



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

AUTHORIZATION FOR SPECIAL NEEDS SUPPLEMENT

Full Name of family's Responsible Party (First, Middle, Last)			ICCIS ID #
Physical Address		City	State AK
Mailing Address		City	State AK
Home Telephone	Work Telephone(s)	Cell Telephone	E-mail
Child's Name (First, Middle, Last)			Date of Birth:

Child Care Provider Name	Contact Phone:
Physical Address	City State Zip Code AK

Effective Start Date	Eligibility End Date	Supplemental Funding Percentage
		%

 Child Care Program Office Staff Printed Name

 Phone Number

 Child Care Program Office Staff Signature

 Date