



# NATIVE VILLAGE OF BARROW IÑUPIAT TRADITIONAL GOVERNMENT

## NVB TRIBAL CHILD CARE PROGRAM CHILD CARE ASSISTANCE APPLICATION

**Welcome to the Native Village of Barrow Tribal Child Care Program!** The goals of the NVB Tribal Child Care Program are to increase the availability, affordability, and quality of child care services for our families. Parent(s) or Guardian(s) must be engaged in an eligible activity to receive child care assistance. You may use the contact information below to return the completed application. **Applications MUST be complete with all required information, documentation, and signature(s) in order to be processed.**

### BASIC ELIGIBILITY CONDITIONS

- Child(ren) enrolled as a Native Village of Barrow Tribal Member
- Child(ren) between the ages of 4 weeks old and 12 years of age
- Child(ren) living within 10 miles of the Barrow city limits
- Child(ren) living with parent(s) or legal guardian(s) engaged in an eligible activity for a minimum of 20 hours per week

### REQUIRED DOCUMENTS

- Completed Child Care Assistance Application
- Copy of the applicant's government or state photo ID
- Copy of child(ren) tribal card/certificate
- Copy of child(ren) birth certificate or immunization record (no more than one year old)
- Verification of participation in an eligible activity (see below)
- Verification of receiving services listed under priority families, if applicable
- Copy of State or other tribal child care assistance being received, if applicable
- If newly employed or volunteering, an employee / volunteer verification form, if applicable
- If self-employed, copy of Alaska State Business License or 1040 Tax Statement, if applicable
- Copy of proof of child(ren) custody, court order, affidavit or statement, if applicable
- Copy of your current or future education or training schedule, if applicable
- Letter or documentation of care for an elder, if applicable

### ELIGIBLE ACTIVITIES

Parent(s) or Guardian(s) must be engaged in an eligible activity or combination of eligible activities for a minimum of 20 hours per week to receive child care assistance. Eligible activities include:

- Employment (self-employment or with an organization)
- Job search
- Enrolled in an educational program (i.e., GED, college courses)



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- Enrolled in a job training program
- Conducting subsistence activities
- Enrolled in a treatment program
- Participating in volunteer activities (without receiving compensation)

## **DETERMINATION PROCESS:**

NVB Child Care Program has a first come first serve enrollment process. Upon receipt of a fully completed Child Care Assistance Application and accompanying documentation, priority will be given to families experiencing the following:

- Child(ren) in NVB custody or foster care
- Child(ren) or parent with a documented diagnosed disability
- Parent(s)/Guardian(s) receiving public assistance
- Families experiencing homelessness
- Teen parent(s)
- Parent(s)/Guardian(s) attending or enrolled in a substance abuse treatment program
- Parent(s)/Guardian(s) on long term medical leave
- Parent(s)/Guardian(s) that have documentation for care of an elder

## **NOTIFICATION OF DETERMINATION:**

NVB Workforce Development staff will process your application and notify you of a determination within two weeks of submitting a complete application. Incomplete applications will not be considered for a determination. Once you are notified by phone or email, a written determination letter will be sent to you. Next steps will be outlined in the determination letter including the amount of child care assistance provided to your family, length of coverage, date for redetermination or reason(s) for ineligibility.

**Native Village of Barrow**  
**Workforce Development Department**  
**PO Box 1130 Barrow, AK 99723**  
**907-852-4411**  
[workforcedev@nvb-nsn.gov](mailto:workforcedev@nvb-nsn.gov)



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## NVB CHILD CARE ASSISTANCE APPLICATION

**APPLICATION MUST BE COMPLETED AND SIGNED IN ORDER TO PROCESS APPLICATION**

**Applicant's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_  
(First) (Middle) (Last)

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

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

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

**Please indicate household type:**

Single parent                       Foster parent

Two parent(s)                       Other: \_\_\_\_\_

**Please indicate type of child care:**

Relative Provider Care       Licensed Exempt Provider       Licensed Center Care

**Where would you prefer care to be provided:**

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

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

\_\_\_\_\_

(Physical Address)

**HOUSEHOLD MEMBERS. (Please indicate which child(ren) need child care services by placing an asterisk (\*) next to the child(ren's) name):**

*	First, MI, Last Name	Relationship to Applicant	GENDER M/F	Date of Birth	Disability Y/N



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**INDICATE WHICH ELIGIBLE ACTIVITY OR COMBINATION OF ELIGIBLE ACTIVITIES YOU ARE SEEKING CHILD CARE ASSISTANCE FOR:**

**EMPLOYMENT STATUS (PLEASE CHECK ONE)**

**Are you currently employed?**

- YES (minimum of 20 hours per week)  NO (please select eligible activity below)

**If YES, please indicate the type of employment:**

- SELF EMPLOYMENT  PERMANENT  FULL-TIME  
 EMPLOYER  TEMPORARY  PART-TIME

**Wage Per Hour:** \$ \_\_\_\_\_ **Annualized:** \$ \_\_\_\_\_

**If NO please select qualifying Eligible Activity:**

- Job search  Conducting subsistence activities  
 Enrolled in an educational program (i.e., GED, college courses)  Enrolled in a treatment program  
 Enrolled in a job training program  Participating in volunteer activities (without receiving compensation)
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**Is your spouse or significant other currently employed?**

- YES (minimum of 20 hours per week)  NO (please select eligible activity below)

**If YES, please indicate the type of employment:**

- SELF EMPLOYMENT  PERMANENT  FULL-TIME  
 EMPLOYER  TEMPORARY  PART-TIME

**Wage Per Hour:** \$ \_\_\_\_\_ **Annualized:** \$ \_\_\_\_\_

**If NO please select qualifying Eligible Activity:**

- Job search  Conducting subsistence activities  
 Enrolled in an educational program (i.e., GED, college courses)  Enrolled in a treatment program  
 Enrolled in a job training program  Participating in volunteer activities (without receiving compensation)



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## EMERGENCY CHILD CARE RECORD

(FOR USE BY CHILD CARE PROVIDER)

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_

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Who has legal custody of child(ren)? \_\_\_\_\_ Relationship: \_\_\_\_\_

### How to reach parent(s) or legal guardians:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Phone/cell: \_\_\_\_\_ Phone/cell: \_\_\_\_\_

Guardian: \_\_\_\_\_ Guardian: \_\_\_\_\_

Phone/cell: \_\_\_\_\_ Phone/cell: \_\_\_\_\_

### Name and phone number of persons authorized to drop-off or pick-up child(ren) listed above from child care:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Name and phone number(s) of person(s) who can assume responsibility for the child(ren) if parent(s) cannot be reached during an emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Primary Health Care Provider Name/Phone:

\_\_\_\_\_



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**Child(ren) Allergies (including food, environmental and medication, if applicable)**

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## CONSENT FOR EMERGENCY MEDICAL CARE

This authorizes \_\_\_\_\_ consent to have emergency medical care provided for the child(ren) listed 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 is taken. I will assume the cost of necessary medical care made by NVB in the case of an emergency. I understand it is my obligation to keep NVB Child Care Program and my Provider informed of any changes in my contact or emergency contact information.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Date**

**NVB Staff Initials and Date Received:** \_\_\_\_\_



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## **NOTICE OF CLIENTS RIGHTS & ACKNOWLEDGEMENT FORM**

If your application is approved, you will have the choice to select the type of child care you prefer. Your child care provider must be approved by NVB Child Care Program **BEFORE** any Child Care Assistance payment will be made.

- I certify that the information stated in this application is true and correct to the best of my knowledge.
- I understand that knowingly falsifying information may result in suspension of Child Care Assistance through this program and subject legal prosecution.
- I understand that NVB staff will verify my eligibility for Child Care Assistance utilizing information provided in this application and may cross reference online as well as other agencies.
- I understand that NVB Child Care Program staff reserves the right to communicate with my child care provider regarding child care services.
- I certify that this is the only application submitted on behalf of my household for Child Care Assistance.
- I understand that the child care provider is responsible for the care of my child(ren) and I will not hold the Native Village of Barrow liable for any injuries or harm experienced by my child(ren) while in care.

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**Signature of Parent or Legal Guardian**

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**Date**



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## CLIENT AGREEMENT FORM

1. I understand that Child Care Assistance is for use when I am engaged in eligible activities. I will notify the NVB child care staff within five days following a change, which might affect my eligibility. Changes include parents/guardian's eligible activities, number of child(ren) in family, or change in event which would designate my family as a priority family.
2. I will secure a provider who will maintain records of attendance for my child(ren), agree to submit timesheets to NVB and be approved by the NVB Child Care Program before child care cost are incurred under the program.
3. I will give the provider at least fourteen (14) days' notice of my intent to terminate child care services or transition to another provider except in the case of sudden program ineligibility.
4. I will renew my child care authorization agreement early enough to provide for continued care. Authorization agreements will not be backdated. I understand that any child care received outside of the effective agreement dates is my responsibility.
5. I will sign the provider's timesheet at the end of the biweekly period to verify that care was billed only for the times of eligible activity.
6. I am responsible for paying the provider for any cost above the maximum authorized subsidy.
7. I will provide all requested documentation necessary to establish parent(s) or child(ren) eligibility.
8. I have the right to submit an appeal in writing to the Native Village of Barrow decisions made by the Child Care Administrator regarding child care assistance eligibility or times for which care is authorized.
9. I understand that if I do not comply with these responsibilities under the Native Village of Barrow's Child Care Assistance agreement, my authorization for child care assistance will be terminated. I also understand that it is fraud to misrepresent facts in order to receive program benefits, including misrepresentation regarding income, priority status, living arrangements, or work status. I further understand that any fraud may result in removal from the program, and I will have to repay any wrongfully use of funds.

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**Signature of Parent or Legal Guardian**

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**Date**