



ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

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

Child Care Assistance Program – Parent Application *Revised December 2018*

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

Application Checklist:

- Completed application, including employment verification.
- Income Information: Income received the last 12 months (both parents or significant other) and any other family income information (PFD, Corporations checks, child support, social security). And most recent tax Form 1040.
- Immunization Records for all children needing child care services.
- Copy of your state or tribal ID card (verify identification).
- Copy of your child's tribal ID card or enrollment verification form showing enrollment number.
- If attending school or training, provide a copy of your school's acceptance letter and class schedule (both parents and/or your significant other).

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 child care is approved before that date and you are responsible for all of your child care expenses, unless otherwise notified by AVCP staff.

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

| | | | |
|-----------------|------------------------|-----------|--|
| Olinka Peterson | Child Care Coordinator | Ext. 7435 | opeterson@avcp.org |
| Fredrika Chaney | Child Care Coordinator | Ext. 7436 | fchaney@avcp.org |
| Carol Pavian | Child Care Specialist | Ext. 7437 | cpavian@avcp.org |

Mail , fax, or scan email application to:
AVCP EET & CC Department
P.O. Box 219
Bethel, AK 99559



CHILD CARE ASSISTANCE PROGRAM APPLICATION
Updated 12/2018 - Parent

PART 1. APPLICATION INFORMATION

| | |
|---|-------------------|
| Applicant: | Date of Birth: |
| Mailing Address: | Telephone Number: |
| City, State, Zip Code: | Message Number: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Email Address: |

Marital Status: Single Single w/ significant other Married Divorced Separate Widowed
 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 | |

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

| Name of Person | Source of Income | Income from last 6 month | Annual Income |
|----------------|------------------|--------------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

Do you receive survivor's benefits for your child? Yes No If yes, how much per month? _____

Do you receive Spousal or Child Support? Yes No If yes, how much per month? _____

Do you have any Children in Headstart? 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: \$ _____

Parent (s) are attending an education or training facility:

Please include a copy of you acceptance letter and class schedule with this application.

Father’s place of Education: _____ Starting Time _____ Quit Time _____

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

Mother’s place of Education: _____ Starting Time _____ Quit Time _____

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

Parent conducts Subsistence activities:

Time spent on subsistence activities may be eligible, up to 10 days per month IF one parent is working or attending school. Approved time will be dependent upon the working parent’s hours and the activity.

Father’s subsistence activities: _____

Mother’s subsistence activities: _____

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. | | | |

Is your child in Headstart/Rural Cap? Yes ___ No ___ , if yes, child's name: _____

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. _____

Regular Physician/Provider or Local Health Clinic

| Name of Health Care Provider: | Address: | Telephone Number: |
|-------------------------------|----------|-------------------|
| | | |

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. | | |

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

| 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.

Parent (s) Signature: 1. _____ 2. _____

Part 5. Child Care Assistance Program – Program Policies

1. Eligibility for Services

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

Eligibility for 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 either work or school (attend a vocation or educational facility) activities. Participating in Subsistence activities may be allowable IF one parent is currently working or attending school.

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 you 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
- Must meet minimum health and safety standards set by AVCP and agree to have at least two inspections annually (one scheduled and one unannounced), conducted by Child Care Staff
- Must submit a negative tuberculosis screening form
- Must agree to attend Pediatric First Aid and Minimum Health and Safety Standards Training sessions when available
- Must pass the required criminal background check
- Must apply for and possess a current Alaska Business License (if required)

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

Parents and Providers must enroll by application at the same time. During the application process the Child Care Staff will explain the Child Care Assistance Program, including:

- Parental options/Unlimited access to the child(ren)
- Complaint and Appeals Procedures
- Responsibilities of the parent, child care provider and the Child Care Assistance Program
- Agreements and payments (process will be described)

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

8. Head Start Programs

AVCP recommends that the parent(s) enroll their child(ren) in the local Head Start Program, if offered in their village and if eligible, for available school days and times.

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 (located in each Application packet). The agreement will 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 Staff. Payments will be made to the parent(s) only after the Child Care Assistance Program receive the child care and employee timesheets, a work verification form and, that information is verified. The *Receipt of Payment* form that is attached to the reimbursement check must be signed and mailed back to the Bethel Office to continue receiving assistance.

11. Sliding Fee Scale/Co-payments

The parent(s) may have to pay a share of the child care cost as determined by the sliding fee scale. Failure to pay the parent's share of costs in any month will result in a hold on services and can lead to their termination of eligibility in the Child Care Assistance Program if not resolved.

12. Transportation of the Child(ren)

The child care provider is advised not to transport any child(ren) in their care 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 provider to transport the child(ren). Transportation to and from school shall be the responsibility of the parent.

13. Release of the Child(ren)

A child(ren) cannot be picked up by an unauthorized individual. Also, if there is suspicion of intoxication or illegal drug use by the parent(s) or others authorized to pick up the child(ren), the provider is advised not to release the child(ren) into their custody. The provider is advised to make other arrangements before the child(ren) can be released. If endangerment to the child(ren) is suspected, the provider is advised to not release the child(ren). They are required to contact the appropriate authorities (local police, Alaska State Troopers, Office of Child Services, etc.) to ensure the safety and welfare of the child(ren).

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 Provider, 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 and/or staff or the child care provider concerning discrimination, violation of your rights, etc., you must submit a complaint in writing to the EET&CC 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.

16. Appeals

If you feel that a determination on your behalf was made in error or you disagree with any decisions the Child Care Assistance Program staff has made, you have the right to appeal. A copy of the at AVCP EET&CC Appeals Process is included in this packet, outlining the proper steps to beginning an appeal.

17. Notification of Changes

You must notify the Child Care Assistance Program office of any changes to you and/or your spouse's status or schedule (employment of school), any changes in your household information, any changes to your income and any changes to your contact information – within 7 days. If you fail to do so you are jeopardizing your eligibility in the program

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

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

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

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

Part 6. 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, education, training, or subsistence activities.
- _____ I understand that I will be reimbursed for a percentage of my monthly child care expenses. I understand that I must pay any remaining balance.
- _____ I understand that I must pay the Child Care Provider the full amount of the reimbursement check once received or I jeopardize my eligibility in the program.
- _____ 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 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 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.
- _____ I will submit an updated Child Care Assistance Application annually.
- _____ I will submit the required documentation for recertification (twice a year) early enough so child care services will not be interrupted.
- _____ I may muse more than one (1) Child Care Provider as long as they are licensed (if applicable); however, any costs incurred exceeding the authorized amounts are my responsibility.
- _____ 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: _____



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

Authorization for Release of Information

We/I, _____ and _____, 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/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)



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

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 CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE

This form authorizes _____, my child care provider, to give permission to appropriate medical or hospital personnel to provide emergency medical or surgical care for the children identified below, in the event that I cannot be immediately reached. 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 any and all costs for the necessary medical or surgical care.

Name of child(ren)

Date of Birth

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Signature of Witness



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

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EET& CC Department Appeals Process

Once an eligibility determination has been made by Education, Employment, Training and Child Care (EET/CC) staff, if the applicant does not agree and is not satisfied with the decision, they reserve the right to request an appeal. There are several steps that will be followed if an appeal is initiated.

1. EETCC staff will review with the applicant the basis for the decision made. Validity of facts related to the decision will be completed and, if any error is found to have been made or new information justifies modifying the initial decision, appropriate adjustment will be made.
2. If the applicant is still not satisfied after the initial review, he or she had the right to further the appeal within then (10) days of receipt of the denial notice. The applicant must submit a written request to the Director of the EETCC Department, requesting a hearing and explaining their reasoning.
3. If a hearing is requested the appropriate EETCC staff will submit a written statement regarding the particular matter at hand, specifically stating the facts and policies that were used to base their decision, to the Director of the EETCC Department. A copy of this statement will be available to the applicant upon request.
4. The applicant has the right to be represented by someone of his or her choice, including attorney at his or her own expense.
5. The applicant may appear in person at the designated date, time and place of the hearing. He or she is responsible for any and all arrangements and for any expenses that may be incurred. If the applicant cannot appear in person, the hearing will continue to take place and can involve the applicant calling in over the phone.
6. If the hearing is held and the applicant does not participate either in person or via telephone, the appeal shall be decided on the basis of the information contained in the appeal letter and the available written information.
7. The applicant will be informed of the appeals decision within five (5) business days after the hearing.
8. If the applicant is not satisfied with the outcome of the hearing, he or she may resubmit their appeal for and Administrative Review, within five (5) business days after receiving the decision outcome from the hearing.
9. The Administrative Team will examine all actions taken and will provide a decision with five (5) business days of their meeting. **All determinations made by the Administrative Review Team are final.**
10. If the applicant is not satisfied with the final decision they have the option of contacting the lead federal agency, the Department of the Interior, Bureau of Indian Affairs, Office of Indian Energy and Economic Development, Division of Workforce Development at 1951 Constitution Ave., NW MS-20-SIB Washington, DC 20245.

I have read and understand the above policies regarding the AVCP EET&CC Department Appeals Process

Signature

Date