



ASSOCIATION OF VILLAGE COUNCIL PRESIDENTS

*Youth and Child Unit
P.O. Box 219
Bethel, Alaska 99559*

Youth & Child Unit Parent/Guardian Application

This application will be used to determine eligibility for all youth and child unit programming to include Head Start services, Child Care, and other services as applicable. Please complete the entire application and attach ALL required documents listed below or requested by staff BEFORE submitting, incomplete applications may take longer to process.

1. **What service(s) are you requesting?** Child Care and/or Head Start

<input type="checkbox"/> Child Care in my home	<input type="checkbox"/> Head Start services at a Head Start center (if available in the community)
<input type="checkbox"/> Child Care in my childcare provider's home	<input type="checkbox"/> Head Start services at my home (weekly home visit for parent/child school-readiness if available in the community)

2. **Are you receiving Cash Assistance?** Yes No

Which one: TANF General Assistance SNAP or Other _____

3. **List all child(ren) needing Child Care and/or Head Start services and which service you are requesting for each:**

First Name	M.I.	Last Name	Date of Birth (mm/dd/yy)	Age	Child is in Office of Children's Services, Tribal or Dept. of Juvenile Justice Custody	Head Start or Child Care?

4. **CHILD CARE SERVICES** The following is required for these services:

- Completed application
- 2 Releases of Information - (Public Health and AVCP Services)
- Proof of Tribal Membership of child(ren) - (Navigator or AVCP staff observed either tribal ID or verified enrollment for each child OR Navigator or AVCP staff observed parent ID in lieu of child(ren)
Staff member verifying Membership _____ Date _____
- Income Verification* (Income of child's parent(s) living in the home – prior 1 months pay stubs, or most recent federal tax forms) * **NOT NECESSARY IF PARENTS CURRENTLY RECEIVE TANF, GENERAL ASSISTANCE, OR SNAP BENEFITS**

Qualifying Activity Verification: Employment Verification Form; school/training acceptance and/or schedule with parent/guardian name; self-employment certification; subsistence certification; verified children in OCS/protective services.

5. Have you selected a Child Care Provider? ** If yes, Provider's name: _____
 My provider is a relative: Yes No

****Siblings of children living in the same home as the children are not eligible to be a child care provider.**

Providers must complete a Provider Application, pass a Criminal Background Check, and receive Provider Training.

6. **HEADSTART SERVICES** The following is required for these services:

- Complete application
- Releases of Information - (Public Health and AVCP Services)
- Income Verification*- (Income of child's parent living in the home - the last 1 months pay stubs, work statement, or most recent federal tax forms. **THIS IS NOT NECESSARY IF PARENTS ARE CURRENTLY RECEIVING TANF, GENERAL ASSISTANCE, OR SNAP BENEFITS.**)

PART A. APPLICATION INFORMATION

Parent/Guardian 1:	Parent/Guardian 2 (if living in the same home):
Parent/Guardian 1 Date of Birth:	Telephone Number:
Email Address:	
Mailing Address:	
City, State, Zip Code:	

1. Is the parent and/or child(ren) a Tribal Member? Yes No
 If yes, which Tribe: _____
2. Do you own your own home? Yes No
3. Do you rent a home? Yes No If yes, name of Landlord _____
4. Do you live in a family member's or other person's home? Yes No

PART B. FAMILY INFORMATION

1. Are any of the child(ren) you are applying for:
 - Suspected of having a developmental delay, physical, or mental disability; OR
 - Has been referred for or diagnosed as having a mental or physical disability.
 If yes, list child's name and DOB _____
 Please provide documentation of disability diagnosis. (Children with documented disabilities are eligible for child care services up to age 19.)
2. Children in certain family situations receive priority for services. Please check all that apply to your family:
 - The Child(ren) has an incarcerated parent*

- The Child(ren) is in foster care or relative placement*
- I am a Single Parent*
- We are experiencing/struggling with - domestic violence, drugs/alcohol abuse, mental illness, a death in the family, or something else. Please explain: _____*

Please list all other family members in your home:

First Name	Last Name	Date of Birth (mm/dd/yy)	Relationship to Parent/Client

PART C. EMPLOYMENT/EDUCATION INFORMATION

If this is an application for Child Care services please consider the hours of child care that you need. This information will be used to determine the number of child care hours you are approved for.

EMPLOYMENT (IF SELF-EMPLOYED FILL OUT THE CERTIFICATION BELOW)

Parent/Guardian Name (1)	Place of Employment (If self-employed sign statement below)	Salary/hourly wage	Total number of hours worked each week	Workdays (M, T, W, Th, Fr, Sa, Su)	Daily Start/End time

SCHOOL/TRAINING

Parent/Guardian Name (1)	Name of school/training program	Days attending	Daily Start/End time

EMPLOYMENT (IF SELF-EMPLOYED FILL OUT THE CERTIFICATION BELOW)

Parent/Guardian Name (2)	Place of Employment	Salary or hourly wage	Total number of hours worked each week	Workdays	Daily Start/End time

SCHOOL/TRAINING

Parent/Guardian Name (2)	School/training program	Days attending	Daily Start/End time

SUBSISTENCE HUNTING/FISHING/GATHERING

AVCP pays for child care services for one (1) parent/guardian per household who is a subsistence provider part-time. The following is a list of activities that qualify as subsistence activities including but not limited to: hunting, fishing, berry-picking, gathering of eggs, shoots, greens, and other vegetation, cutting fish, preparing meat, hauling wood, packing water, building, maintaining, and repairing subsistence equipment and structures used for food preparation and storage.

If one parent/guardian wishes to apply for child care hours to enable them to perform subsistence activities please fill out the certification below. (Note if a 2 parent/guardian home, only 1 parent can qualify for subsistence child care hours, the other parent must have other approved activities in order for the family to qualify for services.)

SUBSISTENCE CERTIFICATION (CANNOT BE APPROVED FOR MORE THAN FULL-TIME SCHEDULE)

I _____ (name of parent/guardian), do certify that I provide subsistence. I am allowed 5 hours of subsistence per day, up to 5 days a week. On average I provide subsistence activities ___ number of days per week. If I require additional temporary hours of subsistence I will contact the Bethel Child Care Office in advance.

By signing below I am certifying that this information is true and correct. (See penalty language below)

Parent/Guardian Signature

Date

SELF-EMPLOYMENT CERTIFICATION

I _____ (name of parent/guardian), do certify that I am self-employed. My work is (please describe your work) _____.

My hourly rate or fee per service or good is _____. I work an average of _____ hours per week.

My annual income was _____.

By signing below, I am certifying that this information is true and correct. (See penalty language below)

Parent/Guardian Signature _____ Date: _____

SCHEDULE AND NOTIFICATION OF CHANGES:

I understand that the information I provided regarding work, school/training and subsistence work will determine the time that my child(ren) are eligible to receive child care services. If there is a need for a temporary change (less than 1 month) to the schedule, approval must be requested in advance by contacting the Bethel Youth & Child Unit. If circumstances change and you require permanent (more than 1 month) changes to the above-approved schedule, you must notify the Youth & Child Unit's Childcare Program at least **14 days in advance** and supply all necessary verification documents. After the changes have been approved, a new Letter of Certification will be mailed to you. **Failure to give proper notice may result in you having to pay your Childcare Provider(s) for the childcare services that they provided during that time.**

CHILD CARE CERTIFICATION STATEMENT

I (we) agree to:

1. Pay my provider for any days of care exceeding the approved days.
2. Notify AVCP before changing providers.
3. Notify AVCP immediately when changes occur to:
 - employment and/or school enrollment (i.e. job loss or school ending);
 - address and/or phone numbers;
 - the parent/guardian needs more hours, or if child care is no longer needed.
4. Certify my provider’s time sheet at the end of each month.

I hereby certify that the information provided herewith is true, correct, and complete to the best of my knowledge. I acknowledge that this information will be relied upon to determine my eligibility for Child Care Assistance and understand that if I provide false or misleading information, my child care assistance will be immediately terminated or denied and I will be responsible for any unpaid child care hours.

I understand that Child Care services may be canceled by the Child Care Provider or AVCP without cause, by giving thirty (30) days notice of intent to cancel. I also understand that AVCP reserves the right to terminate any Childcare arrangement if necessary to protect the health, safety, and development of the child(ren) or as otherwise determined by AVCP at its sole discretion. If I disagree with AVCP’s decision to terminate the Childcare arrangement I may request a Fair Hearing under AVCP’s Fair Hearing Policy.

Signature of Parent/Guardian 1

Date

Printed Name

Signature of Parent/Guardian 2 Signature

Date

Printed Name

DISCLAIMER OF LIABILITY

I (we) acknowledge and understand that my(our) Child Care Provider is not an employee of AVCP and AVCP does not assume any responsibility for the services or care provided by them. I (we) hereby fully and forever release and discharge AVCP from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from or as a result of my(our) Child Care Provider’s performance. I (we) agree not to make or bring any such claim or demand against AVCP, and fully and forever release and discharge AVCP from liability under such claims or demands.

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2 Signature

Date