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:

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Title</th>
<th>Ext.</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vacant</td>
<td>Child Care Coordinator</td>
<td>7436</td>
<td></td>
</tr>
<tr>
<td>Kyle Koester</td>
<td>Child Care Specialist</td>
<td>7437</td>
<td><a href="mailto:kkoester@avcp.org">kkoester@avcp.org</a></td>
</tr>
<tr>
<td>Aanii Anaver</td>
<td>Child Care Specialist</td>
<td>7435</td>
<td><a href="mailto:aanaver@avcp.org">aanaver@avcp.org</a></td>
</tr>
<tr>
<td>Darline Kiunya</td>
<td>Child Care Intake Specialist</td>
<td>7428</td>
<td><a href="mailto:dkiunya@avcp.org">dkiunya@avcp.org</a></td>
</tr>
</tbody>
</table>
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, greatgrandchildren, 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**

<table>
<thead>
<tr>
<th>Provider’s Name:</th>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name:</td>
<td>License Number:</td>
</tr>
<tr>
<td>(if applicable)</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Message Number:</td>
</tr>
<tr>
<td>City, State &amp; Zip Code:</td>
<td></td>
</tr>
</tbody>
</table>

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:*

<table>
<thead>
<tr>
<th>Household Members</th>
<th>Relationship to you</th>
<th>Date of Birth</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Self</td>
<td></td>
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<tr>
<td>2.</td>
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<td>6.</td>
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<td>8.</td>
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<td>9.</td>
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<td></td>
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<tr>
<td>10.</td>
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<td></td>
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</tr>
</tbody>
</table>

(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.
**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: __________________

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**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.

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**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: ________________
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:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

10
PHYSICAL/TUBERCULOSIS CLEARANCE FORM

Name: __________________________ Date of Birth: __________________________

Village: __________________________

Child Care Provider 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

<table>
<thead>
<tr>
<th>TYPE OF TEST</th>
<th>RESULT</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ PPD</td>
<td>☑ Negative ☒ Positive</td>
<td></td>
</tr>
<tr>
<td>☑ Tine</td>
<td>☑ Negative ☒ Positive</td>
<td></td>
</tr>
<tr>
<td>☑ X-ray</td>
<td>☑ Negative ☒ Positive</td>
<td></td>
</tr>
</tbody>
</table>

For Persons Unable to Take a TB Test

<table>
<thead>
<tr>
<th>TUBERCULOSIS HISTORY</th>
<th>TREATMENT</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ Positive Skin Test Converter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☑ TB</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Was a Screening Form for persons with a positive TB skin test completed? ☑ Yes ☒ 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.

- 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;  
  1. request this report for the purpose of determining whether to grant the records subject supervisory or Disciplinary power over (check all that apply):  
     - x 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.

<table>
<thead>
<tr>
<th>Subject Name:</th>
<th>Requester Name: Kyle Koester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maiden/Alias name(s):</td>
<td>Title: AVCP Child Care Specialist</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>Business/Agency: AVCP</td>
</tr>
<tr>
<td>City/State/Zip:</td>
<td>Mailing Address: PO Box 219</td>
</tr>
<tr>
<td>Alaska Driver’s License #:</td>
<td>City/State/Zip: Bethel, Alaska 99559</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Date of Birth: Telephone: (907)543-7436</td>
</tr>
<tr>
<td>Sex: Male Female</td>
<td>Sex: Male Female</td>
</tr>
<tr>
<td>Telephone:</td>
<td>SSN:</td>
</tr>
</tbody>
</table>

**Signature of subject:**

**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: ____________ (Provide copy of voided check)

SAMPLE CHECK
Use information found on your checks
Routing Account Check
Number Number Number

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: ___________________________

Association of Village Council Presidents
Version: 2019.05
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Request for Taxpayer Identification Number and Certification

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.

Part II  Certification

Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number and I am waiting for a number to be issued to me; and
2. I am not subject to backup withholding because: [ ] I am exempt from backup withholding, or [ ] 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 a 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

General Instructions

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

Future developments. For the latest information about the developments related to Form W-9 and its instructions, such as legislative enactments 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), for example, personal identification number (PIN), or employer identification number (EIN), to report on the 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-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-INT (interest earned or paid)
- Form 1099-OID (interest on original issue discount bonds and certain corporate bonds)
- Form 1099-PATR (distributions from partnerships and S corporations)
- Form 1099-APR (real estate mortgage interest payments)
- Form 1099-B (sales of securities and other transactions by brokers)
- Form 1098-T (tuition payments by educational institutions)
- Form 1099-MISC (miscellaneous income)
- Form 1099-C (cancellation of debt)
- Form 1096 (annual information return)

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.