

KNIK TRIBE CHILD CARE SUBSIDY APPLICATION

Dear Child Care Applicant:

Thank you for applying to the KTC Child Care Assistance Program. In order to be eligible for this program, you must be either:

- Currently be employed and working at least 20 hours or more per week; or
- Enrolled in an accredited higher education program taking a minimum of 6 credits per semester (we are unable to offer child care for study time)
- Enrolled in an accredited training program; or
- Enrolled in High School.
- 1/4 Alaska Native/American Indian, enrolled with KTC or Federally Recognized Tribe.

Before you can be determined eligible for services, the child care application must be fully completed and all necessary documentation attached. We do not accept incomplete applications; incomplete applications will be given back. Once you are determined eligible, you will be mailed a Child Care Authorization within 10 days that will inform you and your provider the amount of child care assistance you are authorized to receive. Note: If you are a two-parent/adult household, we must have all necessary documentation for both adults/parents, and child care is only authorized while both are scheduled to be at work or in school/training. Also, please inform us if you are self-employed, eligibility requirements differ and we need additional information that is not listed on the application.

For all home providers (excluding “In-Home”) on our program, they must first become “Approved” through the Department of Health & Social Services, Child Care Program Office, unless they are licensed by the Municipality of Anchorage, Child & Adult Care Licensing Program. If you choose to have someone come into your home and provide “In-Home” care, they must register with our program and submit the required documents listed in the provider application. Please be aware that we will be conducting at least three unannounced home visits annually.

It is very important that you remember to provide us with your work hours either by pay stubs or timesheets on a monthly basis so we can pay your provider’s billing. We will not pay your child care costs until you submit the necessary documentation. Billings that are 60 days overdue will be your responsibility for payment.

Please be aware that we utilize a Debarment Process (see Policy & Procedures) for parents and/or providers who do not follow the KTC Child Care Policies & Procedures. This process will always be used for those parents whom fail to pay their child care debt, also for those whom are found to have committed fraud while on the KTC Child Care Assistance Program.

REMEMBER: You must renew your child care assistance by the end date written on the bottom of your Child Care Authorization. If you fail to submit renewal application, child care costs accrued after the end date on your authorization will not be covered by our program.

If you have any questions, you may contact the Child Care Coordinator at (907) 373-7938.

Sincerely,

Geraldine Nicoli, Child Care Coordinator

The KTC Child Care Assistance Program provides funding for low-income families living within the Mat-Su Borough service area. Office hours are Monday - Friday, 8:00 a.m.-4:00 p.m.

CHECKLIST

- Fully completed child care application.
- Verification of all income received within the household in the past 30 days (bank statements are not acceptable). If you've had no income, you must sign an income verification form.
- Birth certificates for child(ren) needing care.
- Employment letter- must be signed by employer on letterhead if possible, stating the days and hours of work schedule (ex: Monday - Friday, 8 a.m. to 5 p.m.), date of hire, wages, receiving benefits (yes or no). For those self-employed, additional documents are required.
- Class schedule- if attending UAA or APU, we need a budget forecast and student schedule.
- Training Schedule- must state place of training, days and hours of schedule, start and end dates.
- Developmentally Disabled or Special Needs verification, if applicable.
- Completed provider application with business license, if applicable; or a Parent & Provider Agreement form.

INCOME SOURCES

Check all sources of income that apply and provide us with copies.	Last 30 Days	Last 12 Months		Last 30 Days	Last 12 Months
Employment (must have check stubs showing gross wages with mandatory & voluntary deductions).	<input type="checkbox"/>	<input type="checkbox"/>	Child Support; or verbal agreement with other parent (provide a signed statement).	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment Benefits	<input type="checkbox"/>	<input type="checkbox"/>	Inheritance	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	Retirement Pension	<input type="checkbox"/>	<input type="checkbox"/>
General Assistance (GA)	<input type="checkbox"/>	<input type="checkbox"/>	Native Corp. Dividends	<input type="checkbox"/>	<input type="checkbox"/>
General Relief (GR)	<input type="checkbox"/>	<input type="checkbox"/>	ATAP/TANF	<input type="checkbox"/>	<input type="checkbox"/>
Child Care: CITC, DPA, or DCAP	<input type="checkbox"/>	<input type="checkbox"/>	Other (Please list):	<input type="checkbox"/>	<input type="checkbox"/>
Longevity Bonus	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Support by others	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Foster Care Payments	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYMENT or EDUCATION/TRAINING ACTIVITY

Applicant Information		Spouse Information	
Job Title or Course of Study:		Job Title or Course of Study:	
Employer or Education/Training Institute:		Employer or Education/Training Institute:	
Address:		Address:	
Contact Person:	Telephone:	Contact Person:	Telephone:
Start Date:	End Date:	Start Date:	End Date:
Specify Work Schedule:	Hourly Rate:	Specify Work Schedule:	Hourly Rate:

HOUSEHOLD INFORMATION

Please list **all** persons beginning with yourself who live in your household (including spouses or boy/girl friends) and check DD box if individual is Developmentally Disabled or SN box if individual is Special Needs. If you need additional space, please use the back of this form. **Developmentally Disabled** - Must provide adequate documentation verifying that the family member has a developmental disability. **Special Needs Child** is a.) In Child Protective Services Care; b.) Receiving ICWA Services; c.) Homeless; d.) A child of a Teenage Parent.

Name	Relation to Applicant	Highest Grade Completed	Male or Female	Birth Date	Age	Social Security Number (cannot leave blank)
<input type="checkbox"/> DD or <input type="checkbox"/> SN	SELF					
<input type="checkbox"/> DD or <input type="checkbox"/> SN						
<input type="checkbox"/> DD or <input type="checkbox"/> SN						
<input type="checkbox"/> DD or <input type="checkbox"/> SN						
<input type="checkbox"/> DD or <input type="checkbox"/> SN						
<input type="checkbox"/> DD or <input type="checkbox"/> SN						
<input type="checkbox"/> DD or <input type="checkbox"/> SN						
<input type="checkbox"/> DD or <input type="checkbox"/> SN						
<input type="checkbox"/> DD or <input type="checkbox"/> SN						

CHILD(REN) NEEDING ASSISTANCE

List all children living within your household for whom you are requesting child care assistance and have legal custody.

Name	Birth Date	School Schedule (please be specific)

APPLICANT CERTIFICATION

I certify I am the parent, legal guardian, or foster parent for the child(ren) I am requesting child care assistance. I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form, I may receive a \$10,000 fine, imprisonment for not more than two years, or both. I also understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or suspension from any KTC program and/or services.

Applicant Signature

Date

Spouse/Significant other/Guardian Signature

Date

PARENT RESPONSIBILITIES

Please initial each statement below indicating that you understand and agree to adhere to the following program requirements:

_____ I have received and agree to comply with the Child Care Policies & Procedures.

_____ I will provide all requested documentation necessary to verify eligibility.

_____ I understand that child care assistance is for use only when I am engaged in authorized activities.

_____ I understand it is my responsibility to pay for child care costs incurred until I qualify for child care assistance and receive a child care authorization.

_____ **I agree to submit my timesheets or pay stubs for the period or days the Child Care Assistance Program is billed by my provider or I will be liable for payment 60 days from the date the billing was submitted.**

_____ I understand any costs incurred exceeding the authorized amount or the monthly maximum is my responsibility.

_____ I agree to sign my billing report on the last working day of the month.

_____ I agree to immediately notify the Child Care Assistance Program within 5 days of ANY changes in marital status, household status, employment, training, income, or any other factors that will affect my eligibility for the program.

_____ I understand I must report any additional income that I may receive in the future. This includes, but is not limited to, payments such as child support, alimony, social security, foster care, cash gifts, etc.

_____ I agree to renew my Child Care Authorization prior to expiration. I understand any child care costs, outside the effective dates, is my responsibility.

_____ I understand in order to change my current provider, I must submit a letter of termination to KTC and my provider.

_____ **I am aware of the debarment process and understand that it will be utilized if I fail to pay my child care costs, submit my timesheets/pay stubs, or fail to comply with the Child Care Policies & Procedures.**

_____ I will inform the Child Care Assistance Program if I am no longer using child care services.

CERTIFICATION STATEMENT

I certify that I have read and understand my responsibilities under the KTC Child Care Assistance Program. I understand that it is fraud to misrepresent facts in order to receive program benefits, including facts on income status, living arrangements, or working status. I understand that any fraud may result in removal from the KTC Child Care Assistance Program, and I will have to repay any wrongfully used funds as stated in 4 AAC 65.411 of the State Administrative Code.

Applicant Signature

Date

Spouse/Significant other/Guardian Signature

Date

KNIK TRIBE CHILD CARE CENTER APPLICATION

Dear Child Care Provider:

Please acknowledge being a provider means you are considered an independent contractor (KTC is not your employer) and you are required to report all income to the Internal Revenue Service for tax purposes so please keep copies of your check stubs. At the end of the calendar year, our accounting department will mail a 1099 form to all providers (excluding corporations) earning over \$600 per year.

Please be aware that we utilize a Debarment Process (see Policy & Procedures) for parents and/or providers who do not follow the Child Care Policies & Procedures. This process will always be used for those parents whom fail to pay their child care debt, also for those whom are found to have committed fraud while on the Child Care Assistance Program.

REMINDER: Parents must renew their child care assistance by the end date written on the bottom of the KTC Child Care Authorization. If they have not submitted a Child Care Renewal packet, child care costs accrued after the end date of the last authorization will not be covered by our program. The renewal periods are every March, June, September, and December. We do not send reminders, so it is the parent's responsibility to remember these dates.

To receive payment from our program, you must submit a KTC Facility Attendance and Billing Report for each family on your last working day of the month. Only original billings are accepted (please no copies or faxes). Please refrain from calling the Child Care Assistance Program, inquiring when your payment will be issued. All checks are processed and mailed within 30 days from the date we receive the billing report if we have all necessary documentation from the parent. **Pay stubs or timesheets are required on a monthly basis from the parent before we can process your billing.** From the date we receive your billing, the parent has 60 days to submit the required documents or they will be responsible for payment. Directions for completing a Billing Report can be found on the back of the form. Billings must be legible and accurate for easy processing. Please note all child care costs not authorized on the Child Care Authorization is the parent's responsibility for payment.

Sincerely,

Geraldine Nicoli, Child Care Coordinator

REGISTRATION AND RATE SHEET

Check one:

- Licensed Center (Non-residential setting)
 Licensed Child Care Home

Check one (please provide a copy of your license or approval certification along with this application):

- Municipal Child Care License Approval Certification State of Alaska License Military License

Are you related to the child(ren)? Yes No If yes, please explain the relation: _____

Registration fee: Yes No (\$75.00 Maximum paid to Center's & Licensed providers only) \$ _____

Please list the days & hours you provide care: _____

Please list your rates (and the age range if different from below) for the following categories.

Age Range:	Infant 0 – 18 Months	Toddler 19 – 36 Months	Child 37 Months – 6 yrs.	School Age 7 – 12 years
<u>Full-time Enrollment:</u> 5 full-time days a week	\$	\$	\$	\$
<u>Part-time Enrollment:</u> 5 part-time days a week	\$	\$	\$	\$
<u>Full-time Daily Rate:</u> 5+ to 10 hours a day	\$	\$	\$	\$
<u>Part-time Daily Rate:</u> 0 - 5 hours per day	\$	\$	\$	\$
<u>Hourly Rate:</u>	\$	\$	\$	\$
Do you provide Child Care for Developmentally Disabled children? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list your DD rates:				

Do you charge for holidays and/or closures? (KTC will pay for only ten scheduled closures annually on an enrollment basis). If so, please list: _____

 Provider Signature

 Date

PROVIDER RESPONSIBILITIES

I have received and agree to comply with the KTC Child Care Policies & Procedures.

I understand that as a provider, I function as an independent contractor, so I must comply with all applicable federal, state and local laws and regulations.

I agree to provide a current: approval certification, municipal child care license, State of Alaska license, or military license in order to offer child care services. I understand that I will not receive payment for child care services if I do not have the required licenses or approval certification on file with the KTC Child Care Assistance Program. Should my license expire or be revoked I understand that the KTC Child Care Authorization will become null and void.

I agree to provide child care services to the parent when they have a valid Child Care Authorization, and I certify that the parent(s) will have open access to the facility whenever their children are in my care.

I certify that space is available to meet the parent's work and/or training schedule listed on the Child Care Authorization, and I understand that I must arrange for alternative child care during an unscheduled facility closure.

I agree to submit a true & correct Facility Attendance and Billing Report. I understand that **all absences must be indicated** and that the payment will be calculated on the basis of authorized days of care provided in the Child Care Authorization. I understand that I will not receive payment for child care before the effective date or after the expiration or revocation date.

I understand that payment for services provided to the parent(s) outside the days and times written on the Child Care Authorization are the responsibility of the parent(s) and will not be included on the Facility Attendance and Billing Report.

I understand that as primary provider, I will be paid for the subsidy amount billed as long as it does not exceed what is authorized on the authorization: the monthly maximum subsidy rate. As secondary provider (authorized only when the primary provider is temporarily unavailable), payment is limited to the amount remaining after deducting the payment to the primary provider from the monthly maximum subsidy rate. I understand that the parent(s) are responsible for paying any balance due.

I will charge the KTC parent(s) the same rate that I charge non-subsidized parents for the same service. I also agree not to discriminate against a parent on the basis of race, color, national origin, age, or sex.

I agree to submit any rate changes to the parent(s) and to KTC 30-calendar days before the effective date of change. Knik Tribe follows the State of Alaska Rates.

I understand the Child Care Assistance Program has 30 calendar days to process payment. I understand the Child Care Assistance Program will NOT accept any inquiries in regards to payment prior to 30 calendar days.

I certify I have read and agree to my responsibilities under the KTC Child Care Assistance Program. I agree it is fraud to misrepresent facts in order to receive funds for child care services. I understand that committing fraud will result in removal from the Child Care Assistance Program and I will repay any funds wrongfully obtained as stated in 4 AAC 65.411 of the Alaska Administrative Code.

Provider Signature

Date

Printed Name of Facility/Child Care Provider

PARENT & PROVIDER AGREEMENT

PARENT

- I have received and agree to comply with the KTC Child Care Policies & Procedures.
- I have read and agree to comply with the terms of the Parent Responsibilities.
- I understand that before I can bring my child to a child care provider and receive assistance, I must receive a copy of the KTC Child Care Authorization stating how much assistance I am eligible to receive. I understand that I will be responsible for paying for a portion of my child care costs.
- I certify that I have reviewed my chosen child care provider's file. I agree to all terms and conditions, and I understand that copies are available to me upon request.
- **MOST IMPORTANTLY**, I understand I must submit my timesheet or pay stub on a monthly basis before my provider will be paid or I may be liable for payment.

PROVIDER

- I have received and agree to comply with the KTC Child Care Policies & Procedures.
- I have read and agree to comply with the terms of the Provider Responsibilities and the Program Standards (if applicable).
- I understand that KTC has 30 days to process a payment from the date the billing is received as long as the parent has submitted the required documentation.
- I have provided proof of my Tax Identification number or social security number.
- I understand that before I can receive payment from the Child Care Assistance Program, I must receive a copy of the Child Care Authorization stating how much assistance the parent is eligible to receive.

IMPORTANT: I understand that 'enrollment' authorizations revert to 'attendance' when authorized absences are exceeded or if a parent's eligibility for assistance has changed, payment is then based on days of actual attendance. 'Attendance' basis does not allow payment for absences or holidays; it is the responsibility of the parent.

Parent Signature

Provider Signature

Spouse/Significant other/Guardian Signature

Business/Company Name

Mailing Address

Mailing Address

City, State, Zip Code

City, State, Zip Code

(907) _____
Telephone Number

(907) _____
Telephone Number Fax Number

(907) _____
Work Phone Number

Tax ID Number (if applicable) Date

Date

Registration Fee (if applicable) \$ _____