



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

LICENSED PROVIDER CHILD CARE ASSISTANCE APPLICATION

APPLICANT INFORMATION: This is the licensed child care facility's Owner or Administrator. A licensed child care facility's Administrator has authority through child care licensing for the day to day operation of the child care facility. This day to day operational authority includes applying for participation in the Child Care Assistance Program (CCAP). The facility Administrator must complete the Licensed, Certified, Accredited Provider orientation. A new Licensed Provider Child Care Assistance Application is not required if the facility's Administrator changes.

Facility Name: _____

Owner Name: _____ Contact Phone: _____

Administrator Name, if different than Owner: _____

Facility EIN or Owner's Social Security Number: _____

ICCIS #: _____

Facility Physical Address: _____

Facility Mailing Address: _____

SIGNATORY AUTHORITY FOR REQUEST FOR PAYMENT FORMS: The facility Administrator has signatory authority for all Child Care Assistance Program (CCAP) actions and forms including Request for Payment. The Administrator must designate the individual(s) who may sign CCAP Request for Payment forms if someone in addition to themselves will be responsible for submissions. The Administrator and each individual with signatory authority must complete the Child Care Assistance Provider Billing Training prior to submission of Request for Payment forms signed by that individual.

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: _____

My signature is the only authorized signature.

CHILDREN RESIDING IN A LICENSED FACILITY: The Child Care Assistance Program (CCAP) may not be billed for child care services provided for children residing in a Licensed Facility. Children younger than 13 years of age, residing in a Licensed facility are included in the facility's capacity regardless of CCAP participation.

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 (CCAP) 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 CCAP, 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

This section, in addition to the Alaska child care assistance statutes and regulations, should be carefully read and understood prior to signing the application. The facility's Owner and/or Administrator must sign the application.

I have accessed a copy of the Alaska Child Care Assistance Program Statutes and Regulations: AS 47.05, AS 47.25.001- 47.25.095, and 7 AAC 41, and have read, understand and agree to comply with them;

I will cooperate with the Department of Health and Social Services (DHSS) including inspection and investigation and permit representatives of the DHSS to have full access to inspect and investigate the child care facility and premises, review records, interview staff and interview individuals and their families receiving services;

I understand that I am required to maintain and retain records necessary to demonstrate compliance with the Alaska Child Care Assistance Statutes and Regulations. In addition, I will make these records available to the DHSS or its authorized representatives, upon request; and

Under penalty of perjury or unsworn falsification, I certify that the statements made on this application 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 child care provider.

Printed Name of Owner

Signature of Owner

Date

Printed Name of Administrator, if different than Owner

Signature of Administrator if different than Owner

Date