



ALASKA INCLUSIVE CHILD CARE PROGRAM

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

Office Use Only

APPLICATION FOR ALASKA INCLUSIVE CHILD CARE

A child with special needs as described in 7 AAC 57.940 who is under 13 year of age may qualify for a supplemental program rate if the child's special needs are documented by a health professional; and the provider establishes, in consultation with the child care resource and referral agency assisting the family, that the child requires additional services due to the child's special needs, and that those services have an additional cost. Additional funding may be approved as a one-time payment or multiple payments depending on the child's specific needs and the additional cost for services and/or accommodations provided.

Printed Full Name of Family's Responsible Party (First, Middle, Last)

Home Address City State Zip Code

AK

Mailing Address City State Zip Code

AK

Home Telephone	Work Telephone(s)	Cell Telephone	E-mail
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Child's Name (First, Middle, Last)	Date of Birth:
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Child's Name (First, Middle, Last)	Date of Birth:
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Child's Name (First, Middle, Last)	Date of Birth:
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Child's Name (First, Middle, Last)	Date of Birth:
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Child Care Provider Name	Contact Phone:
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Physical Address	City	State	Zip Code
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AK

Mailing Address	City	State	Zip Code
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AK

I understand I must be eligible to receive State of Alaska Child Care Assistance and Alaska Inclusive Child Care Programs in order for my child(ren)'s child care provider to receive supplemental funding.

 Signature of Family's Responsible Party

 Date

