



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

APPROVED RELATIVE CHILD CARE PROVIDER RENEWAL APPLICATION

APPLICANT INFORMATION: This person must be the individual previously approved for Child Care Assistance Program participation as an Approved Relative Provider. Care must be provided in this individual's private residence.

Printed Name (First/Middle/Last): _____

Mailing Address of Facility: _____ City: _____ Zip: _____

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

Phone: _____ Cell: _____ Fax: _____

Email Address: _____

Is this is a new physical location? Yes No. **If Yes, do you own this property?** Yes No.
If renting, you must also complete and submit a *Permission to Operate a Child Care Business CC72 form.*

HOUSEHOLD MEMBERS: Starting with yourself, print the information below for all individuals living in your home where child care will be provided. Additional documentation may be needed if it is identified changes in the individuals residing in your home were not reported as required from the time of your most recent approval for Child Care Assistance Program participation.

- | | | | | |
|----|--------------------------|------------|-----|---------------------|
| 1. | | | | |
| | First, Middle, Last Name | Birth Date | Age | Relationship to You |
| 2. | | | | |
| | First, Middle, Last Name | Birth Date | Age | Relationship to You |
| 3. | | | | |
| | First, Middle, Last Name | Birth Date | Age | Relationship to You |
| 4. | | | | |
| | First, Middle, Last Name | Birth Date | Age | Relationship to You |
| 5. | | | | |
| | First, Middle, Last Name | Birth Date | Age | Relationship to You |

ON-SITE INSPECTION OR INVESTIGATION: You must cooperate with the Department for purposes of reviews, inspections, or investigations to determine compliance with the Child Care Assistance Program regulations 7 AAC 41, by allowing access to the premises, relevant records, and to children. Announced or unannounced inspections and investigations will be conducted during your listed hours of operation.

CHILDREN IN CARE: Print the names of the children you will be caring for, their date of birth, age, and the qualifying relationship. Verification of your relationship to the children must be provided if it is identified changes of the children in care were not reported as required from the time of your most recent approval for Child Care Assistance Program participation. These children may not reside in your home.

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

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 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. I further certify I will not participate in paid or unpaid employment, self-employment, unpaid/volunteer activity, educational or any other type of activity during the hours of my child care operating hours. 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.

I understand that I am responsible for compliance with all 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 effective date of an approval determination regarding my eligibility, and/or the effective date of an approval for program participation for the children I will care for and an authorization issued to me.

Signature of Applicant

Date