



Dear Child Care Client:

Enclosed is a Child Care Assistance Application information packet. Please read the entire packet carefully so that you will understand and comply with all requirements, thus ensuring that your application and payments can be made in a timely manner. Key points are as follows:

1. No payment will be authorized until all required **original** paperwork has been signed by you, the provider and an authorized ATC staff.
2. It is a requirement that you submit proof of **ALL** income for yourself and spouse/significant other for the **prior month**.
3. It is also a requirement of this program that you submit **proof that you are enrolled in the Agdaagux Tribal Council**.
4. You must submit **copies of current immunization records and birth certificates** for each child for whom you are requesting child care assistance.
5. Payment requests must be submitted each pay period, which is twice per month, on the Attendance and Billing Report form. The Attendance and Billing Report form must be filled out completely and signed by both you and your provider. The original Attendance and Billing form must be mailed or dropped off to the ATC office immediately after the last day of the pay period to ensure timely payment. You are required to pay your portion on the Attendance and Billing form and submit proof of payments with the Attendance and Billing Report. **No payment will be made until the completed, signed original Attendance and Billing Report and proof of your payment is received by the ATC office.** Non-payment of your portion will result in termination from the program until proof of payment is received by the ATC office.

Thank you for taking the time to read all the material in this packet. Please forward all completed, signed original forms and documentation to:

ATC
Child Care Assistance Program
P.O. Box 249 King Cove, AK 99612

If you have any questions or concerns after you have reviewed the entire packet, please contact us at (907)-497-2648 or email us at atc@arctic.net.

Sincerely,

Rita Uttecht
ATC Administrator

**CHILDCARE ASSISTANCE PROGRAM
PARENT APPLICATION
CHECKLIST**

Applicants Name: _____ Date: _____

1. Completed, signed original:
 - Child Care Assistance Application
 - Authorization for Release of Information
 - Clients Rights and Responsibilities in Choosing a Legal Child Care Provider
 - Income Verification Form
 - Certified/In Home Comparison
2. Tribal enrollment card
3. Proof of income for ALL adults in the household related by marriage, living as married couple and/or biological parents (e.g., last months' pay stubs).
4. Copies of child(ren)'s birth certificates
5. Copies of up-to-date immunization records for all children in the program.
6. Copy of Licensed Center or Provider's State Child Care License and Business License.

After parents have been approved

7. Completed signed original "Certified" Child Care Provider Packet; or
 Completed signed original "In-home" Child Care Provider Packet

ALSO INCLUDED IN THIS PACKAGE

Child Care Rates/Subsidy Rates

***Keep this page attached to the application
(Applications will not be processed until all of the above information has been received)
*Make a copy of this completed application for your records.**

CHILD CARE ASSISTANCE APPLICATION PARENT APPLICATION

GENERAL INFORMATION

The Child Care and Development Fund (CCDF) Child Care Assistance Program is a component of the Department of Health and Human Services (DHHS), Administration for Children and Families (ACF). The objective of the Child Care Assistance Program is to increase the availability, affordability, and quality of child care services.

ELIGIBILITY CRITERIA for the Child Care Assistance Program are as follows:

- Enrolled in the Agdaagux Tribe.
- Must live in King Cove.
- Children must be under the age of 13 or considered a special needs child under the age of 19 that requires supervision as documented by a doctor.
- Parents/guardians must be working or attending an educational program or job training at least part-time OR family is receiving or needs to receive protective services.
- Must meet income guidelines based on adjusted monthly net income.

SUBSIDY RATES range from 55-97% of child care, based on income guidelines, with a maximum limit per child. Under the CCDF program you are required to pay a percentage of your child care fees, if your income is above the poverty level. Failure to pay your portion of your child care will result in your being terminated from the program until you prove that you have paid or have made arrangements to pay the Provider.

Parents/guardians are permitted to choose their own care Providers. The Providers can be state Licensed or Exempt child care Providers.

If you have any questions regarding the CCDF program, please call the ATC Office at (907)-497-2648 or email us at atc@arctic.net.

CHILD CARE ASSISTANCE APPLICATION
PARENT APPLICATION

Name, (Last, First, MI) _____ / _____ / _____
Home Phone Message Phone Work Phone

Address _____
City, State, Zip _____

Marital Status

_____ Single _____ Married _____ Divorced

LIST ALL PERSONS LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF

NAME: (first, MI, Last)	Relationship	Birth Date	Social Security #	AK Native/American Indian	ATC Enrollment #
	SELF			Y N	
				Y N	
				Y N	
				Y N	
				Y N	
				Y N	

Have you received child care assistance before? []Yes []No

If yes, from where? _____

FIRST PARENT INFORMATION (APPLICANT)	SECOND PARENT (OR SPOUSE) INFORMATION
Current Employer:	Current Employer:
Phone No. and contact person:	Phone No. and contact person:
Wages: \$ _____ per hour/week/month please circle	Wages: \$ _____ per hour/week/month please circle
Current Training Institution:	Current Training Institution:
Address:	Address:
Phone No. and Contact person:	Phone No. and Contact person:
Hours per week, or number of credits:	Hours per week, or number of credits:
Start date: _____ End date: _____	Start date: _____ End date: _____

AGDAAGUX TRIBAL COUNCIL
 CHILDCARE ASSISTANCE PROGRAM/PARENT APPLICATION
 PARENT APPLICATION
 INCOME VERIFICATION FORM

1st Parent _____
 Prior 30 days Income

2nd Parent _____
 Prior 30 days Income

Source	Amount
Pay Roll Income	
Commercial fishing settlement	
Unemployment comp.	
Child Support	
Native corporation dividend	
Social security	
ATAP	
Other Income: (please list)	
Total:	

Source	Amount
Pay Roll Income	
Commercial fishing settlement	
Unemployment comp.	
Child Support	
Native corporation dividend	
Social security	
ATAP	
Other Income: (please list)	
Total:	

Parent Certification: I understand that my signature indicates that all statements, documentation, and certificates provided are true and correct. I will notify ATC within 5 working days of any changes, such as, income, marital status, household size or number of children needing child care. I will notify ATC within 30 days advance of changing my Provider to allow for ATC approval of the Provider. ATC will not pay for unapproved Providers. I will be responsible for all child care costs incurred by unapproved Providers.

1st Parent Signature _____ Date _____ 2nd Parent Signature _____ Date _____

ATC Authorized Signature Verifying Information _____ Date _____

CLIENTS RIGHTS AND RESPONSIBILITIES IN CHOOSING LEGAL CHILD CARE PROVIDERS

The Agdaagux Tribal Council (ATC) Child Care Assistance Program states: "Parents may choose child care providers that best meet the needs of their family".

The Child Care Assistance Program offers the following categories of acceptable child care:

FAMILY CHILD CARE: One individual who provides licensed or exempt child care services for fewer than 24 hours per day, per child, as the sole care giver, in a *private residence* other than the child(ren)'s own home.

IN HOME CHILD CARE: One individual who provides exempt child care services in the child(ren)'s own home.

LICENSED: These providers must meet all State of Alaska child care regulations and are licensed through the state.

EXEMPT: These providers NOT under State of Alaska licensing regulations, but must meet State of Alaska Minimum Standards for Health and Safety and be certified by the ATC Employment/Training and Related Services, Child Care Assistance Program.

ATC will only authorize certificate payments for child care performed by legally licensed or legally exempt Providers that have been approved by the ATC Child Care Assistance Program.

I understand and acknowledge that I have the right to choose a Child Care Provider who meets my family's needs in accordance with those legally licensed and Certificate Exempt Providers as specified above. I also understand that child care subsidy can be denied if the Provider is not legally licensed or legally exempt from licensing and/or the circumstances of the child care arrangements are known to be unsafe. The rules and regulations for the ATC Child Care Assistance Program have been explained to me. I understand my obligations as a recipient of this program. **ATC cannot pay for child care to Providers that are not approved and certified by ATC.**

Parent/Guardian Signature: _____ Date: _____

ATC Authorized Signature: _____ Date: _____

CERTIFIED CARE / IN-HOME COMPARISON

CERTIFIED PROVIDER

1. Independent contractor.
2. Required to have Alaska State Business License.
3. Sets child care rates.
4. Bills ATC directly for child care costs.
5. ATC pays Provider directly for the ATC subsidized portion of the child care costs.
6. Collects parent portion of the child care costs directly from the parents.
7. Payments received are considered income for the Provider.
8. Required to claim all payments received from ATC and the parents on income taxes.
9. Must pass a State and Federal criminal back ground check.
10. Must pass a home inspection by ATC.
11. Must not have contagious TB.
12. Must have current ATC Child Care Provider Certificate.
13. Does not provide care in the child's home.

IN-HOME PROVIDER

1. Employee of the parent.
2. Does not require and Alaska State Business License.
3. Parents bill ATC for reimbursement child care costs.
4. ATC pays the parents directly for the ATC subsidized portion of the child care costs.
5. Parents pay the Provider the difference of ATC reimbursement.
6. Payments received are considered income to the Provider.
7. Must pass a State and Federal criminal back ground check only if non-relative.
8. Parents home must pass home inspection by ATC.
9. Must not have contagious TB.
10. Does not need ATC Child Care Provider Certificate.
11. Must provide care in the child's home.

I have read and understand my requirements as a provider or parent under the Child Care Assistance Program and will abide by the requirements. I further understand that providing fraudulent information or not following the requirements will result in termination from the program until I have met the requirements. I understand that ATC will not pay for child care costs if I am out of compliance or my case has been closed.

1st Parent signature _____ 2nd Parent signature _____

ATC Authorized signature _____ Date _____

Home Care

	Enrollment		Attendance		
	Monthly	Part-time	Hourly	Daily	Part-time
Infant 0-18 months	\$669	\$378	5.00	34	21
Toddler 19-36 months	\$608	\$361	5.00	33	20
Child 3-5 years	\$575	\$334	5.00	29	20
School 6-12 years	\$575	\$334	5.00	28	20

Parent(s) are subsidized for child cared based on total household income and family size. Child care is authorized according to hours parent(s) work or attend school. Any charges for child care hours submitted that are not authorized are the responsibility of the parent(s) unless otherwise approved. Parent(s) must be working or attending approved/accredited school 20 hours per week.

SUBSIDY RATES

Percentage rates based on NET MONTHLY INCOME and family size					
Family Size	97%	95%	85%	70%	55%
2	0 - 1,436	1,437 - 1,795	1,796 - 2,154	2,155 - 2,513	2,514 - 2,990
3	0 - 1,807	1,808 - 2,258	2,259 - 2,710	2,711 - 3,162	3,163 - 3,694
4	0 - 2,177	2,178 - 2,721	2,722 - 3,265	3,266 - 3,810	3,811 - 4,397
5	0 - 2,547	2,548 - 3,184	3,185 - 3,821	3,822 - 4,458	4,459 - 5,101
6	0 - 2,918	2,919 - 3,647	3,648 - 4,377	4,378 - 5,106	5,107 - 5,804
7	0 - 3,288	3,289 - 4,110	4,111 - 4,932	4,933 - 5,754	5,755 - 6,508
8	0 - 3,659	3,660 - 4,573	4,574 - 5,488	5,489 - 6,403	6,404 - 7,211

AGDAAGUX TRIBE OF KING COVE: CHILDCARE REQUEST FOR REIMBURSEMENT

Parent Name: _____
 Telephone #: _____

Provider Name: _____
 Address: _____
 Telephone #: _____

MONTH: _____

Child's Name = CN																	Total
Child's Birth = BD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Hrs
CN																	
BD																	
CN																	
BD																	
CN																	
BD																	
CN																	
BD																	
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
CN																	
BD																	
CN																	
BD																	
CN																	
BD																	
CN																	
BD																	
TOTAL:																	

NO PAYMENT will be authorized until this form is completed, signed, and proof of payment is received by ATC

I certify that the above is true and correct to the best of my knowledge.
 I also certify that in accordance with State Regulations, I have paid my portion of last month's Attendance and Billing Report. Proof of payment made is enclosed.

I certify that the above is true and correct to the best of my knowledge.
 I also certify that in accordance with State Regulations, I have received payment from the parent's portion of last month's Attendance and Billing Report. Proof that I have made my portion of the payment is enclosed.

Parent's Signature _____

Date _____

Provider's Signature _____

Date _____