

**TRIBALLY APPROVED RELATIVE PROVIDER**

**APPLICATION**

Nome Eskimo Community (NEC) Tribally Approved 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.

If providing care in the child’s residence, all children must be from one family and under 13 years of age. NEC maintains ratios on how many children under 30 months that can be cared for at one time including the providers own children.

Relative Providers must be 18 years or older and pass a tribally approved background check. If care is provided in your home, any adult 18 years of age or older must also pass a tribally approved 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 is provided.

For any questions regarding this application, please call Nome Eskimo Community Youth Services at

(907) 443-9144

**CHECKLIST**

In order to establish eligibility as a Tribally Approved Relative Provider, please submit the following:

Tribally Approved Relative Provider Application

Authorization for the Release of Information

W-9 Form

Copy of current Photo Identification

Copy of Social Security Card

Tribally Approved Relative Provider Agreement

Tribally Approved Relative Provider Health and Safety Assurances

\*Please keep this page for your own records.

**TRIBALLY APPROVED RELATIVE PROVIDER**

**APPLICANT INFORMATION**

***Please complete and return application to Nome Eskimo Community at***

**200 W. 5th Avenue or email to:** [**keegan.bourdon@necalaska.org**](mailto:keegan.bourdon@necalaska.org) **or** [**jdiggs@necalaska.org**](mailto:jdiggs@necalaska.org)

**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 Provider** | **Date of Birth** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

NEC will conduct a tribally approved background check for all individuals residing in the Provider’s household 18 years of age or older **if care is being provided in the Provider’s home**.

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

4 weeks-12 months  13 months – 36 months  4 years – 5 years  6 years – 12 years

**List ALL the children you will be providing care for. A 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:**

I certify that I will comply with all the requirements of the Nome Eskimo Community Services Youth Services child care program and the Child Care and Development Fund (CCDF) program regulating the approval of child care providers. I agree to accept Nome Eskimo Community’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 Nome Eskimo Community Youth Services immediately if there are any changes in household members, if care is provided in my own home. I will also notify Nome Eskimo Community Services if I choose

to discontinue providing care.

**Relative Provider:**

Print: Signature: Date:

**Nome Eskimo Community Youth Services Staff:**

Print: Signature: Date:

**Tribally Approved Relative Provider Agreement**

Provider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I am at least 18 years of age.
* I am the Great-Grandparent, Grandparent, Aunt, Uncle, or sibling (living in a separate household than the child being provided care) related by blood, marriage or court decree.
* I agree to complete a Provider Orientation facilitated by a Nome Eskimo Community Youth Services staff member within the first 90 days of providing child care services.
* I agree to participate in a Pediatric First Aid/CPR training or provide documentation that I have recently participated in a Pediatric First Aid/CPR training. Certification is optional. Training must be completed within 3 months of becoming an approved relative provider. NEC will pay for the cost of training or certification.
* I agree to have NEC Youth Services conduct a Tribally Approved Criminal Background Check on me before services can be provided. I also understand that NEC will conduct a Tribally Approved Criminal Background check on anyone 18 years of age or older living in my household, if care is provided in my home. These background checks will include Alaska CourtView and the Alaska Sex Offenders Registry. The background check will be completed prior to hire and every two years thereafter.
* I agree to report suspected child abuse and neglect to local law enforcement and OCS, (per State of Alaska Law A.S. 47.17.020). OCS 24/7 Care enough to call: 1-800-478-4444.
* I agree to receive educational information on Tribal Health & Safety Standards which includes topics important to age-appropriate child care practices and activities that ensure the health and safety of children in my care.
* I agree to supervise the children in my care at all times.
* I agree to never leave the children in my care alone with another person.
* I agree to submit a timesheet every two weeks, signed by the parent/guardian, for the child care hours I have provided. These hours must align with the hours approved by Nome Eskimo Community Youth Services per the family’s child care authorization. Any hours outside of the authorization will be the responsibility of the parent/guardian for payment directly to the provider.
* I understand that payment for my child care hours will be paid directly to me by NEC on the Friday following the end of the payment cycle.
* All income paid from this program is taxable, and providers will receive a 1099 tax form at the end of each calendar year.
* I agree to allow parents/guardians access to their child(ren) at any time while in my care.
* I will not use any forms of discipline that includes physical punishment, withholding food or emotional duress while caring for children.
* I understand that knowingly and willingly giving false or fraudulent information on the application or timesheets for the Relative Child Care Program will be grounds for immediate termination. All fraudulent cases will be turned over to the Nome Eskimo Community Tribal Council for further action. Possible reimbursement of childcare expenses or legal action may occur.

I, agree to the above Tribally Approved Relative Provider Responsibilities and requirements.

­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider Signature Date