



# 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
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## LICENSED / CERTIFIED PROVIDER CHILD CARE ASSISTANCE 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.

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

Owner Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Social Security Number or EIN: \_\_\_\_\_ ICCIS #: \_\_\_\_\_

The owner may authorize another individual associated with the facility signatory authority for completing and signing all Child Care Assistance Program forms, except a *Licensed / Certified Provider Child Care Assistance Application*. An individual with signatory authority may not grant other individuals signatory authority. Facility Owners may authorize another individual to act for, and as a representative of the owner. This is the "Authorized Agent." The facility owner is responsible for compliance with program rules and requirements, penalties and repayment of any overpayments.

Authorized Agent Name, if different than owner (First/Middle/Last): \_\_\_\_\_

My signature is the only authorized signature.

I authorize signatory authority to the following individual(s):

First and Last Name of individual: \_\_\_\_\_ Title: \_\_\_\_\_

First and Last Name of individual: \_\_\_\_\_ Title: \_\_\_\_\_

First and Last Name of individual: \_\_\_\_\_ Title: \_\_\_\_\_

First and Last Name of individual: \_\_\_\_\_ Title: \_\_\_\_\_

**Licensed / Certified Provider Responsibilities:**

You must report any changes in your circumstance that may affect your eligibility to participate in the Child Care Assistance Program within ten days of the change. You must notify the licensing representative in addition to the local Child Care Assistance office. Examples of changes you are required to report to the Child Care Assistance Office include:

- If you move, get a new mailing address, or get a new telephone number;
- Closures of five or more consecutive days in a month;
- Changes in your rates, and/or;
- Non-renewal of your child care license.

**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 individuals living in my child care facility are true and correct; and that I have read, or had read to me, and understand the information provided on 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 eligibility and issuance of approval regarding my child care assistance application as a Licensed or Certified child care provider.

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Owner

\_\_\_\_\_  
Signature of Provider’s Authorized Agent (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Provider’s Authorized Agent (if applicable)