



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

APPROVED RELATIVE CHILD CARE PROVIDER APPLICATION

This category of child care provider must submit a new application and be determined eligible every two years to participate in the Child Care Assistance Program and receive subsidy payments on behalf of participating families.

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.

Print Name (First/Middle/Last): _____

Social Security Number or EIN: _____ Phone: _____ Cell: _____

Facility Name on State of Alaska business license, if different: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address of Facility: _____ City: _____ Zip: _____

E-mail Address: _____

APPROVED RELATIVE PROVIDER: Provides child care services outside of the child’s own home as the sole caregiver for eligible children. Eligible children must all be related to the provider by marriage, blood or court decree and are grandchildren, great grandchildren, niece, nephew, great niece, great nephew, or sibling. The children in care and the Approved Relative Provider must live in separate residences. An Approved Relative Provider may care for no more than **a total of five** children under 13 years of age, and no more than **two** may be under 30 months of age, including their own children.

List the names of the children you will be caring for and how they are related to you.

Child’s First, Middle, Last Name	Child’s Date of Birth	Age	Relationship to You
1.			
2.			
3.			
4.			
5.			

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.

Criminal History Requirements: All individuals living in the location where child care services are provided who are 16 years of age and older must submit a Release to Review Background Information Form (ROI). ROI form for individuals who are 16 or 17 years of age must also be signed by their parent or legal guardian. All individuals living in the location where child care services are provided who are 18 years of age and older must also submit an Interested Person’s Report, issued within the last 90 days from the Department of Public Safety.

Household Members: Starting with yourself, list all individuals living in the location where child care will be provided. For additional individuals, attach a separate page.

First, Middle, Last Name	Social Security Number	Birth Date	Age	Relationship to You
				SELF

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 I am the only individual providing child care at the physical address listed; the statements made on this application regarding myself and individuals living in the location where child care is provided are true and correct; and that I have read, or had read to me, and understand the information provided on this application. I understand my information may be verified through collateral contact and/or available databases to ensure my participation eligibility. I have retained a copy of this application and the Approved Relative Child Care Provider responsibilities document.

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 I provide prior to the determination of my eligibility and issuance of approval regarding my child care provider application.

Signature of Provider

Date

Signature of Witness, if signed with an “X”

Date