

Association of Village Council Presidents

Child Care Program
Youth & Child Unit
PO Box 219, Bethel, AK 9955
Phone: (907) 543-7430 or (800) 478-3521
Fax: (907) 543-4261



Child Care Provider Application

Applications will not be reviewed until complete. Providers are not authorized by AVCP to provide care until the parent/guardian(s) and provider's applications are approved and the criminal history report is received.

Please submit the following to your local Tribal Workforce Navigator or fax or mail to the Child Care program address above.

- ☐ Complete application packet: including criminal background check forms, W9 form, and direct deposit form.
- ☐ State of Alaska Child Care license (if applicable)

Provider Applicant Information

Full Legal Name:	Date of Birth:
Maiden Name:	Any Other Names/Alias:
Business Name:	Child Care License # (if applicable):
Phone Number:	Alternative Phone:
Email:	
Street Address/P.O. Box	
Village and State:	Zip Code:

Families in Care

Include all families for which you will be providing care.

Parent/guardian(s) for whom you are providing care	# of children receiving care	Address

Check all that apply:

- ☐ I am a relative provider. I am the child(ren)'s adult sibling, great-grandparents, grandparent, aunt, or uncle. (In order for an adult sibling over 18 to be the provider they CANNOT be living in the same home as the children).

- ☐ I am a provider licensed by the state of Alaska.
- ☐ I have lived outside the state of Alaska in the last five years. List ALL states where you resided and the dates of residence in the past five years:

- ☐ I will provide care in the home of the children.
- ☐ I will provide care in my own home. (If yes, a criminal history report will be required for all members of the home that are over the age of 16. Please complete the following information for all household members and attach a criminal history form for those over the age of 16.)

<i>Name</i>	<i>Relationship to provider</i>	<i>Date of Birth</i>	<i>Age</i>
	<i>Self</i>		

Provider Responsibilities (all providers)

As a child care provider, participating in AVCP's program I have read and agree to the following requirements. (initial each statement)

_____ I certify that I will never leave the children in my care unattended or with another person.

_____ I understand that as an AVCP child care provider I will be required to learn about AVCP's Health and Safety Standards before starting to provide care, and I will be responsible for following all of the standards. Failure to do so will result in termination of my provider status.

_____ I understand and agree to participate in the required health and safety training within 90 days of beginning care and update annually as required. My AVCP child care specialist will assist with a training plan and support my training.

_____ I understand that AVCP staff will make announced and unannounced visits during child care hours a minimum of two times per year, to monitor my compliance with the Health and Safety standards. I understand that monitoring staff will have access to the entire residence.

_____ I agree that it is my responsibility to keep an accurate time sheet of child care hours worked every day, to have those time sheets verified by the parent/guardian with a signature, and to submit the accurate verified time sheet 10 days after the end of each month to the Bethel Child Care Office.

_____ I understand that AVCP will only pay me for child care hours up to the total number of hours authorized in the child care certification letter, and including any additional hours approved in advance by the child care office, due to temporary schedule changes of the parent/guardian. Hours which are not approved as part of the plan of care are the parent/guardian(s) responsibility.

_____ I agree to give the parent/guardian and AVCP Child Care staff at least 30 days notice of my intent to end child care, or sooner upon mutual agreement between myself and the parent/guardian(s).

_____ I understand that I am not an employee of AVCP. I am an independent contractor and will be responsible for all applicable taxes and obligations related to payment received from AVCP under the terms of this agreement.

_____ I understand that I am not eligible for any federal, social security, state workman's compensation or unemployment insurance benefits from AVCP by virtue of payment received as a child care provider.

_____ I understand I will receive a 1099 tax form on or before January 31.

_____ I understand failure to comply with requirements of the AVCP child care assistance program could result in termination from the program.

_____ I agree to hold harmless AVCP from any liability claims or damages that may result from the performance of my duties, for any accidents, injuries, or damages that may occur to myself, the parent/guardian(s), and/or the child(ren) participating in the program.

This next section to be completed by providers intending to care for child(ren) in the provider's own home.

As a child care provider caring for children in my own home and participating in AVCP's program, I have read and agree to the following requirements. (initial each statement)

_____ I certify that parents will have unlimited access to the home or facility whenever the children are in care.

_____ I understand that I may not provide care until the required criminal history investigation is complete for each member of my household and I receive notification that I am approved by the AVCP's child care office.

_____ I agree to notify Child Care Staff immediately of any changes to my household, specifically anyone joining the home who is over the age of 16.

_____ I agree to notify AVCP if I, or any member of my household, is convicted of a criminal offense after the criminal history checks have been completed.

_____ I agree to notify AVCP if my home becomes uninhabitable due to an Act of God or sudden catastrophe.

Licensed Provider Only

_____ I understand that a child care certificate becomes null and void if my child care license expires or is revoked.

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

I certify that I have read and understand my responsibilities as a child care provider under AVCP's Child Care Program. I further certify that the above information is correct. I understand any false statements on this form or in any other written statement, declaration, and/or background check request may result in termination of my child care agreement and prosecution for fraud.

Child Care provider Signature _____ Date _____

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:
I request this report for the purpose of determining whether to grant the record 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 a 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 Drivers License #: _____

Date of Birth: _____

Sex: ☒ Male ☐ Female Soc Sec No. _____

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: _____

Title: _____

Business/Agency: A V C P C h i l d C a r e

S p e c i a l i s t _____

Mailing Address: PO Box 219

City/State/Zip: Bethel, AK 99559

Date of Birth: n/a Telephone _____

Sex: ☐ -Male ☐ -Female Soc Sec No. n/a

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: 907-543-4261

Signature of requester: _____

Date Signed: _____

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

Criminal Records and Identification Bureau Use Only

☐ Fee Payment Type _____
☐ Fee Waiver/Authorization _____
☐ OCA Number _____

☐ Report Sent to Subject _____
☐ Report Sent to Requester _____
☐ R&I Staff initials _____

Authority:

AS 11.56.210 - Unsworn Falsification

AS 12.62.160 – Release and Use of Criminal Justice Information; fees

AS 12.62.900 – Definitions

13 AAC 68 Article 4 – Dissemination of Criminal Justice Information

13 AAC 68.905 – Definitions

DPS Form 11/15/03

Revised 2/09/04

Revised 3/01/04

Revised 4/20/04

Revised 11/15/04

Revised 1/13/05

Revised 7//27/06

Request for Taxpayer Identification Number and Certification

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

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

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"/> D Individual/sole proprietor or single-member LLC	<input type="checkbox"/> D C Corporation <input type="checkbox"/> D S Corporation <input type="checkbox"/> D Partnership <input type="checkbox"/> D Trust/estate
<input type="checkbox"/> D 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"/> D Other (see instructions) ►	
5 Address (number, street, and apt. or suite no.) 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) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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
01J-ITJ-11111
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 ►

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.

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AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

** I am _____ I am not _____ interested in Direct Deposit

** Cancel Direct Deposit _____

Association of Village Council Presidents

Company I.D. #92-0064285

I hereby authorize the Association of Village Council Presidents to initiate credit entries and to initiate, if necessary, debit entries and adjustment for any credit entries in error to my Checking Account or Savings Account indicated below and the bank named below, to credit and/or debit the same such account:

Bank Name: _____

City: _____

Transit/Routing Number: _____

Account Number: _____

☐ Checking or ☐ Savings

This authority is to remain in full force and effect until **COMPANY** has received **written notification** from me of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

EMPLOYEE INFORMATION:

Printed Name: _____

Social Security Number:----- Employee #: _____

Signature: _____ Date: _____

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