



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

## NVB TRIBAL CHILD CARE PROGRAM RELATIVE 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 Child Care Relative Provider.

### TRIBALLY APPROVED RELATIVE PROVIDER:

NVB Relative Providers provide child care services in their own home, or in the child's home. Relative Providers must be related by blood, marriage or court order decree to the children in care. Eligible providers include grandparents, great grandparents, aunts, uncles and siblings. Siblings must reside in a separate residence from the child. Relative 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.

Relative 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 Relative Provider, please complete and submit the following:

- Relative Provider Application
- Consent for Release of Information
- Relative Provider Agreement
- Health and Safety Assurances
- Completed W-9 Form
- Copy of Current Identification Card
- Verification of Social Security Number

\*Please keep this page for your own record



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## RELATIVE 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 will care be provided?**

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

**Physical Location where care takes place:** \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

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

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:	Relationship to Provider:	Date of Birth:

**Parent receiving child care services:** \_\_\_\_\_  
(First)                                      (Middle)                                      (Last)

**Home Phone:** \_\_\_\_\_      **Work Phone:** \_\_\_\_\_      **Cell Phone:** \_\_\_\_\_

**Parent receiving child care services:** \_\_\_\_\_  
(First)                                      (Middle)                                      (Last)

**Home Phone:** \_\_\_\_\_      **Work Phone:** \_\_\_\_\_      **Cell Phone:** \_\_\_\_\_



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## 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) program governing the approval of child care providers. I agree to accept Native Village of Barrow's Tribally Approved Relative 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.

### Relative Child Care Provider:

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

### Native Village of Barrow Child Care Program Staff or Representative:

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