



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office
3601 C Street, Suite 140
PO Box 241809, Anchorage, AK 99524-1809

Office Use Only

IN-HOME CHILD CARE APPLICATION

Translator services are available to assist in understanding and completing this application. If you are requesting translator services please indicate the language needed:_____. Your signature in the Certification and Statement of Truth section affirms your ability to read and understand this document as written in English.

Family/Employer Information

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

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

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

Phone: _____ Cell: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

In-home Care: The family is responsible for ensuring all the requirements are met and is considered the employer of an In-home caregiver. Child care services are provided in the home of the family who is receiving State of Alaska child care assistance. Care may not be provided in the caregiver’s home. Caregivers may care for all of the children in that family who are under 13 years of age. The In-home caregiver may only bring their own children to the family’s home if there will be no more than a total of five children under 13 years of age, and upon agreement with the family.

Background Check Requirements: In-home caregivers need a fingerprint based criminal history check which requires you (parent) to have a myAlaska username and password as well as a valid email address. Criminal history checks are processed through the Alaska Background Check Program (BCP). 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. If you need to establish a myAlaska account, please visit: <https://my.alaska.gov>

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

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 caregiver only. 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.

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.

Caregiver/Employee Information

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

Social Security Number: _____ Date of Birth: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Contact Phone Number: _____ Email address: _____

ADDITIONAL ACTIVITY

Are you engaged in employment or educational activities in addition to providing child care services?
 Yes No If yes, where are you employed and what is your work schedule? (Include all employment activities): _____

Contact name and phone number of employer(s): _____

Where do you attend school and what is your class schedule? (Include all educational activities): _____

Attach a copy of your current and/or future class schedule from the educational institution where you are registered to verify this schedule.

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 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 the individual pictured in the government issued photo identification provided and I am at least eighteen years of age.

____ 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.

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