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**CHILD CARE ASSISTANCE APPLICATION**

Nome Eskimo Community (NEC) Youth Services Program provides tribal child care assistance for NEC families. Children need to be tribal members between the ages of 4 weeks through 12 years old residing within the city of Nome or the 25 miles surrounding Nome. Parents or guardians must be engaged in an eligible activity or combination of activities which meet the criteria for child care assistance.

**ELIGIBLE CHILD CARE ASSISTANCE 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)
* Engaged in job search
* Enrolled in an educational program (i.e., GED, college courses)
* Enrolled in a job training program
* Conducting subsistence activities
* Enrolled in a treatment program

**REQUIRED DOCUMENTS**

* NEC Child Care Assistance Application completed
* Copy of the parent(s) or guardian(s) government or state photo ID
* Copy of child(ren) tribal card/certificate
* Copy of child(ren) birth certificate or immunization record (immunization record must be no more than 1 year old)
* Verification of parent(s) or guardian(s) participation in an eligible activity or combination of activities for at least 20 hours per week
* Copy of State or other tribal child care assistance being received, if applicable
* If newly employed, an employment verification letter, if applicable
* If self-employed, copy of Alaska State Business License or 1040 Tax Statement, if applicable
* If a foster child, proof of child(ren) custody, court order, affidavit or statement, if applicable
* Copy of parent(s) or guardian(s) current or future education or training schedule, if applicable

**DETERMINATION PROCESS:**

All NEC families needing child care services may apply regardless of income. Nome Eskimo Community Youth Services 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 any of the following:

* Child(ren) in state custody or foster care
* Child(ren) or parent with a documented diagnosed disability
* Parent(s) /or guardian(s) receiving public assistance
* Families experiencing homelessness
* Teen parent(s)
* Parent(s) or guardian(s) attending or enrolled in a treatment program
* Parent(s) or guardian(s) on long term medical leave

**NOTIFICATION OF DETERMINATION:**

Nome Eskimo Community Youth Services 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 of your eligibility, 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 per child, length of coverage, any applicable co-payment, date for redetermination or reason(s) for ineligibility.

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| **Please submit completed applications to:****Nome Eskimo Community Youth Services Department****200 W. 5th Ave., Nome, Alaska 99762****or****Email to:** keegan.bourdon@necalaska.orgjdiggs@necalaska.org **For questions, please feel free to call:****(907) 443-2246** |

**CHILD CARE ASSISTANCE APPLICATION**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **M:** \_\_\_\_\_\_\_\_\_\_ **Last:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address:**

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

 **P.O. Box City State Zip**

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**Email Address Contact Phone Number**

**Please indicate household type:**

[ ]  Single parent [ ]  Foster parent(s)

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

**Please indicate type of child care services requested:**

 [ ]  Relative Provider Care Relative Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Licensed Center Based Care Center Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| **LIST ALL MEMBERS OF YOUR HOUSEHOLD. PLACE AN ASTERISK (\*) NEXT TO THE CHILD(REN’S) NAME NEEDING CHILD CARE SERVICES** |

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| --- | --- | --- | --- | --- | --- |
| **\*** | **NAME** | **RELATIONSHIP TO HEAD OF HOUSEHOLD** | **GENDER M/F** | **DATE OF****BIRTH** | **DISABILITY****Y/N** |
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**ELIGIBLE ACTIVITIES FOR CHILD CARE ASSISTANCE**

**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

[ ]  EMPLOYER

☐ PERMANENT

[ ]  TEMPORARY

[ ]  FULL-TIME

[ ]  PART-TIME

**Wage Per Hour**: $­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Annual Salary Amount**: $­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  Engaged in job search

[ ]  Enrolled in an educational program (GED, college courses)

[ ]  Enrolled in a job training program

[ ]  Conducting subsistence activities

[ ]  Enrolled in a treatment program

**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

[ ]  EMPLOYER

☐ PERMANENT

[ ]  TEMPORARY

[ ]  FULL-TIME

[ ]  PART-TIME

**Wage Per Hour: $­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Annual Salary Amount: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[ ]  Engaged in job search

[ ]  Enrolled in an educational program

(GED, college courses)

[ ]  Enrolled in a job training program

[ ]  Conducting subsistence activities

[ ]  Enrolled in a treatment program

**EMERGENCY CHILD CARE CONTACT INFORMATION**

Fill out **ONLY for children receiving child care services**. A copy will be shared with your Relative Provider and/or kept on file at NEC Youth Services. If your child(ren) will be enrolling in a licensed child care program, your licensed provider will ask you to fill out an additional emergency contact and consent form for emergency care.

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

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

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

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

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 Care Provider** Name/Phone:

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

**Child(ren) Allergies (note child’s name and any allergies including food, environmental and medication, if applicable)**

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**CONSENT FOR EMERGENCY MEDICAL CARE**

This authorizes my provider to seek emergency medical care, if needed, for my child(ren) in child care 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 received in the event of an emergency.

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

**Signature of Parent or Legal Guardian Date**

**CERTIFICATION OF INFORMATION PROVIDED**

I certify that the information provided in this Child Care Assistance Application is true and accurate. I understand that falsifying any information in order to be become eligible for child care assistance is fraud and may be pursued for legal action.

I agree to hold Nome Eskimo Community harmless from any liability, claims, or damages that may result from the child care provider or their obligations under the terms of child care assistance.

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 Youth Services if there is any change in my contact information or my child(ren)’s emergency contact information.

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

**Signature of Parent or Legal Guardian Date**

**NEC Youth Services staff signature and Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**