

Association of Village Council Presidents

Child Care Program
 Youth & Child Unit
 PO Box 219, Bethel, AK 9955
 Phone: (907) 543-7430 or (800) 478-3521
 Fax: (907) 543-4261



Child Care Provider Application

Applications will not be reviewed until complete. Providers are not authorized by AVCP to provide care until the parent/guardian(s) and provider’s applications are approved and the criminal history report is received.

Please submit the following to your local Tribal Workforce Navigator or fax or mail to the Child Care program address above.

- Complete application packet: including two criminal background check forms, W9 form, and direct deposit form.
- State of Alaska Child Care license (if applicable)
- Picture ID

Provider Applicant Information

Full Legal Name:	Date of Birth:
Maiden Name:	Any Other Names/Alias:
Business Name:	Child Care License # (if applicable):
Phone Number:	Alternative Phone:
Email:	
Street Address/P.O. Box	
Village and State:	Zip Code:

Families in Care

Include all families for which you will be providing care.

Parent/guardian(s) for whom you are providing care	# of children receiving care	Address

Check all that apply:

- I am a relative provider. I am the child(ren)'s adult sibling, great-grandparents, grandparent, aunt, or uncle. (In order for an adult sibling over 18 to be the provider they CANNOT be living in the same home as the children).
- I am a provider licensed by the state of Alaska.
- I have lived outside the state of Alaska in the last five years. List ALL states where you resided and the dates of residence in the past five years:

- I will provide care in the home of the children.
- I will provide care in my own home. (If yes, a criminal history report will be required for all members of the home that are over the age of 16. Please complete the following information for all household members and attach a criminal history form for those over 16.

<i>Name</i>	<i>Relationship to provider</i>	<i>Date of Birth</i>	<i>Age</i>
	<i>Self</i>		

Provider Responsibilities (all providers)

As a child care provider, participating in AVCP's program I have read and agree to the following requirements. (initial each statement)

_____ I certify that I will never leave the children in my care unattended or with another person.

_____ I understand that as an AVCP child care provider I will be required to learn about AVCP's Health and Safety Standards before starting to provide care, and I will be responsible for following all of the standards. Failure to do so will result in termination of my provider status.

_____ I understand and agree to participate in the required health and safety training within 90 days of beginning care and update annually as required. My AVCP child care specialist will assist with a training plan and support my training.

_____ I understand that AVCP staff will make announced and unannounced visits during child care hours a minimum of two times per year, to monitor my compliance with the Health and Safety standards. I understand that monitoring staff will have access to the entire residence.

_____ I agree that it is my responsibility to keep an accurate time sheet of child care hours worked every day, to have those time sheets verified by the parent/guardian with a signature, and to submit the accurate verified time sheet 10 days after the end of each month to the Bethel Child Care Office.

_____ I understand that AVCP will only pay me for child care hours up to the total number of hours authorized in the child care certification letter, and including any additional hours approved in advance by the child care office, due to temporary schedule changes of the parent/guardian. Hours not approved as part of the care plan are the parent/guardian(s) responsibility.

_____ I agree to give the parent/guardian and AVCP Child Care staff at least 30 days notice of my intent to end child care, or sooner upon mutual agreement between myself and the parent/guardian(s).

_____ I understand that I am not an employee of AVCP. I am an independent contractor and will be responsible for all applicable taxes and obligations related to payment received from AVCP under the terms of this agreement.

_____ I understand that I am not eligible for any federal, social security, state workman's compensation or unemployment insurance benefits from AVCP by virtue of payment received as a child care provider.

_____ I understand I will receive a 1099 tax form on or before January 31.

_____ I understand failure to comply with requirements of the AVCP child care assistance program could result in termination from the program.

_____ I agree to hold harmless AVCP from any liability claims or damages that may result from the performance of my duties, for any accidents, injuries, or damages that may occur to myself, the parent/guardian(s), and/or the child(ren) participating in the program.

This next section to be completed by providers intending to care for child(ren) in the provider's own home.

As a child care provider caring for children in my own home and participating in AVCP's program, I have read and agree to the following requirements. (initial each statement)

_____ I certify that parents will have unlimited access to the home or facility whenever the children are in care.

_____ I understand that I may not provide care until the required criminal history investigation is complete for each member of my household and I receive notification that I am approved by the AVCP's child care office.

_____ I agree to notify Child Care Staff immediately of any changes to my household, specifically anyone joining the home who is over the age of 16.

_____ I agree to notify AVCP if I, or any member of my household, is convicted of a criminal offense after the criminal history checks have been completed.

_____ I agree to notify AVCP if my home becomes uninhabitable due to an Act of God or sudden catastrophe.

Licensed Provider Only

_____ I understand that a child care certificate becomes null and void if my child care license expires or is revoked.

_____ I agree not to discriminate against any family based on race, color, creed, age or sex. I will comply with all applicable federal state and local laws and regulations.

I certify that I have read and understand my responsibilities as a child care provider under AVCP's Child Care Program. I further certify that the above information is correct. I understand any false statements on this form or in any other written statement, declaration, and/or background check request may result in termination of my child care agreement and prosecution for fraud.

Child Care provider Signature _____ Date _____