

CHILD CARE



CLIENT ASSISTANCE

Please make sure that your application is complete. The following items are needed for a complete application in order for your case to be reviewed and processed.

1. Copy of the child's ASRC Card
2. Copy of the child's birth certificate.
3. Immunization records

Basic Eligibility Conditions

1. Must be a tribal member of Native Village of Barrow
2. Update income verification on a quarterly basis after date of approval.

Family Application Process

Program Purpose- The Native Village of Barrow provides this service to clients who are engaged in eligible activities, which are work search, employment, education, and training.

Priority Level 1 being the highest

| | |
|------------|--|
| Priority 1 | Children in custody |
| Priority 2 | Special Needs Children |
| Priority 3 | Welfare Recipients |
| Priority 4 | Regular Child Care Clients for approved activity |

Native Village of Barrow will give priority for child care services to children with special needs.

Determination Process- once the application is complete and all required documents are provided or updated the Workforce Development staff will submit the determination letter. The determination letter indicates the eligibility of the client.

- If the client falls within the income guidelines the client is eligible to receive child care subsidy. The determination will indicate the amount of co-pay that the client will pay. In some cases the Workforce Development Director will waive the co-pay. The term eligibility is a three (3) month basis.
- If the client does not fall within the income guidelines the client is over-income and cannot receive child care subsidy. The determination will indicate the amount of overage with the income bracket.

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

EDUCATION STATUS

Have you graduated from high school? Yes No

If Yes, please indicate the year and place _____

Are you currently attending an educational institution? YES/NO

If Yes, please indicate the type of educational institution you are currently attending?

High School GED Alternative School

Vocational Training College University

Where: _____ When: _____ Hours: _____

LABOR FORCE STATUS

Are you currently employed? Yes No

If Yes, please indicate the type of employment:

Self Employment Employer

_____ Permanent Temporary Full-time Part-time

Wage Per Hour: _____

Is your **spouse** or **significant other** currently employed? Yes No

If Yes, please indicate the type of employment:

Self Employment Employer

_____ Permanent Temporary Full-time Part-time

Wage Per Hour: _____

Have you been awarded State Child Care Assistance? YES/NO

If Yes, how much \$ _____

Record of Income and Resources

Does anyone in your household have income from any source? Yes ___ No ___

If Yes, list the name of household member(s), source of income and amounts below.

****Applicant MUST PROVIDE verification of ALL income reported & received****

| SOURCE OF INCOME | AMOUNT | NAME OF HOUSEHOLD MEMBER |
|--|--------|--------------------------|
| Salary #1. Applicant's Gross Income/Salary | | |
| Salary #2. Spouse/Significant Other Gross | | |

| | | |
|--|--|--|
| Income/Salary | | |
| Child Support and Alimony | | |
| Adult Public Assistance (APA) | | |
| Social Security (SSA) or SS Retirement | | |
| Other Income | | |
| Other Income | | |
| Total Monthly Income | | |

EMERGENCY CHILD CARE RECORD

(For use by Child Care Provider)

Name of Child _____ Date of Birth _____
Last First MI

Name of Child _____ Date of Birth _____
Last First MI

Name of Child _____ Date of Birth _____
Last First MI

Who has legal custody of the child(ren) _____ Relationship? _____
 Persons authorized to take the child from care:
 1. _____ 2. _____
 3. _____ 4. _____

How to Reach Parent(s) or Legal Guardian
 Mother _____ Father _____
 Home Address _____ Home Address _____
 Home Phone _____ Wk _____ Home Phone _____ Wk _____

USUAL PHYSICIAN

Name _____
 Address _____
 Phone _____
 Name, address and phone number of person(s) who can assume responsibility for the child if parents can not be reached during an emergency. _____
 Allergies (including drugs) _____

Signature of Parent of Legal Guardian _____ Date _____

CONSENT FOR EMERGENCY MEDICAL OR SURGICAL CARE

This authorizes _____, consent to have the hospital
(Name of Child Care Provider)
 personnel provide medical or surgical care for the child/children list above in the event that I cannot be contacted immediately. It is understood that a conscientious effort will

be made to locate me or my child's other parent or legal guardian before any action will be taken. I understand my obligation to keep my child care provider informed of my whereabouts. I will assume the cost of necessary medical or surgical care.

Signature of Parent or Legal Guardian

Date

NOTICE OF CLIENTS RIGHTS ACKNOWLEDGE FORM

If your application is approved, you will have complete and total authority to select the type of child care you prefer and any specific child care provider as long as the child care provider you identify meets the registrations and/or State or Tribal certification criteria, and are willing to enter into agreement with the Native Village of Barrow's Child Care Program to serve as a provider. (Copies of the child care provider registration and tribal license forms for the program can be obtained by contacting the Workforce Development Director.)

AGREEMENT

- * I certify that I have checked the information on the application very carefully and that it is a true and complete statement of facts to the best of my knowledge and belief.
- * I understand that it is against the law to make false statements and that I am subject to prosecution if I do.
- * I understand that a representative for the Native Village of Barrow may call my home, and may contact other people in order to verify my eligibility for the childcare assistance. I also understand that any information I give may be verify by computer cross matching with other agencies.
- * I authorize the Native Village of Barrow's Workforce Development Department to communicate with my Child Care Program.
- * I certify that this is the only application submitted from or on the behalf of my household for any Child Care services.
- * I understand Native Village of Barrow is not liable for my choice in child care provider. Also if my child should be injured or become harmed while under the care of my child care provider, that I will pursue the child care provider and not Native Village of Barrow.

Signature of Parent or Legal Guardian

Date

CLIENT AGREEMENT FORM

1. I understand that program funds are for use when I am engaged in eligible activities. I will notify the local administrator within five days following a change, which might affect my eligibility. Changes include employment or training status, number of children in family, and income.
2. I will secure a provider who will accept my child on attendance or scheduled enrollment basis, and will have a valid authorization agreement before childcare costs are incurred under the program.
3. I will give the provider at least 14 days notice of my intent to terminate child care services, except in the case of sudden program ineligibility could being fired, laid off, increase in wages, etc.
4. I will renew my authorization agreement early enough to provide for continued care. Authorization agreement cannot be backdated. Any childcare received outside of the effective dates is my responsibility.
5. I will sign the provider's two-week billing statement at the end of the billing period to verify that care was billed only for the times of eligible activity.
6. I will pay for authorized childcare costs not paid on my behalf of the program. I am responsible for paying the provider for any cost above the maximum authorized subsidy.
7. I will pay for my childcare if I refuse an alternating provider during an unscheduled facility closure.
8. I will provide all requested documentation necessary to verify income, parent or child eligibility, and parent's eligibility activities.
9. I may use more than one provider, however, any costs incurred exceeding the authorized amount or the monthly maximum subsidy is my responsibility.
10. I have the right to appeal in writing to the Native Village of Barrow on decisions made by the local administrator regarding my program eligibility, co-payment of state subsidy, or times for which care is authorized.
11. I understand that if I do not comply with these responsibilities under this childcare assistance program agreement my authorization to provide childcare will be terminated. I also understand that it is fraud to misrepresent facts in order to receive program benefits, including

misrepresentation regarding income status, living arrangements, or working status. I further understand that any fraud may result in removal from the program and I will have to repay and wrongfully used funds.

Signature of Parent or Legal Guardian

Date

Payment Agreement Form

This is an agreement between; _____,
Client's Name

_____, and Native Village of Barrow. The
Provider's Name or Child Care Center's Name

named above client has been approved into the NVB Child Care Assistant Program on

_____ and will expire _____. The named
Approval Affective Date Date of Expiration

client is responsible for a co-payment in the amount of _____ and Native Village
Client's Co-Pay

of Barrow will subsidize the approved remaining child care cost.

If, _____ owes a co-payment amount of funds to
Client's Name

_____ it is the client's responsibility to pay
Provider's Name or Child Care Center's Name

that portion directly to the provider. The provider has the responsibility to provide billing statements in which will be submitted to the NVB Workforce Development Department and the client. Attached to the billing statements should be a copy of the Timesheet in which, child care was provided. ***In accordance with line item three (3) in the Child Care Provider Agreement Form and line items five (5) and six 6 in the Client Agreement Form.***

Provider timesheet hours/days **must** match up with client's employer timesheet hours/days or student class schedule. Both timesheets should be sent to NVB Workforce Department. It takes a **minimum of three (3) days** to process and checks will be distributed once ready.

In signing this document we are in agreement and full understanding of the payment process and responsibilities.

Client's Signature

Date

Provider's Signature

Date

NVB Workforce Staff

Date