



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

## NVB TRIBAL CHILD CARE PROGRAM LICENSED EXEMPT PROVIDER APPLICATION

**Welcome to the Native Village of Barrow Tribal Child Care Program!** We are happy that you're interested in applying to become a Tribally Approved Licensed Exempt Child Care Provider.

### TRIBALLY APPROVED LICENSED EXEMPT PROVIDER:

NVB Licensed Exempt Providers provide child care services in their own home, or in the child's home. Licensed Exempt Providers are not related to the children in their care. However, cousins are considered Licensed Exempt Providers. Licensed Exempt Providers may care for no more than four (4) children between the ages of 4 weeks through age 12 under NVB's Tribal Child Care Program. If providing care in the child's residence, all children must be from one family and under 13 years of age. NVB maintains ratios on how many children under 30 months that can be cared for at one time including the providers own children. NVB may issue payment for only a maximum of four (4) children in care.

Licensed Exempt Providers must be 18 years or older and pass a background check. If care is provided in your home, any adult 18 years of age or older must also pass a background check. The background checks are at no cost to the Relative Provider or household members. A successful background check must be completed on all applicable household members before care begins.

### CHECKLIST

In order to establish eligibility as a Tribally Approved Licensed Exempt Provider, please complete and submit the following:

- Licensed Exempt Provider Application
- Child Care Provider Agreement
- Health and Safety Assurances
- Consent for Release of Information
- Clearance Form – State of Alaska Child Abuse & Neglect
- W-9 Form
- Copy of Current Identification Card
- Verification of Social Security Number
- Background Check – State of Alaska Name-based Criminal History check (NSBPD)

\*Please keep this page for your own record



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## LICENSED EXEMPT PROVIDER APPLICANT INFORMATION

**NAME:** \_\_\_\_\_  
 (First) (Middle) (Last) (Also known as/maiden name)

**SOCIAL SECURITY #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_ **GENDER:**  Male  Female

**MAILING ADDRESS:** \_\_\_\_\_  
 (P.O. Box #) (City) (State) (Zip Code)

**HOME #:** \_\_\_\_\_ **WORK #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**Where would you prefer to provide care?**

In Provider's Home  In Child(ren)'s Home

**If known provide the physical address where care will take place:**

\_\_\_\_\_

(Street Address) (City) (State) (Zip Code)

## HOUSEHOLD MEMBERS: (Please list ALL household members if care is provided in the providers home):

First, MI and Last Name	Relationship to Applicant	Date of Birth



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What age range will you provide care for? (Please list ALL that apply)

- 0-1 year       13 months – 48 months       4 years – 12 years

Will you be available for after school care?       Yes       No

List ALL the children you will be providing care for, maximum of four children:

Children's First and Last Name:	Date of Birth:

## ACKNOWLEDGMENT

I certify that I will comply with all the requirements set forth by Native Village of Barrow Child Care Program and the Child Care Development Fund (CCDF) governing the approval of child care providers. This includes the required 6 hours of orientation training within the first 90 days of providing child care services. I agree to accept Native Village of Barrow's Child Care Provider Payment Rates as noted in this application packet. My answers to all the questions and statements I have made in this application are true and correct to the best of my knowledge.

I agree to notify Native Village of Barrow Child Care Program immediately if there is any change in my contact information. I agree to notify Native Village of Barrow Child Care Program immediately if there is any change in household members, if care is provided in my own home.

**Licensed Exempt Child Care Provider:**

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Native Village of Barrow Child Care Program Staff:**

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_