



## KNIK TRIBE CHILD CARE SUBSIDY APPLICATION

Our program provides assistance to low-income working families living within the Mat-Su Borough service area, in paying for child care costs for children 12 and under.

### Program guidelines:

- Child care is used while parent(s) are in their approved work activity.
- Staff have 10 business days to process your application and issue a child care authorization (If you are a two-parent/adult household, we must have all necessary documentation for both adults/parents) to you and your child care provider. Child care may only be authorized to cover expenses while parents are engaged in approved work activities.
- **Parents must submit timesheets or paystubs each month to verify the child care providers billing report for payment. Providers will not be paid until documentation has been submitted.**
- Parents must renew their child care assistance every July, and February. Please be aware that we utilize a Debarment Process (see Policy & Procedures) for parents and/or providers who do not follow the Knik Tribe (KT) Child Care Policies & Procedures.

### CHECKLIST

- Updated Immunization record
- Applicant or child must be AK Native/American Indian (Please provide documentation)
- 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 the child(ren) needing care.
- Denial letter from applying to the State of Alaska Childcare Assistance program. Denial must be due to over income and not failure to complete the application process.
- Employment letter (if applicable) - 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 applicable) - if attending UAA or APU, we need a budget forecast and student schedule.
- Training Schedule (if applicable) - must state place of training, days and hours of schedule, start and end dates.
- Verification Developmentally Disabled or Special Needs verification (if applicable).
- Child Custody agreement, from either the court or a signed document regarding the absent parent.
- I am currently Job Searching. I understand that I will be required to register with Alaska's People and/or Alaska Job Center and meet with an Employment Specialist each week. I understand that I will be required to complete a monthly job search log before my provider will be paid and that job search can only be authorized up to two consecutive months at 20 hours a week.

#### Provider Documentation

- Completed provider application with child care license.
- Proof of liability of insurance (To be completed by Childcare provider)
- W-9 form. (To be completed by Childcare provider)

<b>Applicant Information</b>						
Last Name:		First Name:		MI:	Native/Nick/Maiden Name:	
Social Security #:		Date of Birth:		Place of Birth:	Gender: Male      Female	Veteran: Yes      No
Marital Status: Married Single		Number of Dependents:		Membership Status		
				Original Tribal Region/Corporation		
Email Address:		Resident Non-member		Associate Member	Base Member	
		Blood Quantum:		Knik Tribal Number:		
Permanent Mailing Address		Physical Address				
Home or Work Phone Number		Cell Phone Number (Optional)		Phone Number at School (Optional)		
List All Household Members & Date of Birth:						

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

<b>Applicant Information</b>		
Job Title or Course of Study:		
Employer or Education/Training Institute:		
Address:		
Contact Person:	Telephone:	Fax:
Start/Employment Date:	End/Termination Date:	
Specify Work/School Schedule:	<b>Hourly Rate or Number of Credits:</b>	

I am currently job searching. I understand that I will be required to register with the Employment Director each week, complete a monthly job search log, and that job search can only be authorized up to 20 a week.

Please check one:    F/T    P/T    Perm    Temp    Seasonal    Gross amount: \_\_\_\_\_

Provide the following information for the last (4) pay periods:

Date pay rcvd: \_\_\_\_\_ # hours worked: \_\_\_\_\_ Gross \$ issued: \_\_\_\_\_  
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 Date pay rcvd: \_\_\_\_\_ # hours worked: \_\_\_\_\_ Gross \$ issued: \_\_\_\_\_

Note: The first \$2000 per household member, per calendar year, is excluded from countable household income and amounts more than this must be reported. Attach Verification if applicable. Corporation: \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_

<b>Spouse/Partner Information</b>		
Job Title or Course of Study:		
Employer or Education/Training Institute:		
Address:		
Contact Person:	Telephone:	Fax:
Start/Employment Date:	End/Termination Date:	
Specify Work/School Schedule:	<b>Hourly Rate or Number of Credits:</b>	

I am currently job searching. I understand that I will be required to register with the Employment Director each week, complete a monthly job search log, and that job search can only be authorized up to 20 a week.

Please check one:    F/T    P/T    Perm    Temp    Seasonal    Gross amount: \_\_\_\_\_

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Note: The first \$2000 per household member, per calendar year, is excluded from countable household income and amounts more than this must be reported. Attach Verification if applicable. Corporation: \_\_\_\_\_ Annual Amount \$ \_\_\_\_\_

\_\_ I agree to immediately notify the Child care assistance program within five (5) business days of ANY changes in marital status, household status, employment, training, income, or any other factors that may affect my eligibility for the program. I understand that changes must be reported in writing, and no specific form is required, and additional documentation may be requested from me. I understand that I may report changes in writing.

**CHILD(REN) INFORMATION**

Check DD box if individual is Developmentally Disabled or SN box if individual is Special Needs.

**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. You may not **claim children over the age of 18** as dependents unless they are DD or 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	Age	Days & Hours Child Care is Needed (please be specific)
DD SN		Attends School    yes    no
DD SN		Attends School    yes    no
DD SN		Attends School    yes    no
DD SN		Attends School    yes    no
DD SN		Attends School    yes    no

**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



**Knik Tribe**

**Release of Information**

I, \_\_\_\_\_, hereby authorize the release of any information to the Knik Tribe (KT) located at 1744 N Prospect Dr, Palmer AK 99645. The requested information shall be used solely in the administration of KT programs, and a reproduction of this release is as valid as the original. Contacts may include, but not be limited to:

Department of Public Assistance

Child Care Providers

Alaska Native Medical Center

Social Security Administration

Wasilla School District

State Child Care Program Office

Division of Vocational Rehabilitation (DVR)

Alaska Family Services

Employers

University of Alaska Anchorage

ANCSA Native Corporations

Bureau of Indian Affairs

Office of Children’s Services

Child Support Services Division

Other (please name): \_\_\_\_\_

This Release of Information shall expire in one year from the date of signature, unless revoked in writing by the undersigned.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Today’s 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 Tribal Council

## Uniform Grievance and Appeals Procedure

This procedure is applicable to both employees and services clients who feel they have not received fair and equal consideration for tribal services or job requirements. An employee, regardless of the length of appointment (except employees who have not yet completed 90 days of probation) is covered by the grievance policy. The employee or service applicant shall not be penalized in any way for submitting a grievance/appeal in good faith.

**Procedure:**

The employee or client should first discuss the alleged unfavorable decision with their supervisor or the staff member involved and if it cannot be resolved at this time, the following procedure shall be taken:

1. The complaint shall be presented to the Department Director in writing to provide new and compelling information which may help in rendering a new and favorable decision. Assistance by KTC shall be rendered at this stage and any other stage in the process. The Educational Coordinator shall respond in writing within five working days. If a favorable decision is not rendered at this stage, the client may proceed to step two (2).
2. If the response is not satisfactorily resolved or the Department Director does not respond in five days, the employee or aggrieved party may file a formal grievance with the Executive Director. The employee/participant may make a written request to provide new and compelling information which may help in rendering a new and favorable decision which will be reviewed by the Executive Director. A hearing shall be set up within five working days. A decision shall be issued in writing by the Executive Director within five days. If a favorable decision is not rendered at this stage the client may proceed to step three (3).
3. If the response is not satisfactory or the Executive Director does not respond in five days, the employee or aggrieved party may file a formal grievance with the Independent Appeals Committee. The Independent Appeals Committee consists of no less than three tribal Council Members. The Committee will conduct a thorough and objective review of the grievance and develop a decision. The employee/participant shall be informed of the decision in writing, explaining how the committee came to its conclusion. The decision is final.

All time limits shall be adhered to; however, the time limits may be extended by mutual written consent of both parties in the event of scheduling difficulties. This extension shall not exceed ten (10) working days. In the event the employee/participant does not respond with the time frame established; the grievance shall be considered resolved.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PROVIDER CHILD CARE ASSISTANCE PROGRAM

### Licensed Home & Licensed Child Care Center Registration Packet

Please acknowledge being a provider means you are considered an independent contractor (Knik Tribe 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 provide a copy of your **liability of insurance** and a **W-9 form**.

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 KT 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 February and July. 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 Knik Tribe Facility Attendance and Billing Report for each family on your last working day of the month. 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 are required on a quarterly 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. Billings must be legible and accurate for easy processing. Please note all child care costs not authorized on the Child Care Authorization are the parent's responsibility for payment.

Approved Non-Relative and Approved Relative Providers need a separate application. Please ask child care assistant for the State of Alaska Child Care Licensing Program Application.



## REGISTRATION AND RATE SHEET

Provider Name: \_\_\_\_\_ Facility Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax ID or SS#: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Check one:**

- |   |  |
|---|--|
| Approved (by the State Child Care Program Office)<br>Approval Certification, Alaska Business License<br>In-Home (Provides care in the child's home)<br>Background Check, State of AK Business License | Center (Licensed by State of AK)<br>Licensed Home (Licensed by State of AK)<br>Military Facility (Regulated by the military) |
|---|--|

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: \_\_\_\_\_

Do you charge State Rates? Yes No

If no, 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
<b>Full-time Enrollment:</b> 5 full-time days a week	\$	\$	\$	\$
<b>Part-time Enrollment:</b> 5 part-time days a week	\$	\$	\$	\$
<b>Full-time Daily Rate:</b> 5+ to 10 hours a day	\$	\$	\$	\$
<b>Part-time Daily Rate:</b> 0 - 5 hours per day	\$	\$	\$	\$
<b>Hourly Rate:</b>	\$	\$	\$	\$
Do you provide Child Care for Developmentally Disabled children? Yes 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: \_\_\_\_\_

List the amounts that will be charged for the applicant child(ren):

Child Name	Child Care Rate
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