CHILD CARE ASSISTANCE PROGRAM

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

Office Use Only

IN-HOME CHILD CARE APPLICATION

QUALIFYING CRITERIA: To qualify to utilize an in-home caregiver the family must meet at least one of the following verifiable criteria. Check all that apply:

- ☐ At least four children who are not in school at any time during the day, are otherwise eligible, and are not the children of the In-home child care caregiver;
- ☐ At least one child with special needs;
- ☐ At least one child who is younger than 12 months of age; or
- ☐ At least one child, if all parents in the family are working a night shift.

FAMILY/EMPLOYER INFORMATION: The family is considered the employer of their selected In-home child care caregiver and responsible to ensure all program requirements are met. Child care services for all children of the family who are younger than 13 years of age must be provided in the family's home. The In-home caregiver may bring their own child(ren) to the family's home if there will be no more than a total of five children younger than 13 years of age and with written permission from the family.

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

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

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

Taxpayer Identification Number or Social Security Number: _____

Date of Birth:_____

Phone: _____ Cell: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Children of the Family, attach additional sheet if needed:

Print Child's Name (First/Middle/Last):_____ Date of Birth:_____
Print Child's Name (First/Middle/Last):_____ Date of Birth:_____
Print Child's Name (First/Middle/Last):_____ Date of Birth:_____
Print Child's Name (First/Middle/Last):_____ Date of Birth:_____
Print Child's Name (First/Middle/Last):_____ Date of Birth:_____

BACKGROUND CHECK REQUIREMENTS: In-home caregivers must have a valid fingerprint based criminal history check processed through the Alaska Background Check Program (BCP). As the employer you must establish a provider case listing yourself as the owner with the BCP, and complete their application process, to receive a valid criminal history check for your In-home caregiver only. This requires you (employer) 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. Care will not be authorized or paid for until all necessary clearance is received and approval of your In-home Child Care Application is granted.

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

Parent's E-mail Address:_____ Parent's myAlaska User Name:_____

IN-HOME CAREGIVER/EMPLOYEE INFORMATION: This is the individual you are selecting to come to your home and provide child care services for your children who are younger than 13 years of age and is considered your employee. This individual must be at least 18 years of age; have a high school diploma, GED or the equivalent; and may not reside in your family's home. This individual may not participate in or conduct any employment, paid or unpaid; educational; or any other activity during the hours hired to conduct child care services.

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

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

Taxpayer Identification Number or Social Security Number: _____

Date of Birth:_____

Mailing Address:_____ City: _____ Zip:_____

Physical Address: _____ City: _____ Zip:_____

Contact Phone Number: _____ Email address:_____

Initial on the line at the beginning of each statement to indicate you have carefully read each statement below:

____ As a Child Care Assistance Program (CCAP) In-home caregiver, I understand that I am considered an employee of the family identified on this application. The family must meet eligibility criteria and qualify for benefits for care to be authorized and paid through the CCAP.

____ The parent of the family (employer) must pay me at least the Alaska minimum wage or the amount of the family's CCAP benefits, whichever is more, for child care services I provide. Payment for care authorized and used, and any difference in the amount of program benefits and the Alaska minimum wage, will be made to me directly from the parent.

____ I understand and agree child care services will be conducted in the above named family's home and only for children of this family who reside in this home, except that I may bring my own child(ren) with approval from the family and as long as the total number of children in care is no more than five.

____ I understand a fingerprint based criminal history check for me is required and the parent of the family must apply to the Alaska Background Check Program (BCP) and receive a valid criminal history check before I can be considered eligible.

____I verify the parent of the family identified in this application has given me an *IRS Form W-4* and a copy of *Health and Safety Guidelines for In-Home Care*.

____ I verify I am not and will not engage in other employment, paid or unpaid; educational; or any other activity during the hours hired to conduct child care services.

____ I understand the parent of the family identified in this application must provide me with a W-2 at the end of the year and if I have questions or concerns regarding my wages I must contact the Alaska Department of Labor, Wage and Hour. For tax questions or concerns, I must contact the Internal Revenue Service.

____ I have attached a copy of my qualifying (select the applicable): ☐ high school diploma; ☐ GED; ☐ Equivalent to a high school diploma or GED _____.

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 of the responsibilities of complying with labor laws and tax requirements.** This form summarizes requirements listed in State regulations at 7 AAC 41. I understand and agree to these terms.

1. Payment for child care provided prior to the Child Care Assistance Program approval effective dates for both the family and the caregiver, are solely the Employer's responsibility.

2. Child care services will be provided only for the eligible children who live in the Employer's home and care will be conducted at the Employer's physical address as listed above. The selected Employee may not reside in the Employer's home.

3. The Employer agrees to pay the Employee the greater of:
   A. The actual child care assistance benefit amount which includes any applicable family contribution (co-pay) as determined by the Child Care Assistance Program and special needs supplemental amount, if applicable, as determined by the Alaska Inclusive Child Care Program or
   B. The Alaska State minimum wage.

4. Payment for child care services will be made by the Employer directly to the Employee on regular intervals and at least monthly.

5. The Employer agrees to provide verification of payment to the Employee, if requested. If verification cannot be provided when requested, the Employer's participation in the Child Care Assistance Program may be ended.

6. The Employer understands it is their responsibility to submit the following forms to the applicable agency; ensure copies are retained on file; and any and all payments are made to the applicable agency in regard to the Employee as appropriate:
   a. IRS Form SS-4;
   b. IRS Form W-2
   c. IRS form W-4;
   d. USCIS I-9;
   e. Alaska Department of Labor Form TREG; and
   f. CSSD form 04-1050 Alaska New Hire Reporting.

7. The Employer understands they must apply to the Alaska Background Check Program per 7 AAC 10.900 - 7 AAC 10.990; complete the application process; obtain a valid criminal history check for the Employee; and complete the "hiring" process, before their caregiver can be approved by the Child Care Assistance Program.

8. The Employer will submit requests for payment, signed by both the Employer and Employee, for care provided by the Employee, to the appropriate child care assistance office.

9. The Employer will retain all records related to the attendance of children in care, employees, and requests for payment for a minimum of three years and will cooperate in the production of these records, in a timely manner, when requested by the department or designee.

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.

HOURS OF CHILD CARE SERVICES: The caregiver may not be engaged in any other employment, paid or unpaid; educational; or any other activity during the hours hired to conduct child care services as listed below.

List the beginning and ending times of day, including a.m. and p.m. Ensure the hours "open" include time for you to travel from home to your eligible activity and from your eligible activity to your home. If you do not regularly need 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.

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, if any child care services will not be used. If care is not needed on specific days of the week, include those above and not below:

_____

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. **Nothing in this form relieves the Employer (parent) of the responsibilities of complying with labor laws and tax requirements.**

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 and the In-home Child Care Parent Responsibilities on the In-home Child Care Application Coversheet.

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