



# Child Care Assistance Program - Provider Application

Maniilaq Association | Workforce Development | P.O. Box 256 | Kotzebue, AK 99752

Phone: (907)442-7021 | Fax: 1-866-832-9350 | email: [etprogram@maniilaq.org](mailto:etprogram@maniilaq.org)

We are pleased that you are interested in applying to become a provider with the Maniilaq Child Care Assistance Program. A child care provider must be 18 years of age or older.

The Child Care Assistance Program cannot pay for child care services prior to the participant (parent/guardian) and provider's (babysitter) approval, which includes a criminal background check and a home visit. Payments can begin after approval of both parent and providers application.

## Required Document Checklist

- ☐ Child Care Provider Application including a W-9 and two references
- ☐ Identification – must provide **one** of the following: Tribal Card, State ID, Driver's License, SSN Card, or Passport.
- ☐ Current (negative) TB test results or TB (clearance) screening questionnaire
- ☐ Criminal Background check - **Completed background checks must be received for the provider and all Household members who are 16 years of age or older, or the family's In-home caregiver, prior to approval.** <http://dhss.alaska.gov/dhcs/Documents/Residential-Licensing-Background/bgcheck/assets/BarrierCrimeMatrix.pdf>
- ☐ CPR & First Aid Certification – If not current MUST obtain or renew CPR/First Aid within 3 months

***Please check which category you qualify for:***

- ☐ **Licensed Family Home Child Care** (Licensed through the State of Alaska) – Teachers/caregivers must meet the State of Alaska qualifications. A childcare home must have at least one caregiver and may provide care for no more than a total of 8 children under age 13 years. Of the total children in care, no more than 3 may be under the age of 30 months, and no more than 2 may be non-ambulatory. **Minimum of twelve (12) hours of professional development training must be completed within first three (3) months of approval date. You must also follow state training requirements for certification.**
- ☐ **License Exempt In-Child Home Care** – Providers must be at least 18 years of age or older. A child care home provider may provide care for no more than four (4) children under age 13, not including the caregiver's own children; of which no more than two (2) may be under 30 months of age, and no more than four (4) may be under 48 months of age. **Minimum of twelve (12) hours of professional development training must be completed within first three (3) months of approval date.**
- ☐ **Relative Provider** – Providers must be at least 18 years of age or older and may be exempt from immunization requirement. A relative child care provider may provide care for no more than six (6) children under the age of 13, of which no more than two (2) may be under the age of 30 months of age, and no more than four (4) may be under the age of 48 months of age. **Minimum of four (4) hours of professional development training must be completed within first three (3) months of approval date.**

**Incentives offered for completing training requirements- depending on funding availability.**

**\* All providers are encouraged to become licensed through the State of Alaska, Child Care Program Licensing Office.**

**Failure to complete the required training within the timeframes described will result in termination of provider's eligibility.**

*Maniilaq Association Workforce Development reserves the right to deny application and/or payment to any person(s) or agency who is determined by the Tribe and/or Program to be a potential danger to children. The Barrier Crime Matrix will be utilized to determine eligibility of Provider application and services.*



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## Applicant Information

Full Name:		Maiden Name/Alias:	
Email Address:			
Mailing Address:			
Physical Address:			
Phone Number: (H)		(W)	(C)
Veteran: <input type="radio"/> No <input type="radio"/> Yes, Discharge Date:		Selective Services Registration: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
Marital Status: (Please check one)	<input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Widowed		
Household Type: (Please check one)	<input type="radio"/> Single Individual <input type="radio"/> 2 Parent Family <input type="radio"/> Foster Family <input type="radio"/> Adoptive Family		

## Household Information - list all people living in the home where care will be provided

Name	Relationship	Date of Birth	IRA Tribal Enrollment

## Children in care - List ALL the children you plan to provide care for:

Children's First and Last Name	Relationship	Where will care take place	Hours willing to Provide	Parent Name
Jane Doe	Not related	Ex: My home, parents home, licensed center, other (explain)	Ex: Monday through Friday 8am-5pm	John and Jane Doe Sr

## Educational Background

<input type="checkbox"/> HS Diploma/GED Date:	<input type="checkbox"/> HS Dropout Highest Grade Completed:
<input type="checkbox"/> College Level:	<input type="checkbox"/> Vocational Certificate/Training Completed:
List certificates, license or college credits you have earned related to Childcare:	

## Employment History – (Please provide an answer for the most recent or present employment)

Employer:	Job Title:	
Phone number:	Dates employed (from/to):	Hourly wage:



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## Child Care Health/Safety Checklist

A copy of this page will be used during the Home Visit for the residency or home where care will be provided

YES	NO	<b>TO BE COMPLETED BY PROVIDER AND CHILD'S PARENT OR GUARDIAN</b>
		Do you understand that you are required by law to report suspected child abuse?
		Do you provide a smoke, drug and alcohol free environment for the children in my care, this includes child care site and vehicle used to transport children?
		Does each floor of home have at least one properly installed and maintained smoke detector?
		Do you have a fire extinguisher, which is readily accessible and maintained in operable conditions?
		Do you have a first aid kit that is in a convenient location and is inaccessible to children?
		Is ventilation, temperature, and lighting are adequate for children's safety and comfort.
		Are poisons, toxic materials, cleaning substance, sharp or pointed objects, and guns kept in a safe place or locked up so children cannot get to them?
		Are all outlets covered or non-accessible to children?
		Is there a safe play area provided inside and/or outside?
		Are the floors and walls clean and maintained in a condition safe for children?
		Do you have a plan to evacuate children in the event of a fire?
		Are there at least two ways of exiting the location?
		Are toys and objects safe, durable, easy to clean and non-toxic?
		Are all small items checked against choking hazards?
		Do you have a woodstove?
		If you answered yes to having a woodstove, do you have a plan to keep children from potential harm?
		Do you have a sample supply of safe, drinkable water in your child care home?
		Do you provide daily activities to promote a child's individual physical, social, intellectual and emotional development that includes time for sleep, toileting, playtime and exercise according to individual needs?
		<b>CHILD'S HEALTH</b>
		Is medication or over the counter medicine administered with written parental instructions?
		Are parents immediately notified of any accident or injury to the child?
		Do you use separate towel/washcloth on each child?
		Do you potty-train and/or change diapers away from food preparation area?
		What form(s) of discipline do you use?
		Are you aware of each child's allergies to foods/environment?
		How do you keep track of the children in your care?
		If you have pets, are they current on rabies vaccinations? ____ YES ____ NO
		How do you keep the children/pets safe from harm?

I certify that I will comply with all the requirements set forth by the Maniilaq Association WFD Child Care Assistance Program. The answers to the health and safety checklist are true and correct to the best of my knowledge.

\_\_\_\_\_  
Child Care Provider Signature

\_\_\_\_\_  
Child Care Provider's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Parent or Guardian's Printed Name

\_\_\_\_\_  
Date



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## NOTIFICATION TO CHILD CARE PROVIDER

**By initialing below, I understand know my rights & responsibilities as a Child Care Assistance Provider:**

\_\_\_\_\_ FRAUD PENALTY WARNINGS: You may be prosecuted or otherwise sanctioned if you knowingly give false, incorrect or incomplete information to obtain or try to obtain Child Care Assistance Program payments you are not eligible for, or to help someone else obtain payments for which they are not eligible. If you are found to have committed an intentional program violation or are convicted of defrauding the Child Care Assistance Program, you may be disqualified from program participation and obligated to repay any amounts attributable to the intentional program violation or fraudulent act(s), in addition to any applicable criminal penalties.

\_\_\_\_\_ Approved child care providers are considered independent contractors (Maniilaq Association will not be your employer), you are required to report all income received through this program to the Internal Revenue Service (IRS) for tax purposes. At the end of the calendar year, our finance department will issue a 1099 form to all providers earning over \$600 per year.

\_\_\_\_\_ If you receive an overpayment of Child care payments or receive services to which you are not entitled, you may be financially responsible for repaying the overpayment or cost of services to Maniilaq Association Workforce Development Child Care Assistance Program. This may be true even if the overpayment or improper authorization of services is due to an error on the part of the Maniilaq Association Workforce Development Department. By accepting payment of benefits or services, you must understand and agree that you may have a responsibility for the repayment of benefits or services to which you were not entitled.

CERTIFICATION AND STATEMENT OF TRUTH: Under penalty of perjury or unsworn falsification, I certify that I am the only individual providing child care at the physical address listed; the statements made on this application regarding myself and individuals living in the location where child care is provided are true and correct. I further certify I will not participate in paid or unpaid employment, self-employment, unpaid/volunteer activity, educational or any other type of activity during the hours of my child care operating hours. I have read, or had read to me, and understand the information provided on this application.

I understand my information may be verified through collateral contact and/or available databases to ensure my participation eligibility. I have retained a copy of this application.

I understand that I am responsible for compliance with all program rules and requirements, penalties, and repayment of any overpayments. I further understand I will not receive any payment for child care services I provide prior to the effective date of an approval determination regarding my eligibility, and/or the effective date of an approval for program participation for the children I will care for and an authorization issued to me.

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

\_\_\_\_\_  
Date



# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►	Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
or	
Employer identification number	

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**STATE OF ALASKA  
DEPARTMENT OF PUBLIC SAFETY  
REQUEST FOR CRIMINAL JUSTICE INFORMATION  
From the Alaska Criminal History Record Repository**

*Original forms must be submitted to:*

Criminal Records and Identification Bureau

5700 E. Tudor Road, Anchorage, AK 99507

Telephone: (907) 269-5767 Fax: (907) 269-5091 (RSAs only)

Include fee: \$20 single copy, \$5 each additional copy

Check or money order must be made payable to 'State of Alaska'

Type of information being requested (from other than the record subject): (Choose ONE)

- ☐ 1. Criminal Justice Information available to **ANY PERSON for ANY PURPOSE**  
▪ This report includes current/open criminal charges and charges that resulted in conviction, excluding sealed records.
- ☒ 2. Criminal Justice Information available to an **INTERESTED PERSON**  
▪ This report includes all criminal charges and dispositions, excluding sealed records  
2.A. If you checked item 2, the requester must provide the following information:  
I request this report for the purpose of determining whether to grant the record subject supervisory or disciplinary power over (check all that apply):  
☐ Minor(s)  
☐ Dependent adult(s)  
Title or brief description of the position under consideration: \_\_\_\_\_
- ☐ 3. Criminal Justice Information needed for another purpose authorized by federal or state law.  
Client Number: \_\_\_\_\_  
If you check this box, you **must** provide the client number assigned by the DPS Records and Identification Bureau.  
To obtain a client number, you must provide the applicable state or federal statute to this office for review and approval prior to submitting this request.

*A check or money order payable to the State of Alaska in the amount of \$20 **must** accompany this request. Additional copies, if requested at the time of this request, may be obtained for an additional \$5 per copy. State agencies with a Reimbursable Services Agreement (RSA) in place may fax the appropriate forms. All other requests must be submitted via U.S. Postal Service or in person.*

Subject Name: \_\_\_\_\_

Maiden/Alias name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Alaska Drivers License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: ☐ -Male ☐ -Female Soc Sec No. \_\_\_\_\_

Telephone: \_\_\_\_\_ Msg: \_\_\_\_\_

To be completed by the record subject: "I authorize the release of my criminal justice information record, (described above) to the named requester."

Signature of subject: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Requester Name: Employment & Training Program

Title: Workforce Development Director

Business/Agency: Maniilaq Association

Mailing Address: P.O. Box 256

City/State/Zip: Kotzebue, AK 99752

Date of Birth: N/A Telephone: (907)442-7021

Sex: ☐ -Male ☐ - Female Soc Sec No. N/A

The requested record will be mailed to the above named individual at the listed address. If you would like the record faxed, check the box below:

☒ Fax Number: 1-866-832-9350

Signature of requester: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**Unsworn Falsification Statement (Your request will not be processed if you do not sign this statement.)**

I certify under penalty of unsworn falsification (AS 11.56.210) that the information I am supplying on and with this form is true and correct.

Record Subject's Signature

Date





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## Child Care Provider Reference Questionnaire

This is a reference for \_\_\_\_\_ which I have known for \_\_\_\_\_ months/years  
Child Care Provider's Name (circle one)

in the capacity of \_\_\_\_\_  
Friend, Coworker, Employer, etc. (Not an immediate relative)

I know this person:

☐ VERY WELL ☐ CASUALLY ☐ NOT WELL ☐ ENOUGH TO GIVE A REFERENCE

Please answer the following questions:

Does this provider show any serious health, alcohol or drug problem? No Yes – Explain: \_\_\_\_\_

Can you attest to the good character, maturity and sound judgement of this provider? No Yes – Explain: \_\_\_\_\_

How would you rate the applicant's capabilities to care for children?

☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR

List qualities, which you believe will enable the provider to work successfully (or unsuccessfully):

If you need a Child Care Provider, how would you feel about leaving your children with this provider?

☐ VERY ENTHUSIASTIC ☐ SOMEWHAT ENTHUSIASTIC ☐ WORRIED ☐ WOULD NOT

Additional Comments:

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

Mailing Address:

(P.O. Box)

(City)

(State)

(Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please return form to Child Care Assistance Program at Workforce Development to address on top of page.**



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☐ VERY ENTHUSIASTIC ☐ SOMEWHAT ENTHUSIASTIC ☐ WORRIED ☐ WOULD NOT

Additional Comments:

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

Mailing Address:

(P.O. Box)

(City)

(State)

(Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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