



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

IN-HOME CHILD CARE RENEWAL APPLICATION

FAMILY/EMPLOYER INFORMATION: The family is considered the employer of their selected In-home caregiver and responsible to ensure all program requirements are met.

Category of Child Care Assistance: PASS I PASS II PASS III

Printed Parent Name (First/Middle/Last): _____

Phone: _____ Cell: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

CAREGIVER/EMPLOYEE INFORMATION: This is the individual providing child care services in your home for your children who are younger than 13 years of age and is considered your employee and may not reside in your family's home. This individual may not participate in or conduct an employment, paid or unpaid; educational; or any other activity during the hours hired to conduct child care services. Additional documentation and/or verification may be needed if it is identified a change of caregiver was not reported as required from the time of your most recent approval for In-home Child Care.

Name of Caregiver (First/Middle/Last): _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Contact Phone Number: _____ Email Address: _____

EMPLOYER / EMPLOYEE AGREEMENT:

In completing this agreement, the Employer agrees to comply with all labor laws and tax requirements. The **Employee** agrees to contact the following agencies to help ensure compliance: Internal Revenue Service, US Citizenship and Immigration Services, Child Support Services Division, and Alaska Department of Labor. **Nothing in this form relieves the Employer (parent) of the responsibilities of complying with labor laws and tax requirements.**

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 hours of operation.

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. 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 the statements made on this application regarding myself and my selected caregiver are true and correct; and that I have read, or had read to me, and understand the information provided on this application. I have retained a copy of this application.

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 provided prior to the determination of my caregiver’s eligibility and issuance of approval on my *In-home Child Care Application*.

Employer (Parent) Printed Name

Employer (Parent) Signature

Date

Employee (Caregiver) Printed Name

Employee (Caregiver) Signature

Date