CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office
http://dhss.alaska.gov/dpa/Pages/ccare

Office Use Only

APPROVED RELATIVE CHILD CARE PROVIDER APPLICATION

APPLICANT INFORMATION: This person must be the only individual providing child care and responsible for the day to day operation of the child care. Care must be provided in this individual's private residence. This person must be at least 18 years of age and have a high school diploma, GED, or the equivalent.

Print Name (First/Middle/Last): _____

Print Aliases, Maiden Name, Previous Married Name(s):_____

Social Security Number or EIN: _____ Date of Birth: _____

Facility Name on State of Alaska business license, if different: _____

Mailing Address of Facility: _____ City: _____ Zip: _____

Physical Address of Facility: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Fax: _____

E-mail Address: _____

PROPERTY/BUILDING OWNER INFORMATION: If the property where you live is not owned by you, each line in this section must be completed with the property owner's information. Submit approval from the property owner/manager, allowing the operation of a child care facility on the premises.

Print Name of Property Owner (First/Middle/Last): _____

Physical Address:_____

Mailing Address, if different :_____

Phone:_____ Fax:_____ Email:_____

APPROVED RELATIVE PROVIDER: Provides child care services in their private residence and is the sole caregiver for eligible children. The children in care and the Approved Relative Provider may not live together. An Approved Relative Provider may care for no more than **a <u>total</u> of five** children who are younger than 13 years of age, and no more than **two** may be younger than 30 months of age. The five-children maximum includes all children younger than 13 years of age residing in the provider's household. The family and children identified to be in care, must also be determined eligible for program participation.

CHILDREN IN CARE: Eligible children must all be related to the applicant by marriage, blood, or court decree and be the applicant's grandchildren, great grandchildren, niece, nephew, or sibling. List the names of the children you will be caring for, their date of birth, age, and the qualifying relationship. Verification of your relationship to the children must be provided. These children may not reside in your home.

Child's First, Middle, Last Name	Child's Date of Birth	Age	Relationship to You
1.			
2.			
3.			
4.			
5.			

OPERATING HOURS: Operating hours must be less than 24 hours in a day. Care can only be authorized to you during your operating hours. Ensure the hours "open" include time for the family to travel from you to their eligible activity and from their eligible activity to you. If care is provided on a varying schedule indicate the earliest and latest you would provide care. If you do not regularly provide care on a specific day of the week you may either write "closed" or leave the box blank. If left blank it will be determined care is regularly not needed that day and care provided will not be authorized or paid. List the beginning and ending times of day, including a.m. and p.m.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ am/pm to _____am/pm	_____ am/pm to _____am/pm	_____ am/pm to _____am/pm	_____ am/pm to _____am/pm	_____ am/pm to _____am/pm	_____ am/pm to _____am/pm	_____ am/pm to _____am/pm

SCHEDULED CLOSURES (SUCH AS HOLIDAYS): List the days and/or dates you will be closed and not providing child care services on an annual basis: _____

_____

_____

ON-SITE INSPECTION OR INVESTIGATION: You must cooperate with the Department for purposes of reviews, inspections, or investigations to determine compliance with the Child Care Assistance Program regulations 7 AAC 41, by allowing access to the premises, relevant records, and to children. Announced or unannounced inspections and investigations will be conducted during your listed hours of operation.

BACKGROUND CHECK REQUIREMENTS: All individuals living in the location where child care services are provided who are 16 years of age and older must have a valid fingerprint based background check processed through the Alaska Background Check Program (BCP). You must establish a provider case listing yourself as the owner with the BCP, and complete the application process, to receive valid background checks for yourself and all household members 16 years of age and older. This requires you to have a myAlaska username and password as well as a valid email address. You must frequently monitor the email address you provide with this application for ongoing communication and information from the BCP and the Child Care Program Office. To apply to the BCP visit: https://nabcsprovider.dhss.alaska.gov. You are responsible for maintaining your BCP case and ensuring its accuracy.

If you need to establish a myAlaska account, please visit: https://my.alaska.gov

Applicant's myAlaska User Name:_____

HOUSEHOLD MEMBERS: Starting with yourself, list all individuals living in your home where child care will be provided.

First, Middle, Last Name	Birth Date	Age	Relationship to You
			SELF

INCORRECT PAYMENT OF PROGRAM BENEFITS: If you receive an overpayment of Public Assistance benefits or receive services to which you are not entitled, you may be financially responsible for repaying the overpayment or cost of services to the State of Alaska. This may be true even if the overpayment or improper authorization of services is due to an error on the part of the Department of Health and Social Services. By accepting payment of benefits or services, you must understand and agree that you may have a responsibility for the repayment of benefits or services to which you were not entitled.

FRAUD PENALTY WARNINGS: You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to help someone else obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or are convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

CERTIFICATION AND STATEMENT OF TRUTH: Under penalty of perjury or unsworn falsification, I certify that I am the only individual providing child care at the physical address listed; the statements made on this application regarding myself and individuals living in the location where child care is provided are true and correct; and that I have read, or had read to me, and understand the information provided on this application.

I understand my information may be verified through collateral contact and/or available databases to ensure my participation eligibility.

I have retained a copy of this application and the Approved Relative Child Care Provider responsibilities document.

I understand that I am responsible for compliance with program rules and requirements, penalties, and repayment of any overpayments. I further understand I will not receive any payment for child care services I provide prior to the effective date of an approval determination regarding my eligibility, and/or an approval for program participation for the children I will care for and authorization issued to me.

_____ _____

Signature of Applicant Date