



## **The Native Village of Eyak 477 Department**

### **APPLICATION FOR SERVICES**

### **CHILD CARE ASSISTANCE**

**The Native Village of Eyak**  
710 1<sup>st</sup> Street  
P. O Box 1388  
Cordova Alaska 99574-1388  
477 Director's Office Phone: (907) 424-2227

**Please scan and email applications to:**  
**[477@eyak-nsn.gov](mailto:477@eyak-nsn.gov)**

## The Native Village of Eyak's 477 Program

The Native Village of Eyak's Education & Training, Scholarship, Employment, General Assistance, and Child Care services are components of The Native Village of Eyak 477 Department. These programs are available for eligible Alaska Natives and American Indians living within The Native Village of Eyak's traditional boundaries.

### **Eligibility Requirements for The Native Village of Eyak services:**

Eligibility is based on:

- Be an enrolled member of The Native Village of Eyak living within the Traditional Boundaries of The Native Village of Eyak
- Submit a copy of your Tribal enrollment card.
- Meet **all** eligibility requirements for the program(s) to which you are applying.

### **Application Instructions:**

- Everyone must complete pages 2-7 of this application.**
- Complete the application section** for the service(s) you are requesting (see sections and page numbers on front page).
- Fill in **all** the blanks in the application. If a blank does not apply to you, please write "NA" for not applicable.
- Gather the following documents to submit with your application. **Your application will be considered incomplete without these documents and will not be processed:**
  - Tribal enrollment card for everyone in your household.
  - Copy of Driver's License or other State or Federal identification.
  - Copy of Social Security card or number.
- Make sure you've signed and dated your application on the day it is submitted.

### **6. Income based services follow the below guidelines.**

Household Size	1	2	3	4	5	6	7	8
Annual Income Limit	\$80,010	\$91,440	\$102,870	\$114,300	\$123,444	\$132,588	\$141,732	\$150,876

**Please note: The Native Village of Eyak cannot proceed with processing incomplete applications until we have received all the necessary information and documentation required to finalize the application.**

**Who do I contact if I have any questions, need more information, and/or need assistance in completing my application?**

Sarah Trumblee: 477 Director Phone: (907) 424-2227 OR Sarah.Trumblee@eyak-nsn.gov

Denise Eleshansky: Tribal Resource Coordinator Phone: (907) 424-2257 OR Denise Eleshansky@eyak-nsn.gov

**Please scan and email applications to:**

477@eyak-nsn.gov

# Native Village of Eyak Application for Services

Mailing Address: P.O. Box 1388, Cordova, Alaska 99574 – Email: 477@eyak-nsn.gov – Phone: (907) 424-2227

## Initial Intake & Short Education or Employment Development Plan

Name: \_\_\_\_\_ Current Age: \_\_\_\_\_  
 (First) (Middle) (Last) (Also Known As – or Maiden Name)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  Male  Female

Present Mailing Address: \_\_\_\_\_  
 (Street Address or P.O. Box) (City) (State) (Zip Code)

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Veteran?**  Yes  No If yes, Date of Discharge: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Registered with Selective Service?**  Yes  No

**Educational Status:**

High School Diploma-Year Graduated: \_\_\_\_\_  GED-Year obtained: \_\_\_\_\_ OR Highest Grade Completed: \_\_\_\_\_  
 College/Vocational Graduate-Type of Degree:  Certificate  AA/AAS  BA/BS  MA/MS  Other: \_\_\_\_\_ Year: \_\_\_\_\_

Most NVE EESS programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?**  Yes  No

Applicant Ethnicity	Applicant Primary Goal (check one)	Education/Employment Service Needs List
(check all that apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Self-Employment <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Educational Gain <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Relocation Assistance for Employment <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Transportation To/From Training or Job <input type="checkbox"/> Enter Postsecondary Education or Job Training/Scholarships <input type="checkbox"/> Child Care <input type="checkbox"/> Training Fees or Tuition <input type="checkbox"/> Work Attire or On the Job Clothing <input type="checkbox"/> Mini Grant <input type="checkbox"/> Educational Housing Scholarship <input type="checkbox"/> Other (specify)
<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single/Separated <input type="checkbox"/> Living with Partner <input type="checkbox"/> Divorced/Widowed		

### Applicant Status and Program Enrollment

Applicant Primary Status	Barriers to Education/Employment	Institutional Programs	
(check all that apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more this calendar year <input type="checkbox"/> Unemployed → <input type="checkbox"/> Collecting Unemployment <input type="checkbox"/> Not in the Labor Force <input type="checkbox"/> On Public Assistance ← (ATAP, TANF, food stamps, tribal welfare assistance)	(Must Complete) Last or Current hourly wage: \$ _____ Unemployed since: _____ / _____ / _____ (currently on or received in last six months)	(check all that apply) <input type="checkbox"/> Employed – Low Income <input type="checkbox"/> Living in a Rural Area <input type="checkbox"/> Homemaker <input type="checkbox"/> Convicted of a Crime <input type="checkbox"/> Single Parent <input type="checkbox"/> Homeless <input type="checkbox"/> Has a Learning Disability <input type="checkbox"/> Substance or Alcohol Use <input type="checkbox"/> English is a Second Language	(check all that apply) <input type="checkbox"/> In Correctional Facilities (AMCC, Seaside, etc.) Release date: _____ <input type="checkbox"/> In Other Institutional Settings (A.P.I., Substance Treatment, etc.) <input type="checkbox"/> None of the above

I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

**NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES.**

## Family Income and Available Funds

**Family Income and Available Funds** – List **ALL** sources of income that you have received **during the last 30 days** and current available funds. **You must provide copies of pay stub(s) for the last 30 days as verification of income.**

Source of Income	Amount Monthly/Yearly	Comments
Applicant's net salary (attach pay stub)	\$	
Spouse's net salary (attach pay stub)	\$	
Tips or gratuities	\$	
ATAP, TANF, ASAP	\$	
General Relief (GR)	\$	
General Assistance (GA)	\$	
Housing assistance (AHFC, NPRHA)	\$	
Child support and alimony	\$	
Foster care payments	\$	
Child Care assistance	\$	
Adult Public Assistance (APA)	\$	
Social Security (Retirement, Disability, Survivor and Family Benefits)	\$	
Supplemental Security Income (SSI)	\$	
Disability insurance (Short Term or Long Term Disability)	\$	
Cash-out of retirement or pension plan	\$	
Alaska Longevity Bonus	\$	
Veteran's benefits (Disability or Pension)	\$	
Unemployment insurance benefits	\$	
Worker's Compensation	\$	
Checking account (current balance)	\$	
Savings account (current balance)	\$	
Student loans/grants/scholarships	\$	
Other income (specify)	\$	
Other income (specify)	\$	
Other income (specify)	\$	
<b>Total Income for Last 30 Days</b>	<b>\$</b>	

**Total Household Income for the last 30 days**

**\$**

I (We) certify that all information I (we) have provided on all sections of this application is true and correct to the best of my (our) ability and knowledge. I (We) understand that if I (we) knowingly or willfully provide false or fraudulent information in any part of this application, then I (we) are subject to prosecution which carries a fine of not more than \$10,000 or imprisonment for not more than five years, or both.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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## **INDIVIDUAL SELF-SUFFICIENCY PLAN (ISP)**

**Client Name:** \_\_\_\_\_ **Date of Plan:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I understand that the purpose of this Individual Self-Sufficiency Plan is to meet the goal of employment through specific action steps, and I am required to follow the steps developed in the ISP. I understand that I must participate in work activities and/or other activities and referrals developed in this plan that will promote my self-sufficiency and failure to do so may constitute suspension from the General Assistance Program for a period of 60 days but not more than 90 days.

**Are you currently employed:**  Yes  No **If yes, where?** \_\_\_\_\_ **How long?** \_\_\_\_\_

**Highest grade completed:**  1  2  3  4  5  6  7  8  9  10  11  12

Certificate of Achievement  GED  College or Vocational Training

**Date Graduated:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Date received GED or Certificate of Achievement:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Date last attended school:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**What are your short-term goal(s)?** \_\_\_\_\_

**What are your long-term goal(s)?** \_\_\_\_\_

### **STEPS NEEDED TO ACHIEVE SELF-SUFFICIENCY**

#### **Work Activities**

- Employment: \_\_\_ Full-time \_\_\_ Part-time
- Job Search
- Volunteer Work Experience
- Job Sampling or Job Shadow
- On-the-Job-Training
- Job Readiness

#### **Education/Training**

- High School Diploma
- GED
- Certificate of Achievement
- Adult Vocational Training
- Literacy Improvement
- Employment Counseling
- ESL (English as a 2<sup>nd</sup> language)

#### **Other Activities**

- Life Skills Instruction
- Parenting Skills
- Child Care Assistance
- Child Support
- Substance Abuse Assessment
- Substance Abuse Treatment
- other: \_\_\_\_\_

### **SELF-SUFFICIENCY ACTIVITY PLAN AND GOALS**

START DATE	GOAL #1	WHO WILL DO IT?	DATE TO BE ACHIEVED

#### **ACTION STEPS TO ACHIEVE GOAL**

1.	
2.	
3.	

START DATE	GOAL #2	WHO WILL DO IT?	DATE TO BE ACHIEVED

#### **ACTION STEPS TO ACHIEVE GOAL**

1.	
2.	
3.	

START DATE	GOAL #3	WHO WILL DO IT?	DATE TO BE ACHIEVED

#### **ACTION STEPS TO ACHIEVE GOAL**

1.	
2.	
3.	

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Case Worker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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# The Native Village of Eyak 477 Programs Client Rights and Responsibilities

The client has a right to:

- Be treated with respect without regard to creed, national origin, religion, sex, sexual preference, or age.
- Be treated without regard to disability unless activity involved creates a hardship.
- Have all personal information treated in a confidential manner.
- Review his or her file with appropriate staff present.
- Be fully informed regarding any and all fees associated with the service client receives from The Native Village of Eyak.
- Be given clear information regarding participation in all program activities, e.g., attendance and completion requirements.

The client has the responsibility to:

- Be accurate and complete when providing information.
- Carry out program rules and requirements related to the services he or she is applying for.
- Actively participate in the creation of a personal employability development plan to receive The Native Village of Eyak services.
- Inform The Native Village of Eyak staff of any changes in name, address, or other personal information.
- Ask for clarification regarding any instructions, guidelines or services requirements that the client does not fully understand.

## Denial or Discontinuation of Services

Each applicant or recipient of direct assistance will be given a written, detailed explanation regarding the ultimate denial or discontinuation of services. This explanation will include action needed or issues to be resolved for successful reapplication or reinstatement, if applicable.

## Client Grievance and Appeals Process

This procedure has been established by The Native Village of Eyak to assist clients in resolving any complaints or grievances arising from any real or perceived violations of clients' rights. No specific printed form is necessary to file a grievance; however, a grievance must be in writing. The document must clearly state the problem(s) by describing the actions taken or not taken by The Native Village of Eyak staff and it must also outline possible solutions and/or resolutions.

An earnest effort will be made by The Native Village of Eyak staff and administration to resolve problems encountered during all stages of program participation. The following steps outline the recommended procedure for resolution of complaints or grievances regarding the service components of The Native Village of Eyak.

### **Grievance Process**

Submit a complaint in writing to The Native Village of Eyak. An informal meeting with the 477 Director will be scheduled to discuss the complaint and an informal decision regarding the complaint will be made.

### **Appeals Process**

If you are unsatisfied with the informal decision, you may submit a written request, within twenty (20) days of the informal decision, for a formal review of your complaint by the 477 Program staff member's supervisor. The supervisor will review the complaint and all supporting documentation and will make a formal decision as to the appropriate actions to be taken. The supervisor will then issue a written response within twenty (20) days of the formal decision. If you are not satisfied with the decision, you can appeal again as per The Native Village of Eyak 447 Department Policies and Procedures.

I have read and I fully understand my rights and responsibilities, and the grievance process available to me as a The Native Village of Eyak program participant.

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Applicant signature

Date

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# THE NATIVE VILLAGE OF EYAK SOCIAL SERVICES PROGRAMS RELEASE OF INFORMATION

I \_\_\_\_\_ hereby authorize the release of information requested by The Native Village of Eyak Social Services Program. The requested information shall be used solely in the administration 447 department to determine eligibility and to coordinate services. Released information will not be re-released to any other person or agency outside the 477 Department or its agents. I hereby authorize The Native Village of Eyak to obtain and exchange information related to my application to participate in their programs.

Please mark the boxes for persons or organizations that may be contacted below.

Alaska Employment Office     Adult Temporary Assistance Program (ATAP)     State Employment Agencies

Alaska Court System     Landlord or Hotel Manager/Other: \_\_\_\_\_     Native Villag of Eyak Tribal Council

Referring agencies: \_\_\_\_\_  Past/Present Employer: \_\_\_\_\_

Relative(s): \_\_\_\_\_  Housing Agencies     Native Villages/Corporations: \_\_\_\_\_

Social Security Administration     Insurance Provider     Military/Veterans Administration

Bank/Other Financial Institutions     Retirement Systems     Child Support Alimony     NVE Enrollment Department

Social Service Reserve Committee     Child Care Provider: \_\_\_\_\_

Health/Welfare Agencies     Medical     Other \_\_\_\_\_

This information is released for the purpose(s) of:

**A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Signature of Witness if signed with an "X"

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Printed Name of Witness if signed with an "X"

\_\_\_\_\_  
Date of Applicant Signature

\_\_\_\_\_  
Date of Witness Signature

This release of information shall be in effect while I am an applicant or recipient of The Native Village of Eyak 477 department, or for one year, whichever is shorter, and I understand that I have the right to revoke this release of information at any time and for any reason by calling by phone or by contacting the 477 Department in writing. (I also understand that revocation can affect my eligibility for services and my receipt of benefits as 477 Department funding sources require verification of my disclosed information.)

**NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES**

# THE NATIVE VILLAGE OF EYAK SOCIAL SERVICES PROGRAMS MEDIA RELEASE

## INSTRUCTIONS

### Use of Images and Likenesses in Service Products

A signed release form is required for any individual appearing in photographs or videos taken by employees or contractors of the Native Village of Eyak (NVE). For individuals under the age of 18, a parent or legal guardian must sign the release. All completed release forms must be retained at the originating NVE office.

Yes, I do give permission

No, I do not give permission

By selecting "Yes," I consent to being photographed and/or recorded during Native Village of Eyak activities. I grant permission for the Native Village of Eyak to use these images and/or recordings for publication on the Village's official social media platforms (including Facebook), and in printed materials or advertisements related to NVE programs and services. I understand that my name will not be used in association with any such media content.

---

Printed Name

---

Signature

---

Date

---

Printed Youth Name

---

Youth Signature (not required)

---

Date

**NOTE: THIS IS A REQUIRED PAGE FOR ALL SERVICES**

## Section E

### **APPLICATION FOR CHILD CARE ASSISTANCE**

Child Care Assistance is available to income-eligible parents who reside in the traditional boundaries and who are employed or undergoing training. The program pays up to 1000 for full time and 700 for part time of childcare costs incurred when the parent(s) are engaging in employment or school. Parents are urged to apply for employment services and/or vocational training tuition assistance to enable them to obtain reasonable employment and self-sufficiency.

**NAME OF APPLICANT:** \_\_\_\_\_

<b>Child Information – Attach a copy of each eligible child's birth certificate, Certificate of Degree of Indian Blood/Tribal Enrollment and age-appropriate immunization records. The application will not be approved until these documents are received.</b>			
<b>Children eligible for program benefits (under age 13)</b>		<b>Children not eligible for program benefits (age 13 or older)</b>	
<b>Name</b>	<b>Date of Birth</b>	<b>Name</b>	<b>Date of Birth</b>
Do both biological parents reside in the household with the child (or children)? If so, are both employed or in a training program?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Y <input type="checkbox"/> N	Does the child (or children) live with you full-time? If no, please explain on back of this page.	<input type="checkbox"/> Yes <input type="checkbox"/> NO

<b>Child Care Status</b>
Do you presently have a childcare <b>provider</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, what <b>plans</b> do you have for childcare while you work or to go to school?

**Income Data** – You must provide copies of proof of income for the last 30 days as verification of employment and income. Income sources include Employment (pay stubs), unemployment benefits, Social Security Benefits, General Assistance, General Relief, Foster Care payments, Child Support, Native Corporation Dividends, ATAP/TANF, settlements and other income received. This information must be updated annually, see Annual Continuation form.

**Work Data** - The information below concerns your days/hours of employment or training. This form must be signed by your employer or school.

<b>Day</b>	<b>Hours of Training or Employment</b>	<b>Name of Employer or Training and Name of Position</b>	<b>Comments</b>
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

# **The Native Village of Eyak Child Care Program Standards and Requirements**

## **Parent Agreement and Requirements**

As a parent applying for The Native Village of Eyak Child Care Assistance Program, you are required to agree to the following.

### **Parent: Read and initial each item:**

Childcare assistance funds are for use only when I am engaged in employment or training. If both parents reside in the household, I understand that they must either attend a training program or are employed. If a parent is not working or in a training program, they are responsible for their childcare. The Native Village of Eyak will not provide assistance when the parent is not working or in a training program. I will notify The Native Village of Eyak within five days following a change affecting my eligibility. Changes include employment or training status, days/hours of work or training, number of children in need of childcare, and income.

The Native Village of Eyak will provide Child Care Assistance only for the days the child receives childcare – Attendance based programs; Enrollment based programs are not supported by The Native Village of Eyak Child Care Assistance Program.

I will notify The Native Village of Eyak and my provider within five days if I will not work hours specified.

I will give the provider at least 14 days' notice of my intent to terminate childcare services except in the case of immediate program ineligibility or upon mutual agreement between me and my provider. Program ineligibility includes being fired and laid off, or other reasons as decided upon by the case worker.

I am responsible for paying the provider for my portion of authorized childcare costs and any costs above the authorized subsidy amount that the program will pay, or for making other mutually acceptable arrangements with the provider.

I will provide all requested documentation to The Native Village of Eyak in a timely manner.

To be accepted into The Native Village of Eyak Child Care Assistance Program, I will provide my child's immunization record, Certificate of Indian Blood or Tribal Enrollment card and Birth Certificate as well as other requested information.

If I do not comply with these responsibilities, my participation in the Child Care Program may be terminated

### **Parent Certification:**

I certify that I will adhere to the parent agreement and meet the parent requirements. I have visited the provider's home and ensured that the provider is meeting the safety requirements listed above.

\_\_\_\_\_  
Applicant's printed name

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

## Section E

## CHILD CARE PROVIDER APPLICATION

First Name	Middle Name	Last Name	Maiden Name
<input type="checkbox"/> I am a new applicant.	<input type="checkbox"/> I was a childcare provider in the past		Date last provided childcare:
Gender  <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	If a male over 18, have you registered with the Selective Service? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security No.
<b>Child Care:</b>			
What are your hours of care?		What days will you provide care?	
Where is care provided?  ____ Home ____ Center ____ Client's home		What ages will you provide care for?  ____ Infants ____ Toddlers ____ Preschool ____ School aged	
Do you take drop-ins? <input type="checkbox"/> YES <input type="checkbox"/> NO		Can The Native Village of Eyak give your contact information to a parent in need of childcare? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Education Status:</b>			
<input type="checkbox"/> High school      Year graduated _____		<input type="checkbox"/> College      Year graduated _____	
<input type="checkbox"/> GED      Year received _____		Degree _____ Major _____	
<input type="checkbox"/> Vocational training      Year graduated _____		<input type="checkbox"/> Currently enrolled/attending school	
<b>Contact Information:</b>			
Mailing address		Town/Zip	
Home Phone	Work Phone	Cell Phone	Email Address

OTHER HOUSEHOLD MEMBERS NAMES	DATE OF BIRTH	RELATIONSHIP TO PROVIDER
1.		
2.		
3.		
4.		
5.		
6.		
7.		

<b>THE FOLLOWING IS REQUIRED:</b>		<b>Yes</b>	<b>No</b>
Alaska Background Check for self and on all household members 16 years and older			
Business License:	Expiration Date:		
TB Results:	Expiration Date:		
Copy of Social Security Card			

# The Native Village of Eyak Child Care Program Standards and Requirements

## Provider

Applicant: Please review the following checklist of safety requirements with your childcare provider. **Parents are required** to monitor childcare providers and facilities for compliance with The Native Village of Eyak Childcare Assistance safety standards. **Child Care providers are required** to meet these standards.

**Parent: Read and initial each item as it is reviewed with your provider.**

- The provider does not leave a child alone.
- The provider has a working smoke alarm, CO Monitor, and fire extinguisher.
- The place where the child receives care has two separate exits (one may be a window large enough for an adult to exit).
- Children are never left alone with a known or convicted sex offender, or a person who has been convicted of a crime of violence.
- Children are never left alone with a person or animal known to be dangerous.
- The place where children receive care is kept free of hazards, both inside and out.
- Guns are unloaded and out of reach of children. Ammunitions are stored separately.
- Medicines, cleaners, and dangerous materials are kept out of the reach of children.
- The provider will provide a smoke, drug, and alcohol-free environment for the children in their care.
- The provider washes hands before and after handling food, changing diapers, and using the bathroom.
- There is safe drinking water and proper sewage and garbage disposal.
- The provider stores, refrigerates, and prepares food carefully.
- The provider contacts the parent about any injury to the child requiring medical treatment and any serious illness. The provider keeps emergency contact information available. Medicine is only given if the provider has written permission from the parent.
- The provider has a First Aid Kit that is in a convenient location and is inaccessible to children.
- Children are not physically punished or verbally abused.
- The provider always allows parents access to their children.

As a childcare provider for a parent who is applying for The Native Village of Eyak's Child Care Assistance Program, you must meet these requirements and provide the documentation requested. Please be advised that childcare providers are subject to home visits by a The Native Village of Eyak case worker. The Native Village of Eyak will assist with payment only for the days the children receive childcare when the parent is working or in a training program.

- I have not been refused a childcare license or had a childcare license revoked within the past ten (10) years. I have not had a substantiated incident of child abuse or neglect.
- I will give/have submitted to The Native Village of Eyak's Regional 477 Program Manager a Criminal Background Check. The Background Check must be free of crimes involving sexual assault or sexual abuse of a minor, neglect, incest, unlawful exploitation of minor or indecent exposure. (This report must show that you have not been convicted of a felony within the past ten (10) years). Please coordinate with the 477 Department to arrange the criminal background check. In order to qualify as a childcare provider, you must not have committed any of the offenses in 7 AAC 57.315(1) or 7 AAC 57.315(2).
- I have had a test for tuberculosis (TB) within the last twelve months and will provide written verification. If I have tested positive for TB, I will receive treatment for the disease and will provide verification.
- I will/have acquired (d) a business license. Contact The Native Village of Eyak Child Care Program for assistance, if needed, in acquiring a license.
- As a relative provider I will not care for more than a total of four (4) children at any one time, five total including my own.
- I have no health problems or contagious diseases that might be a risk to children.
- I understand that I am not an employee of The Native Village of Eyak. I am running my own business.
- I understand that a The Native Village of Eyak case worker may visit my home.

### **Pay Standards**

- The Native Village of Eyak pays up to \$1,000 full time and up to \$700 for part-time. The Native Village of Eyak has 30 days to process payment.
- If a child attends childcare for fewer than 5 days in a month, a daily rate will be applied. If a child attends 5 or more days in a month, the full monthly rate will be charged.
- The Native Village of Eyak will provide Child Care Assistance only for the days the child receives childcare. The Native Village of Eyak will not pay for childcare if the parent is not working or in a training program. Any such costs will be the responsibility of the parent.
- Once a provider is no longer providing services, the provider will receive the last childcare payment approximately two weeks after the final time sheet is received by The Native Village of Eyak.
- Monthly, both the parent and the childcare provider must sign The Native Village of Eyak Child Care Assistance Billing Form.

### **Child Care Provider Certification:**

I certify that I will meet the safety and childcare provider requirements. I also understand and agree with the pay standards.

Child Care Provider's printed name	Social Security Number	Child Care Provider's Address
Child Care Provider's signature	Date	