



Kenaitze Indian Tribe
Child Care Assistance Program
P.O. Box 988 Kenai, AK 99611
Phone: 907.335.7616
heschaefer@kenaitze.org

Child Care Assistance Application

Required Documents:

- ID Cards for all adults
- Birth Certificates for each child
- CDIB/BIA/Tribal Card, or Letter from Federally recognized tribe for each child
- Current Immunization records for all children
- Proof of Present Address (Lease, Deed, Rent Receipt)
- Income verification- paystubs for last 30 days, or self-declaration of no income
- Employment/Training/Training hours
- Developmentally Disabled or Special Needs Verification. If applicable

Name (Please Print)			
Mailing Address	City	State	Zip
Physical Address	City	State	Zip
Phone	Work Phone	Email	

Kenaitze Indian Tribal Member	Y <input type="checkbox"/>	N <input type="checkbox"/>
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Salamatof Tribal Member	Y <input type="checkbox"/>	N <input type="checkbox"/>
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Official Use

Receiving Staff Signature

Print Name

Date



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House Hold Family Members

Name (First M Last)	DOB	Age	Relation to Self	If Applicable
				CC/DD/SN
				CC/DD/SN
				CC/DD/SN
				CC/DD/SN
				CC/DD/SN
				CC/DD/SN
				CC/DD/SN

CC-Child Care needed for individual

DD-Developmentally Disabled. Disabilities include professional recognition of : impairments, activity restrictions and/or limitations. A verification of diagnosis from a licensed health care professional is required.

SN-Special Needs. In Child Protective Services , or an Indian Child Welfare Case, or Homeless

I certify that I am the parent, legal guardian, or foster parent of an (please check one)

Alaska Native Child(ren)

American Indian Child(ren)

Parent Affirmation: I agree to notify the Kenaitze Indian Tribe’s Child Care Assistance Program of ANY changes in marital status, employment, and/or training, income, or any factors that will affect my eligibility for this program. I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge.

Applicants Signature

Applicants Print Name

Date



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Program Requirement Agreement

As a parent/guardian participating in the Kenaitze Indian Tribe Child Care Development Fund program, I understand and agree to adhere to the program requirements as shown by my initials:

- _____ I will provide all requested documentation necessary to verify eligibility.
- _____ I understand that my child(ren) must be current on all immunizations, and provide documentation as necessary
- _____ I understand it is my responsibility to pay for child care until I m certified for assistance
- _____ I understand any costs incurred exceeding the authorized amount or the monthly maximum are my responsibility.
- _____ I understand that Kenaitze Indian Tribe Child Care Development Fund program in no way accepts responsibility for any occurrence/accidents that take place while the children are in the care of my chosen provider.
- _____ I agree to renew my Child Care Certificate 30 days prior to expiration. I understand that any child care costs outside the effective dates are my responsibility.
- _____ I am aware that I may be terminated from the program for any fraudulent representation.
- _____ I am aware that it can take up to thirty (30) days to process an application.
- _____ I am aware that Kenaitze Indian Tribe will only pay up to the state rates and any remaining balance is my responsibility.
- _____ **I agree to notify the Kenaitze Indian Tribe Child Care Development Fund program and my provider within 30 days of any changes that may affect my eligibility**

Certification Statement:

I have read and understand my responsibilities under the Kenaitze Indian Tribe Child Care Development Fund program. I understand that it is fraud to misrepresent facts in order to receive program benefits, including facts on income status, living arrangements, or working status. I understand that any fraud may result in removal from the Kenaitze Indian Tribe Child Care development Fund program and I will have to repay wrongfully used funds pursuant to 4 ACC 65.411

Applicant Signature

Date



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Consent for Release of Information

Required for all household members 18 and older

I, _____, authorize the mutual exchange of information and communication for

MYSELF _____ SSN _____
Name

MY CHILD _____
Name

AS LEGAL GUARDIAN FOR _____
Name

between the Education Division Programs of Kenaitze Indian Tribe and the State of Alaska, Department of Health and Social Services for information related to Child Care Assistance. I authorize the communication to be exchanged in writing, verbally, electronically, and/or other means to relay pertinent information.

Applicant Signature

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Current Employment, Education, or Training Activity

Household Member Name: _____

Job Title or Course of Study: _____

Name of Employer/Training Institute: _____

Address of Employer/Training Institute: _____

Work/Training Schedule (ie: M-F 9am-6pm):

Household Member Name: _____

Job Title or Course of Study: _____

Name of Employer/Training Institute: _____

Address of Employer/Training Institute: _____

Work/Training Schedule (ie: M-F 9am-6pm):

Applicant Certification:

I hereby certify the information made on the application is true and complete to the best of my knowledge. I understand that if I enter false information or any misrepresentation or concealment of material fact, it will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspension from any Kenaitze Indian Tribe program participation and services.

Applicant Signature

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INCOME

**** ALL INCOME MUST BE REPORTED ****

Please provide proof of income from the last **thirty (30) days**.

Income should be NET income which is income after taking taxes and deductions out.

<u>Person Working</u>	<u>Employer</u>	<u>Dates of Employment</u>	<u>NET Monthly Income</u>
			\$
			\$

Other Types of Possible Income

Income Type	Who Received it	NET monthly amount
Government/Other Retirement checks		\$
Money from boarders or room renters		\$
Pension		\$
Retirement		\$
Self-Employment (w documentation)		\$
Supplemental Secondary Income		\$
Corporation Dividends OVER \$2000		\$
Other-		\$
Other-		\$
	TOTAL NET INCOME MONTHLY:	\$

 Applicant Signature

 Date



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Self-Declaration of No Income

Parent/Guardian Name _____

This is to certify the income status for the above named individual. Income Includes but is not limited to:

- The full amount of net income earned after taxes and deductions.
- The net income earned from the operation of a business, i.e total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest income credited to an applicants bank account and available for use.
- Native Corporation Dividends over \$2000.00
- Any monthly payment amount received from retirement funds, pensions, and other similar types of periodic payments.
- Other possible income sources.

I certify, under penalty of perjury, that I do not have any income from any qualifying source at this time.

Applicant Signature

Date