



NOME ESKIMO COMMUNITY
P.O. Box 1090
Nome, Alaska 99762
Phone: (907) 443-2246
Fax: (907) 443-3539
www.necalaska.org

Relative Child Care Program Application

*Please complete and return application to Nome Eskimo Community at
200 W. 5th Avenue or Fax 907-443-3539*

To be completed by the Provider and Parent(s)/Guardian. Please review all responsibilities and requirements prior to completing this application.

CHILD AND PARENT INFORMATION

Child(ren) name, birth date, and relationship to provider: _____

Name of Parent(s): _____

Parent(s) Physical Address: _____ P.O. Box: _____

Parent(s) Phone Number: _____

Parent(s) Email Address: _____

In case of an emergency, please contact (other than parents): _____

Home Phone: _____ Work Phone: _____

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PROVIDER INFORMATION

Provider Name: _____ Birth Date: _____

Social Security Number or EIN: _____ P.O. Box: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Please list the name and date of birth for all individuals residing in the household where care will be provided:

Note: a background check will be completed on all individuals in the household over the age of 16 to include: State of Alaska (SOA) Sex Offender Registry, the Alaska Child Abuse Registry and the SOA Court View system.

NEC reserves the right to request additional background checks be conducted on a case by case basis should it be necessary.

REQUIREMENTS FOR ELIGIBILITY

- Child must be tribally enrolled at Nome Eskimo Community (NEC) and not enrolled in another federally recognized tribe.
- A current resident of Nome or resident within 25 miles of the City Limits.
- Children must reside with a parent(s)/guardian(s) who is/are:
 - a. Working 20 hours or more per week,
 - b. Attending an educational job training program and studying for at least 20 hours/week facilitated by an accredited institution aimed at increasing a worker’s employability such as college courses, driver’s education, vocational education, certification programs, etc.
 - c. Actively seeking employment and provide at least 12 work searches per month due at least 1 week prior to the end of the month in order to continue participating. Applicants must request an extension if the information will be late. Assistance will be available for up to 6 months unless an extension is approved due lack of jobs the applicant is qualified for or other similar reasons.
 - d. Subsistence hunting/gathering for at least 20 hours or more per week and provide reasonable documentation such as fuel receipts, mileage log, time/date stamped photos to support their activities. Transportation to and from the hunting/gathering site can qualify towards the weekly hourly require.

NEC will also extend priority to children with special needs and families impacted by a state disaster declaration or public health emergency such as COVID-19. A child will be considered to have “special needs” if instructed by a physician and/or recognized professional within the medical and/or mental health field with a minimum of a Master’s Degree and licensed by the state; or is on staff with a recognized mental rehabilitative/child development facility. Should funds become insufficient to meet the needs of the program, the amount of assistance to families who do not have special needs children will be reduced so that families with special needs can also be served.

Should it become necessary, the following will be implemented:

- a.) An income scale with a potential parent co-pay included and/or
- b.) a referral to another tribal relative provider program.

NEC reserves the right to request income verification should this become necessary.

- Unearned Income Calculation: Includes retirement, mineral royalties, Alaska PFDs, Etc.
- Earned Income: Salary & wages, Self-employment profit, etc.
- Allowable Deductions: Deductions can be made for expenses such as health insurance, work related, reasonable transportation cost up to \$250 per month, child care expenses, etc.

PARENT/GUARDIAN AGREEMENT

As the parent whose child(ren) will be provided child care from the person signing the Relative Provider responsibilities & requirement agreement attached, I certify that I have accurately answered & reviewed all of the questions and information to the best of my knowledge. I further agree and understand that such information found false, or misleading will be grounds for immediate denial of childcare benefits from this program.

_____ Date _____
Signature – Mother or Guardian of Child(ren) to be Cared for.

_____ Date _____
Signature – Father or Guardian of Child(ren) to be Cared for.

**RELATIVE PROVIDER RESPONSIBILITIES & REQUIREMENTS AGREEMENT
NOME ESKIMO COMMUNITY**

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).
- If care is provided in the relative's home: No more than 5 children in care; if care is provided in child's home: No more than 4 children in care. In both instances no more than two may be younger than 18 months.
- I agree to receive approximately 1 hour of orientation and training related to health and safety.
- I agree to provide proof of up to date CPR/First Aid certifications or receive CPR/First Aid certification within 3 months of becoming an approved relative provider. NEC will reimburse cost of training for these certifications.
- No one in the household childcare will be provided has been convicted of, or has a charge pending for a crime against children or has a criminal record which could jeopardize the health and/or safety of the children.
- 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 or have received resources and information on best practices in caring for young children.
- I agree to and understand a background check will be completed on me and anyone 16 years of age or older to include: The State of Alaska (SOA) Sex Offender Registry, the Alaska Child Abuse Registry and the SOA Court View system.
- All payments for childcare services are paid directly to the relative provider. All income paid from this program is taxable, and providers will receive a 1099 tax form at the end of each year on the program. You must submit a W9 with the application.
- I will be provided a timesheet and understand it is my responsibility to submit the timesheet to NEC for on time payment. Payment will be provided biweekly on the Friday following the end of the payment cycle.
- Knowingly and willingly giving false or fraudulent information on the application for the Relative Child Care Program will be grounds for immediate termination. If terminated from this program, you will not be eligible to re-apply for one year from the date of termination. All fraudulent files 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 relative provider responsibilities and requirements.

(Provider's) signature

Date

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the **Nome Eskimo Community (NEC) Youth Services Program** to obtain information from the following, but not limited to: employers, employment agencies, landlords, and any agency I am engaged within the capacity of income and/or expenses. I understand that this information will be used solely for the administration of the Youth Services Program to provide services according to my application. I understand that copies of this authorization will be valid for one year after the signature date.

Place of Employment

Phone Number

Printed Name

Social Security Number

Signature

Date



STOP



PORTION TO BE FILLED OUT BY EMPLOYER EMPLOYMENT & INCOME VERIFICATION

The above-named individual has applied for services through the Nome Eskimo Community Youth Services Program. Please provide the following information for verification:

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Applicant's Job Title: _____

Please Complete and Return to:
NOME ESKIMO COMMUNITY
Youth Services Program
P.O. Box 1090
Nome, AK 99762

Please indicate applicant's employment status:

Temporary – Full-time since (date) _____ Temporary – Part-time since (date) _____

Seasonal through (date) _____ Regular – Full-time Regular – Part-time

Has the employee been terminated? Yes No If yes, give reason _____

Has the employee received their final paycheck? Yes No

Signature of Supervisor or Employer

Date

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