



Child Care Assistance Application Checklist

Applications that are not legible, and/or do not include at least your name and signature on the Statement of Truth, Rights and Responsibilities and Authorization for Release of Information page will not be accepted or processed.

✓ Check to be sure you have submitted the following documents. To reduce processing time and avoid delays please be sure all applicable items listed below are submitted with the completed application. **Detach checklist and keep for your records.**

- The completed and signed application. Parent and spouse or both parents in the family must sign the application.
- A copy of your current government issued photo identification (for each parent and/or spouse in the family listed on the application).
 - My photo ID is on file with the CCA office.
 - Other parent/spouse's photo ID is on file with the CCA office.
- Proof of age for each child who will be receiving child care. (Verification can be copies of birth certificates, passports, hospital birth records, or school records and must include both the child's name and date of birth)
 - Age verification is on file with the CCA office for all children needing child care assistance.
- Proof of citizenship for each child who will be receiving child care assistance. If not a U.S. citizen, proof of alien status must be provided.
 - Alien status verification is on file with the CCA office for all children needing child care assistance.
- Proof of child custody, if applicable. (This can be a court order, affidavit or legal statement)
 - Current court documents are on file with the CCA office for all children needing child care assistance.

Eligible activity for each parent or spouse on the application:

- A copy of your current and/or future school schedule showing classes you are registered to attend with the school name or if attending high school, list the school name and hours attending.
- Proof of current and/or future financial aid/account summary by term, for money received for college.

Gross Earned income for each parent and/or spouse on the application:

- Proof of all earned income received in the two most current months by each parent/spouse on the application. (This can be your pay stubs from the two most current months or an employment verification letter from your employer)

Self-employment for each parent engaged in self-employment activity:

- A copy of your current State of Alaska business license;
- A copy of your most recently completed Federal tax return with schedule C; income and expense records; or other documentation of adjusted gross income and allowable costs of doing business. Income verification provided must support a net income of at least the State of Alaska minimum wage. Income and expense records for the three months prior to your application submission are requested to make the most accurate determination.

Unearned income for ALL members of your family:

- Proof of unearned income for all members of your family. Unearned income includes but is not limited to: dividends and interest, payments from Child Support, Social Security, Supplemental Security Income (SSI) and Native Corporation payments or dividends. Please refer to unearned income section on page 3 of the Application.
 - Alimony
 - Child Support
 - Foster Care Payments
 - Native Corp. Disbursements
 - Social Security
 - Supplemental Security Income
 - Unemployment

Possible deductions:

- Proof of ongoing medical or dental payments, if applicable. See page 4 of application.
- Proof of child support you are legally obligated to pay and are paying, if applicable.

Return the completed application with all documents to:

If faxing, be sure to fax both sides of each page. Always keep a copy of the fax confirmation to confirm your fax was transmitted successfully.

Child Care Assistance Program General Information

Who do I contact if I need help filling out the application or have questions? If you have questions or need assistance in completing your application, please contact your local child care assistance office (noted at the bottom of the previous page).

When do benefits begin if I am determined eligible? If eligible, your certification period will begin the date you submitted your signed application, as long as all the required documentation is received within 30 days. Benefits will begin within sixty (60) days of the beginning of your certification period, based on your actual need.

Is an interview required? Yes. An interview is required with the parent(s) of the family before it can be determined if you are eligible for assistance. Your interview may be in person or by telephone. Your application will be denied if you do not complete an interview.

Once I am determined eligible, what do I need to do to maintain my eligibility? You must notify your local child care assistance office within 10 business days after: a non-temporary loss of employment; ending attendance at a job training or educational program; or have an increase of income to a level that exceeds 85% of the State Median Income.

Will I have to pay anything? Yes. You will have a monthly family contribution amount based on your income and family size. This is called a co-pay. Your provider may also charge more than the Child Care Assistance Program pays. Each month you will have to pay your provider the co-pay amount and the difference, if any, between what the provider charges and what the Child Care Assistance Program pays.

How much can I make and still qualify? Financial eligibility is based on the total monthly gross income (earned and unearned) by family size. This also determines the family's contribution (co-pay).

Family Size	Maximum Total Monthly Income	Maximum Co-pay Amount	85% of the State Median Income Limit
2	\$4205	\$421	\$4205
3	\$5156	\$516	\$5156
4	\$6107	\$611	\$6107
5	\$7058	\$706	\$7058
6	\$8009	\$801	\$8009

Income limits and family contribution for families larger than six are available at:
<http://dhss.alaska.gov/dpa/Pages/ccare>

Which child care provider(s) can I use? Child care providers must also apply to participate in the Child Care Assistance Program. A provider cannot receive State funding until they are approved or licensed. The Child Care Resource and Referral agency that serves your community can provide you with a list of participating providers in your area.

Who is considered part of my family? The following descriptions of family are for Child Care Assistance Program purposes only:

- To be considered part of your family, *all members must live in the same home*, except:
 - If one parent of any of the children in common with you, is away from the family home due to participating in an eligible activity, they are part of your family;
 - Married parents who are living apart are considered part of your family if the parent who is not living in the family home, returns to the family home periodically or intends to return to the family home.
- Of the people living in your home, your family includes: *yourself, your spouse and each of your children who are under 18 years of age.*
- You may also have children living in your home who are not biologically yours. *If you are their guardian and have financial responsibility for them*, they are counted as part of your family.
- If you are not married, but *the other parent of any of your children lives in your home*, he or she and his or her children are considered part of your family.
- If you are not married but are living in the same home with another adult who has children of their own, and you have no children in common, he or she and his or her children are not considered part of your family. In this case each parent may apply to receive child care assistance for their own children.

Your Rights and Responsibilities

The information on this page is based on State Regulations 7 AAC 41 – Child Care Assistance Program. These regulations as well as the Child Care Assistance Program Policies and Procedures are available on the child Care Program Office website at: <http://dhss.alaska.gov/dpa/Pages/ccare>

Your Responsibilities

As a participant in the Child Care Assistance Program you must keep your physical and mailing addresses current with the child care assistance office and report changes in your circumstances that may affect your family's eligibility for the Child Care Assistance Program within ten (10) business days of when you know of the change. You must report the following to your local child care assistance office:

- Non-temporary loss of employment or ending attendance in a job training or educational program
- Changes in your family's income in excess of 85% of the State Median Income.

You must also:

- Give your child care provider at least 10 business days written notice of your family's intent to terminate child care except:
 - In the case of you or your child care provider's sudden program ineligibility;
 - In the case of a licensing or law-enforcement investigation of an allegation of abuse, harm, or serious risk of harm to a child in the provider's care;
 - Upon written mutual agreement signed by the provider and yourself; or
 - In the event of a death of a child.
- Pay your child care provider, each month, the difference between what your provider charges and what is paid on your behalf;
- Pay your child care provider, each month, your monthly co-pay amount;
- Renew your child care assistance participation in a manner timely enough to ensure eligibility is determined to continue coverage with your selected provider; and
- If requested by the Department, review the provider's monthly request for payment to verify that care was billed for the hours that care was provided.

Your Rights

You have the right to discuss any action taken on your application or case with your caseworker or with your caseworker's supervisor prior to requesting an administrative hearing. If the case worker or supervisor determines an error was made it will be corrected timely without the need for an administrative hearing.

Administrative Hearing Request

If you disagree with a decision made by the local child care assistance office to deny program participation or to reduce, suspend or terminate benefits, you may request a hearing by submitting the *Request for Hearing* form. A written request for a hearing may be made to the Division by you or your legal representative acting on your behalf. The request must be submitted in writing within 30 calendar days of the date of the decision with which you are in disagreement. At the hearing you may represent yourself or be represented by a legal representative. You may contact the Alaska Legal Services Corporation at www.alsc-law.org to see if you may qualify for free legal advice and representation.

You may continue to receive Child Care Assistance Program benefits until a hearing decision is made, unless your application has been denied or your case closed. If your application has been denied or your case closed and you continue to need child care assistance, it is recommended you re-apply immediately in case the hearing decision is not in your favor. If the hearing decision is not in your favor you will be required to repay the benefits you received while you waited for the decision.

Civil Rights

Federal laws and regulations prohibit discrimination or the denial of participation on the basis of race, color, national origin, religion, sex, age, handicap or political beliefs in programs receiving federal financial

assistance. To file a complaint of discrimination, write to the U.S. Department of Health and Human Services, Director, Office for Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington, D.C. 20250 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). Or write to HHS Office for Civil Rights, 2201 Sixth Avenue – Mail Stop RX-11, Seattle, WA 98121 or call (800) 368-1019 (voice) or (800) 537-7697 (TDD).

Americans with Disabilities Act of 1990

The Alaska Department of Health & Social Services and its grantees comply with Title II of the Americans with Disabilities Act of 1990. If you have questions, contact the Division's Americans with Disabilities Act Coordinator at (907) 465-3347.

Social Security Numbers

Social Security Numbers are not required for Child Care Assistance eligibility in accordance with 45 CFR 98.71(a)(13). Eligibility may not be denied due to the failure of the applicant to provide a Social Security Number.

Participation Requirements

To receive Child Care Assistance benefits, you must be participating in an eligible activity. In two-parent families both parents must be participating in an eligible activity, unless one or both parents is determined by a health care or mental health care professional to be incapacitated. Eligible activities include working, and participating in an education or training program with the intent of improving your employability.

Incorrect Payment of Program Benefits

If you receive an overpayment of Public Assistance benefits or receive services to which you are not entitled, you may be financially responsible for repaying the overpayment or cost of services to the State of Alaska. This may be true even if the overpayment or improper authorization of services is due to an error on the part of the Department of Health and Social Services or its Designee. By accepting payment of benefits or services, you must understand and agree that you may have a responsibility for the repayment of benefits or services to which you were not entitled.

Fraud Penalty Warnings

Intentional Program Violation

You may be prosecuted or otherwise penalized if you knowingly give false, incorrect or incomplete information to try to get Child Care Assistance Program benefits you are not eligible for, or to help someone else get benefits to which they are not eligible. If you are found to have committed an intentional program violation or are convicted of defrauding the Child Care Assistance Program, you may be subject to service limitations, benefit reduction, disqualification from program participation, and be obligated to repay any benefits attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

Penalties for Non-Compliance

Your participation in the Child Care Assistance Program may be suspended or terminated for any of the following reasons:

- Failing to report complete, accurate, and current information regarding family income and eligibility; or
- Providing false or misleading information or withholding information in order to receive benefits.

If the Department determines that there is reasonable evidence of an overpayment of program benefits, the Department may take corrective action including: establishment of a repayment plan; program suspension for up to 6 months; or termination from the Program.

Overpayment of benefits means program benefits received by a family which the family was not entitled to or were received while the family was in non-compliance with a program requirement.



Child Care Assistance Application

PLEASE PRINT CLEARLY

For Office Use Only Date Received	
GREEN	RED

Who is the family's parent? This is the person who is requesting Child Care Assistance and assumes responsibility for compliance with program rules and requirements, including penalties and repayment of any overpaid benefits. In two parent families, both parents are responsible for compliance with program rules and requirements, including penalties and repayment of any overpaid benefits.

Full Name of Family's Parent (First, Middle, Last)		Maiden Name, if any	Social Security Number (Optional)	
Home Address		City	State	Zip Code
			AK	
Mailing Address		City	State	Zip Code
			AK	
<input type="checkbox"/> Homeless. The above addresses are for contact information only.				
Home Telephone	Work Telephone(s)	Cell Telephone	E-mail	
Marital Status		Other Names You Have Used		
Full Name of Family's Other Parent, if applicable (First, Middle, Last)		Other Names Used by Other Parent		

Family's Primary Language, Select only One: English Spanish Native Central, South American, and Mexican Languages (e.g., Mixteco, Quichean), Caribbean Languages (e.g., Haitian-Creole, Patois), Middle Eastern and South Asian Languages (e.g., Arabic, Hebrew, Hindi, Urdu, Bengali) East Asian languages (e.g., Chinese, Vietnamese, Tagalog) Native North American/Alaska Native Languages Pacific Island Languages (e.g., Palauan, Fijian) European and Slavic Languages (e.g., German, French, Italian, Croatian, Yiddish, Portuguese, Russian) African Languages (e.g., Swahili, Wolof) Other (e.g. American Sign Language): _____

Ethnicity: Y = Hispanic or Latino N = Not Hispanic or Latino	Race (you may select more than one): AN = Alaskan Native WH = White BL = Black or African American AI = American Indian AS = Asian PI = Native Hawaiian or other Pacific Islander
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Who is Considered Part of My Family? List each person in your family starting with yourself. See definition of family on Page 2 of the application checklist. You will need to provide a copy of the alien identification card (front and back) for each child who is not a U.S. citizen. If more space is needed, you may use a separate sheet or Page 5 of this application.

Family Members (First, Middle, Last)	Relationship to you	Date of Birth MM/DD/YY	Social Security Number (optional)	Special Needs (as defined by 7AAC 41.990)	Gender U.S. Citizen	Ethnicity (optional) Use codes below	Race (optional) Use codes below
	SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AN <input type="checkbox"/> AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> WH <input type="checkbox"/> PI
	2 nd Parent, if applicable			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AN <input type="checkbox"/> AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> WH <input type="checkbox"/> PI
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AN <input type="checkbox"/> AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> WH <input type="checkbox"/> PI
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AN <input type="checkbox"/> AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> WH <input type="checkbox"/> PI
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AN <input type="checkbox"/> AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> WH <input type="checkbox"/> PI
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> M <input type="checkbox"/> F U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AN <input type="checkbox"/> AI <input type="checkbox"/> AS <input type="checkbox"/> BL <input type="checkbox"/> WH <input type="checkbox"/> PI

Military. Is either parent of the family employed by a branch of the United States Military? Yes No If yes, Active Duty Yes No or Reserve/National Guard Yes No

Work Activity / Earned Income in Your Family. Include gross wages, salary, tips, bonuses and commissions, from all jobs received or that is expected to be received for each parent in your family. (See definition of family on Page 2 of the application checklist). Attach proof of employment, wages and earnings for the two most current months. Does either parent in your family (see definition of family on Page 2 of the application checklist) participate in a work activity and receive income from any job? Yes No

Family Member Name (First, Middle, Last)	Employer Name, City, Phone Number	# of Hours Worked/ Week	Start Date (MM/DD/YY)	Work Schedule to include the times of day and days of the week	Hourly Wage	How Often are you Paid? Note: Twice a month and every two weeks are different
						<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
						<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
						<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____
						<input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____

Additional Earned Income. This includes bonuses, commission, tips that may or may not be included on your paystubs. Does either parent in your family (see definition of family on Page 2 of the application checklist) receive bonuses, commission, or tips from any job? Yes No

Family Member Name (First, Middle, Last)	Employer Name, City, Phone Number	Type of additional income	Amount	Is additional income included on paystubs	How Often are these received?
		<input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Tips <input type="checkbox"/> Other: _____	\$ _____ \$ _____ \$ _____ \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> With regular pay <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Tips <input type="checkbox"/> Other: _____	\$ _____ \$ _____ \$ _____ \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> With regular pay <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Other: _____

Self-Employment. A person is considered self-employed if: they are not required to have federal income tax and Federal Insurance Contributions Act (FICA) tax withheld from their earnings; are not required to complete an IRS W-4 form; and are not covered by worker's compensation. Include money received from all self-employment for all parents in your family engaged in self-employment activities. You must be receiving a net income of at least the State of Alaska minimum wage. Please attach proof of earnings and expenses or your previous year's tax return with Schedule C and Schedule K, if applicable, and a copy of your current State of Alaska business license. Is either parent in your family (see definition of family on Page 2 of the application checklist) self-employed? Yes No

Family Member Name (First, Middle, Last)	Name of and Type of Business	Seasonal (S) or Year-round (Y) Activity?	If (S) seasonal, provide dates of the most recent season and current/next season	Business Income- For the three months prior to the month of application submission	Business Expenses- For the three months prior to the month of application submission
		<input type="checkbox"/> S <input type="checkbox"/> Y	Most recent season: _____ Current/next season: _____		
		<input type="checkbox"/> S <input type="checkbox"/> Y	Most recent season: _____ Current/next season: _____		

Other Eligible Activities. This includes participating in an approved job training or educational program. If the activity is education, attach proof of course enrollment, schedule, cost of tuition and fees (this could be on an account summary by term), financial aid received or will be received by each parent engaged in an educational activity and copies of receipts for any books or supplies purchased. Does either parent in your family (see definition of family on Page 2 of the application checklist) attend a job training or educational program? Yes No

Name of Person in Activity	Type of Activity <input type="checkbox"/> Education <input type="checkbox"/> Training	Name of Training/ Educational Institution	Start Date (MM/DD/YY)	End Date (MM/DD/YY)
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List the days and times you expect to participate in each activity. If your schedule varies, please explain:

Total anticipated hours of all activities:

Name of Person in Activity	Type of Activity <input type="checkbox"/> Education <input type="checkbox"/> Training	Name of Training/ Educational Institution	Start Date (MM/DD/YY)	End Date (MM/DD/YY)
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List the days and times you expect to participate in each activity. If your schedule varies, please explain:

Total anticipated hours of all activities:

Deductible Child Support Expenses. Only legally obligated child support payments may qualify. Attach proof of obligation and payments. Does either parent in your family (see definition of family on Page 2 of the application checklist) pay child support to someone outside of the home?

Yes No If yes, name of person paying child support: _____ Monthly amount: \$_____

Unearned Income. Do you or anyone in your family receive money from any other source (unearned income)? Yes No
List any other money you or anyone in your family (parents and children) receives other than earned income or self employment and **attach proof** of the amount and frequency for each type of unearned income received. The Alaska Permanent Fund Dividend is not counted for any member of your family.

Name of Person Receiving Unearned Income (First, Middle, Last)	Source of Unearned Income			
	Amount Received / Frequency Received (example: weekly, bi-weekly, monthly...)			
	<input type="checkbox"/> Child Support	\$ _____ /how often _____	<input type="checkbox"/> ATAP	\$ _____ /how often _____
	<input type="checkbox"/> Native Corp. Distribution	\$ _____ /how often _____	<input type="checkbox"/> SSA/SSI	\$ _____ /how often _____
	<input type="checkbox"/> Education Financial Aid	\$ _____ /how often _____	<input type="checkbox"/> UIB	\$ _____ /how often _____
	<input type="checkbox"/> Adoption Payments	\$ _____ /how often _____	<input type="checkbox"/> VA	\$ _____ /how often _____
	<input type="checkbox"/> Foster care payment	\$ _____ /how often _____	<input type="checkbox"/> Guardian	\$ _____ /how often _____
	<input type="checkbox"/> Other: _____	\$ _____ /how often _____		
	<input type="checkbox"/> Child Support	\$ _____ /how often _____	<input type="checkbox"/> ATAP	\$ _____ /how often _____
	<input type="checkbox"/> Native Corp. Distribution	\$ _____ /how often _____	<input type="checkbox"/> SSA/SSI	\$ _____ /how often _____
	<input type="checkbox"/> Education Financial Aid	\$ _____ /how often _____	<input type="checkbox"/> UIB	\$ _____ /how often _____
	<input type="checkbox"/> Adoption Payments	\$ _____ /how often _____	<input type="checkbox"/> VA	\$ _____ /how often _____
	<input type="checkbox"/> Foster care payment	\$ _____ /how often _____	<input type="checkbox"/> Guardian	\$ _____ /how often _____
	<input type="checkbox"/> Other: _____	\$ _____ /how often _____		
	<input type="checkbox"/> Child Support	\$ _____ /how often _____	<input type="checkbox"/> ATAP	\$ _____ /how often _____
	<input type="checkbox"/> Native Corp. Distribution	\$ _____ /how often _____	<input type="checkbox"/> SSA/SSI	\$ _____ /how often _____
	<input type="checkbox"/> Education Financial Aid	\$ _____ /how often _____	<input type="checkbox"/> UIB	\$ _____ /how often _____
	<input type="checkbox"/> Adoption Payments	\$ _____ /how often _____	<input type="checkbox"/> VA	\$ _____ /how often _____
	<input type="checkbox"/> Foster care payment	\$ _____ /how often _____	<input type="checkbox"/> Guardian	\$ _____ /how often _____
	<input type="checkbox"/> Other: _____	\$ _____ /how often _____		

ATAP = Alaska Temporary Assistance Program
UIB= Unemployment Insurance Benefit

SSA/SSI = Social Security Administration / Supplemental Income
VA= Veteran's Administration

Family Assets. Assets include but are not limited to: items of ownership convertible into cash; notes and accounts receivable, securities, or real estate. Does your family have combined assets totaling more than \$1,000,000.00? Yes No

Housing Assistance. Do you receive a housing voucher or cash assistance for housing? Yes No (Mark "No" if living on a military installation)

Deductible catastrophic medical or dental payments. Attach proof if you answer yes to the question below.
 Does your family have medical or dental payments that exceed 10% of the family's gross monthly income; payments have been made for more than 60 days and are projected to be an ongoing expense for more than six months? Yes No

Child Custody Arrangement. Your arrangement can be either court ordered or informally agreed upon. Attach the child custody arrangement portion of your court order, if applicable. An affidavit or written statement from the other parent must be submitted if informally agreed upon. Is there a custody arrangement for any of the children listed on the application who will need child care? Yes No

Child's Name (First, Middle, Last)	Days and times child is with you. Please indicate drop off/pick up times.	Court Ordered
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Child's School Schedule. Do any of the children listed on the application who need child care attend elementary school? Yes No
 If yes, tell us your child's school information, to determine the unit of care needed.

Child's Name (First, Middle, Last)	Name of Elementary School, Pre-Elementary School, Early Head Start, or Head Start program each child attends and the child's grade		Days and Times school is in session	Full day care needed for In-service /School closures	How does each child get to and from school	Time a.m. child leaves provider/ time p.m. child returns to provider	
	School Name	Grade				Leaves a.m.	Returns p.m.
	School Name	Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		Leaves a.m.	Returns p.m.
	School Name	Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		Leaves a.m.	Returns p.m.
	School Name	Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		Leaves a.m.	Returns p.m.
	School Name	Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		Leaves a.m.	Returns p.m.
	School Name	Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		Leaves a.m.	Returns p.m.
	School Name	Grade		<input type="checkbox"/> Yes <input type="checkbox"/> No		Leaves a.m.	Returns p.m.

Child Care Needs. Based on parent activities, custody/visitation and children's school schedules listed on the previous pages, tell us when each child will need care. The provider you select must be either Licensed or Approved to participate in the Child Care Assistance Program, by the State of Alaska or local designee, before any benefit will be paid on your behalf. If any child listed on the application does not need child care, do not include them below.

Child's Name (First, Middle, Last)	Days and Times Child Care Needed	Primary Child Care Provider Name / Address	Secondary Child Care Provider Name / Address

State Of Alaska
Department Of Health and Social Services
Division of Public Assistance
Child Care Program Office

**Statement of Truth, Rights and Responsibilities and
Authorization for Release of Information**

Statement of Truth and Rights and Responsibilities

Under penalty of perjury or unsworn falsification, I certify that the statements made on this application and during my interview for assistance regarding the persons in my family, my family's income, participation in eligible activities, and all other items that pertain to my family's possible eligibility for Child Care Assistance Program benefits are true and correct to the best of my knowledge. I have read and kept a copy of the "Your Rights and Responsibilities" portion of this application and by signing below, agree to comply with the requirements for participation in the program and certify the statements are true.

Authorization For Release Of Information

I authorize the release of information requested by the Department of Health and Social Services, its designees, or its agents within the Department of Law. The requested information will only be used in the administration of the Child Care Assistance Program or other public assistance programs, and unless allowed by law, will not be released to any other person or agency outside the Department of Health and Social Services, its designees, or its agents within the Department of Law.

This release of information will be in effect while I am an applicant or recipient of the Child Care Assistance Program or other public assistance programs, and for any later investigations pertaining to my eligibility and program benefits.

Persons or organizations that may be contacted include, but are not limited to: employers, landlords, school authorities, Alaska Departments of Law, Labor, Revenue, Public Safety, Fish & Game, Military and Veterans Affairs; Bureau of Citizenship and Services; Alaska Housing Finance Corporation; Social Security Administration; tax assessors; financial institutions; stock brokerage firms; local governments; public assistance program contractors and grantees; native corporations and private individuals.

Printed Name of Family's Parent

Printed Name of Other Parent Applicant

Signature of Family's Parent

Signature of Other Parent Applicant

Address

Address

Phone Number

Phone Number

Date

Date

A Copy of this Release is as Valid as the Original.