



Sitka Tribe of Alaska
456 Katlian St.
Sitka, AK99835
(907)747-7293

The Child Care Development Fund is a federally funded program operated by Sitka Tribe of Alaska to deliver services to tribal citizens living in the service area. The purpose of the Child Care Assistance program is to help parents who are working or in training to assist in the cost of childcare. The program is open to tribal citizens with low to moderate income (funding will be available at first come first serve basis); families with lower income will be first priority. This program cannot be used to take the place of other existing child care programs, but can be used when there is no other resource available to the parent.

To determine eligibility you need to turn in the attached application with supporting documents. The application must be filled out completely for your file in order to be considered. Keep in mind that if the application is received without supporting documents, your application will be held for (30) working days, or until the last document required is turned in. Your application will be dated as complete only when all documents are received. The required documents are listed below.

- _____ Request for Child Care **(Form A)**
- _____ Attached Child Care Program application&explanation of need **(Form B)**
- _____ Parent Responsibility Sheet **(Form C)**
- _____ Signed and Dated Release of Information **(Form D)**
- _____ Registered Provider Agreement **(Form E)**
- _____ () Verification for each parent working in the household (verification of hire, pay stubs for the last 30 days or income tax Returns) **(Form F/G)**
- _____ Parent Information Form **(Form H)**
- _____ Child Care Provider Form **(Form I)**
- _____ Birth certificates for each child in the family
- _____ Tribal enrollment cards for each member of the family
- _____ For training purposes (copy of class schedule and financial aid report)
- _____ Child support verification
- _____ Proof of applying with other resources in your area (state child care Application)

Please direct questions, applications, paperwork/faxes, billing payments, general inquiries, approvals/complaints to one of the following:

Child Care Technician/Recertification/Payments: 747-7245.

Intake Specialist/Application-: 747-7293

SS Director/Appeals/Complaints-: 747-7221

_____ Date complete

_____ Expiration date

REQUEST FOR CHILDCARE

To: Sitka Tribe of Alaska, Childcare program

From: _____
Full Legal Name of Parent (s)/Guardian (s)

Address: _____

Date: _____

Phone: _____

Subject: Request for Child Care Assistance.

Child's Name	Date of Birth	Start Date	End Date	Work Training Hours	Child Care Hours

I understand it is my responsibility to:

1. Request childcare services by submitting. Required documents and application for child care.
2. I will notify my Child Care Technician of any changes that may affect my need for childcare as soon as possible and follow up in writing.
3. Pay childcare fees charged by my provider.

I certify that this information is correct. I have been informed and understand that I can be persecuted for fraud if I knowingly give false, incorrect or incomplete information in order to obtain child care funds.

Client Signature: _____ Date: _____

Daycare Facility Representative: _____ Date: _____

Please use area for Full Detail of Explanation Need

Household Members:

Name	Date of Birth	Relationship	Tribal ID#	Social Security Number Number

Office use only

Intake Date: _____ Letter Sent Date: _____ File Completed Date: _____

Signature: _____

Approval: _____ Denied: _____

Date: _____

Recertify Date: _____

PARENT RESPONSIBILITIES CHILD CARE ASSISTANCE PROGRAM

As a parent participating in the Child Care Assistance Program I agree to adhere to the following program requirements. Please read and initial each one.

- _____ 1. I understand that the program funds are for use only when I am engaged in eligible activities. I will notify the Child Care Technician within five days following a change which might affect my eligibility. Changes include employment or training status days/hours of work or marital status, number of children in family, and income.
- _____ 2. I will secure a provider who will accept my children on attendance or scheduled enrollment basis, and I will have a valid authorization agreement before childcare costs are incurred under the program.
- _____ 3. I will notify the Child Care Technician and provider within five days if I will not use the benefits authorized.
- _____ 4. I will give the provider at least 14 days' notice of my intent to terminate childcare services, except in the case of sudden program ineligibility, or upon mutual agreement with provider.
- _____ 5. I will notify the Child Care Technician within 5 days of receiving written notice that I am eligible to apply for Day Care Assistance
- _____ 6. I will renew my authorization agreement by completing a recertification application early enough to continue child care. Authorization cannot be backdated. Any child care received outside of the effective dates is my responsibility. (Initial)
- _____ 7. I will sign the provider's monthly billing statement at the end of the billing period to verify that care was billed only for the times of eligible activity and that I have paid my share of the authorized child care costs, or made mutual acceptable arrangements to pay the provider.
- _____ 8. I will pay for my child care costs not paid on my behalf by the program. I am responsible for paying the provider for any costs above the maximum authorized subsidy.
- _____ 9. I will pay for authorized child care costs if I refuse an alternative provider arranged by my provider during an unscheduled facility closure.
- _____ 10. I will provide all requested documentation necessary to verify income, parent or child eligibility, and parent's eligible activities.
- _____ 11. I may use more than one provider, however, any costs incurred exceeding the authorized amount or the monthly maximum subsidy is my responsibility.
- _____ 12. I have the right to appeal in writing to the Tribal Decisions made by the local Administrator regarding my program eligibility, percentage or tribal subsidy, or times for which care is authorized

CHILD CARE PROVIDER INFORMATION

Parent (s) Name (Participant):

Social Security Number:

Name of Provider: (If relative providing care)

Relationship to participant:

Provider Social Security Number

Mailing Address:

Telephone Number:

Location of Residence (Provider):

Name of Childcare Center providing care: _____

Mailing Address: _____

Telephone Number: _____

Comments:

PARENT/GUARDIAN INFORMATION FORM CHILD CARE ASSISTANCE PROGRAMS

PARENT/GUARDIAN INFORMATION

APPLICATION DATE:

Name:	Social Security#:		
Mailing Address:	SCHEDULE		Child Care Hours
	Days	Work	Work Ends:
Physical Address:	Sunday		
Phones Home: Work: Cell:	Monday		
Employer Agency:	Tuesday		
	Wednesday		
Address:	Thursday		
	Friday		
	Saturday		

SECOND PARENT INFORMATION- (Please list second parent, even if they do not live in household)
Leaving blank, makes your application incomplete.

Status: In Household _____ Not in Household _____

Name:	Social Security#:		
Mailing Address:	SCHEDULE		Child Care Hours
	Days	Work	Work Ends:
Physical Address:	Sunday		
Phones Home: Work: Cell:	Monday		
Employer Agency:	Tuesday		
	Wednesday		
Address:	Thursday		
	Friday		
	Saturday		

(Circle appropriate answer)

Who has legal custody? Both Mother/ Father Other: _____

Do BOTH biological parents reside in the household with the child/ren? YES NO

Do the child/ren live with you full-time? YES NO

Do/Does your child/ren have health insurance? YESNO

CURRENT MARITAL STATUS

(FORM H)

- _____ Single
- _____ Married
- _____ Divorced
- _____ Separated/Divorce
- _____ Pending

Child Care Assistance Income Information Form

A. First Parent

Source	I.Month	6.Months
	Amount	Amount
Salary/Wages		
TANF		
ATAP-State		
IRS		
Alimony		
ChildSupport		
Pension		
Tips		
SocialSecurity		
InvestmentIncome		
Emp.Prov.Housing		
Grants/Scholarships		
NativeDividends		
Self-Employment		
Other		
Total		

B Second Parent

Source	I.Month	6.Months
	Amount	Amount
Salary/Wages		
TANF		
ATAP-State		
IRS		
Alimony		
ChildSupport		
Pension		
Tips		
SocialSecurity		
InvestmentIncome		
Emp.Prov.Housing		
Grants/Scholarships		
NativeDividends		
Self-Employment		
Other		
Total		

A FIRST Parent

Deductions	Amount
FederalIncomeTax	
SocialSec.(FICA/ABS)	
EmploymentSec.(ESC)	
Child/Spouse Support	
\$100 Dependent Child	
Dev. Disabled Child	
Other	
Total	

B SECOND Parent

Deductions	Amount
FederalIncomeTax	
SocialSec.(FICA/ABS)	
EmploymentSec.(ESC)	
Child/Spouse Support	
\$100 Dependent Child	
Dev. Disabled Child	
Other	
Total	

Parents Certification: I certify I have reviewed the Parent/Guardian Information Form, and that the information is true and correct to the best of my knowledge and, that I have been advised of the program eligibility guidelines

Parents Signatures: _____

Date: _____

**VERIFICATION OF EMPLOYMENT REQUEST FORM
(TO BE FILLED OUT BY EMPLOYER)**

Employee's Name: _____

Social Security #: _____ Date of Birth: _____

Please complete the following form at your employee's request.

Job Title: _____

Beginning Wages: _____ Current Wages: _____

Salary; _____ Bi-weekly Monthly (circle one)

Date of Start Work: ___ Hours Per Week: ___ Days per week.

Days Worked: (circle days) Mon. Tues. Wed. Thurs. Fri. Sat. Sun.

First Payday: _____ First full pay day _____

Is this job anticipated to be permanent? _____

Employer Signature: _____ **Date:** _____

Company Agency: _____

Address: _____

Telephone contact: _____

PLEASE COMPLETE THIS FORM FOR EACH PARENT WORKING OR SUBMIT YOUR TWO MOST RECENT PAYSTUBS.

PARENT/GUARDIAN REGISTERED PROVIDER AGREEMENT

The undersigned parent or guardian agrees and understand that:

1. It is my parental right to make an informed choice and to monitor the quality of child care provided by my chosen provider.
2. It is my sole responsibility to determine the appropriateness of my chosen childcare provider.
3. I have chosen a registered provider (Aunt, Uncle, Grandparent, Great-Grandparent, or Adult Sibling) or In-Home Provider who is not required to be licensed by the State and/or Tribe under the rules and regulations of the Alaska Child Care Facilities Licensing Act but, is registered and regulated in accordance with the Tribal Standards.
4. The Tribe will not be licensing or monitoring the Registered Providers in the same manner as State or Tribally Licensed Facilities. The undersigned acknowledges that the Tribe provides less oversight and supervision of Registered Providers than the Tribe provides with Licensed Providers.
5. A minimum of **Two (2) Unannounced Visits per year** will be made by the case worker to the home where services are provided. And, **Two (2) Announced Visits per year** will be made by the Case worker to the home where services are provided.
6. If for any reason it should come to the attention for the caseworker that children are at significant risk the case will be staffed with the Tribal Child Protection staff and if serious, may be referred to the State of Alaska Office of Children Services, or State or Local Authorities, and cease all payment by this program.
7. Selection of an In-Home Provider requires the parent or guardian to meet all application Fair Labor Standards Act and IRS requirements for minimum wage rate pay and withholding of Social Security, State, Federal and all other applicable taxes.

I agree to identify, release and hold the Sitka Tribe of Alaska harmless from any liability, claims, and/or damages to property or for personal injuries resulting from the acts or omissions of the registered provider selected by the parent or guardian pursuant to this agreement.

By signing this form I agree and understand all the terms of selecting registered provider.

Parent or Guardian Signature

Date

Daycare Provider Representative Signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

PARENT(S) NAME: _____

I GIVE PERMISSION TO THE TRIBAL CHILD CARE ASSISTANCE PROGRAM ADMINISTERED BY STA TO RECEIVE INFORMATION PERTINENT TO MY ELIGIBILITY FOR, AND CONTINUED PARTICIPATION IN THE TRIBAL CHILD CARE ASSISTANCE PROGRAM.

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Information released:

- Status of application/re-certification
- Status of renewal
- Information requested necessary to determine eligibility

This release of information does not allow the release of any income or medical information.

This release is intended to allow STA to determine eligibility. Persons or organizations that may be contacted include, but are not limited to: **the Department of Labor, the Department of Military & Veterans Affairs, the Department of Revenue, the Bureau of Citizenship and Immigration Services, Alaska Housing Finance Corporation, Social Security Administration, local governments, public assistance program contractors and grantees, tax assessors, financial institutions, Native Corporations, stock brokerage firms, landlords, employers, school authorities, child support and private individuals.**

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

This release of information will be in effect while I am an applicant or recipient of Child Care Assistance and for any further investigations of my eligibility and receipt of benefits.

Parent Signature

Social Security #

Date

Second Parent Signature

Social Security #

Date

(FORM C)

_____ 13. I understand that if I do not comply with these responsibilities my participation in the program may be terminated.

_____ 14. I understand that if I receive a grant directly that I am responsible for filing taxes. I understand that it is my responsibility to get receipts from my provider for care.

I hereby certify that I have read and understand my responsibilities under this Child Care Assistance Program agreement. I understand that it is fraud to misrepresent facts in order to receive program benefits, including Misrepresentation regarding income status, living arrangements or working status. I understand in Accordance with state administrative code 19AAC 65.411, funding not utilized in accordance with this act will be reimbursed to the tribe, and that additional fees and interest may apply when determining a settlement amount.

Parent Signature **Social Security Number** **Date**

Parent Signature **Social Security Number** **Date**

Daycare Provider Representative Signature **Date**