eliminates a trip to the bank.
- Fast – You have immediate access to your money on the day of deposit.
- Safe – Never worry about checks getting lost, delayed or stolen.
- Simple – Submit this completed application to your Case Manager for processing.

CLIENT INFORMATION

Full Name: _____ Date of Birth: _____

SSN: _____ Phone: _____ Email: _____

Address: _____

BANK INFORMATION

Bank Name: _____

Account number: _____ Routing Number: _____

Type of Account: ☐ Checking ☐ Savings

(Provide copy of voided check)

Use information found on your checks

SAMPLE CHECK		0101
DATE		
PAY TO THE ORDER OF		\$
MEMO		
01 2 3 4 5 6 7 8 9 0	01 2 3 4 5 6 7 8 9 0	0 1 0 1
Routing Number	Account Number	Check Number

Note: You can also find your Account Number on your statement or on the account documents provided at account opening.

SIGNATURE

I authorize AVCP and my bank to automatically deposit my funds into my account listed above. This authorization will remain in effect until I give written notice to cancel it.

Client Signature: _____ Date: _____

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Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.