



Ninilchik Traditional Council  
 Tribal Services Department  
 P.O. Box 39444  
 Ninilchik, Alaska 99639  
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## PARENT APPLICATION ~ CHILD CARE ASSISTANCE PROGRAM

The NTC Child Care Assistance Program is to assist **low to moderate income families** in attaining quality child care within our service area. Ninilchik Traditional Council Child Care Assistance Program eligibility requires that the children are Alaska Native or American Indian, you and your spouse/partner be employed and working at least 20 hours or more weekly. If you are enrolled in Higher Education, you must take a minimum of 6 credits per semester. Respite and subsistence are provided on a case-by-case basis. NTC uses a sliding fee scale.

### CHECKLIST:

- BIA CERTIFICATE OF INDIAN BLOOD FOR EACH CHILD NEEDING CARE
- Immunization documentation
- Verification of **all** income, including pay stubs, tax documents.
- Birth Certificates for child(ren) needing care.
- Class/Training Schedule-must state place of training, days and hours, beginning and end dates.
- Letter of Hire- letter signed by employer stating date of hire, wages, receiving benefits (yes or no), days and hours work (ie., Monday - Friday 9:00 a.m. - 5:00 p.m.)
- Child Care Providers paperwork completed and signed.
- Providers business license, provider application and background checks.
- Developmentally disabled or special needs verification, if applicable.

### PARENT AFFIRMATION

List all children living within your household for whom you have legal custody and are requesting care assistance. If you need additional space, please use the back of this form.

Child's Name	Date of Birth	School Name/Hours

I certify that I am the parent, legal guardian, or foster parent of the children noted above and are: (please check one)  
 Alaska Native child(ren) or  American Indian child(ren). I agree to notify the NTC Child Care Assistance Program of ANY changes in marital status, employment, and/or training, income, or any other members that will affect my eligibility for this program. I hereby certify that all information made on or in connection with this application is true and complete to the best of my knowledge.

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

\_\_\_\_\_  
 Date

**PARENT RESPONSIBILITIES**

As a parent participating in the NTC Child Care Assistance Program, I understand and agree to adhere to the program requirements as shown by my initials:

- \_\_\_\_\_ I have received and agree to comply with NTC Child Care Policies and Procedures.
- \_\_\_\_\_ I will provide all requested documentation necessary to verify eligibility.
- \_\_\_\_\_ I understand that my child(ren) must be current on all immunizations, and agree to provide documentation as necessary
- \_\_\_\_\_ I understand that the NTC Child Care Assistance is for use only when I am engaged in eligible activities.
- \_\_\_\_\_ I understand it is my responsibility to pay for Child Care until I am certified for assistance.
- \_\_\_\_\_ I understand any costs incurred exceeding the authorized amount or the monthly maximum are my responsibility.
- \_\_\_\_\_ I understand that NTC Child Care Assistance Program in no way accepts responsibility for any occurrence/accidents that take place while the children are in the care of my chosen provider.
- \_\_\_\_\_ I agree to sign my Child Care Billing Report on the last working day of the month and submit time sheets or pay stubs.
- \_\_\_\_\_ I agree to notify the NTC Child Care Program and my provider within five (5) days of any changes that may affect my eligibility (please refer to Certification Statement below).
- \_\_\_\_\_ I agree to renew my Child Care Certificate one month prior to the expiration date. I understand that any child care costs outside the effective dates are my responsibility.
- \_\_\_\_\_ I understand that in order to change my current Child Care Provider, I must submit a letter of termination to NTC and my provider.
- \_\_\_\_\_ I am aware that I may be terminated and banned from NTC's Child Care program for any fraudulent representation.

**CERTIFICATION STATEMENT**

I have read and understand my responsibilities under the NTC Child Care Assistance Program. I understand that it is fraud to misrepresent facts in order to receive program benefits, including facts on income status, living arrangements, or working status. I understand that any fraud may result in removal from the NTC Child Care Assistance Program and I will have to repay wrongfully used funds pursuant to 19 AAC 65.411 of the State Administrative Code.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse / Co-Habitant Signature

\_\_\_\_\_  
Date



**CURRENT EMPLOYMENT AND/OR EDUCATION/TRAINING ACTIVITY**

Household Member's Name: \_\_\_\_\_  
Job Title, or Course of Study : \_\_\_\_\_  
Name of Employer or Training Institute: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employment Hourly Rate: \_\_\_\_\_ Number of Training Credits: \_\_\_\_\_

Household Member's Name: \_\_\_\_\_  
Job Title, or Course of Study : \_\_\_\_\_  
Name of Employer or Training Institute: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employment Hourly Rate: \_\_\_\_\_ Number of Training Credits: \_\_\_\_\_

Household Member's Name: \_\_\_\_\_  
Job Title, or Course of Study : \_\_\_\_\_  
Name of Employer or Training Institute: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Employment Hourly Rate: \_\_\_\_\_ Number of Training Credits: \_\_\_\_\_

**MODE OF TRANSPORTATION**

\_\_\_ Bus \_\_\_ Taxi \_\_\_ Own Transportation \_\_\_ Other, Please List \_\_\_\_\_

**APPLICANT CERTIFICATION:**

I hereby certify the information made on this application is true and complete to the best of my knowledge. I understand that if I deliberately enter false information on this form, I may receive a \$10,000 fine, imprisonment for not more than two years, or both. I also understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspension from any NTC program participation and services.

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse/Co-Habitant**

\_\_\_\_\_  
**Date**

Family Size	2	3	4	5	6	7
NTC Rate	From To	From To	From To	From To	From To	From To
97%	\$0 - \$1,487	\$0 - \$1,864	\$0 - \$2242	\$0 - \$2619	\$0 - \$2997	\$0 - \$3699
85%	\$1488 - \$2485	\$1865 - \$3071	\$2243 - \$3656	\$2620 - \$4241	\$2998 - \$4826	\$3700-5410
75%	\$2486 - \$2937	\$3072 - \$3629	\$3657 - \$4320	\$4242 - \$5012	\$4827 - \$5703	\$5411 - \$6393
50%	\$2938 - \$3479	\$3630 - \$4299	\$4321 - \$5118	\$5013 - \$5937	\$5704 - \$6757	\$6394 - \$7575
25%	\$3480 - \$3661	\$4300 - \$4523	\$5119 - \$5384	\$5937 - \$6246	\$6758 - \$7107	\$7576 - 7969
15%	\$3662 - \$3842	\$4524 - \$4746	\$5385 - \$5650	\$6248 - \$6554	\$7108 - \$7458	\$7970 - \$8362
0%	>\$3842	>\$4746	>\$5650	>\$6554	>\$7458	>\$8362
NTC CCDF Sliding Fee Scale Kasilof to Homer						
(Income per Month)						

TYPE OF INCOME	NAME	RECEIVED LAST 30 DAYS	RECEIVED LAST 12 MONTHS
EARNED INCOME			
EARNED INCOME			
UNEMPLOYMENT BENEFITS			
TANF/ATAP			
GENERAL ASSISTANCE			
SOCIAL SECURITY			
NATIVE CORP. DIVIDENDS			
STATE OF ALASKA PFD(S)			
OTHER			
OTHER			
<b>GRAND TOTALS</b>			
Head of household deduction ~ \$700.00			700.00
Additional household members deduction \$100.00/each			
<b>Adjusted Income Total</b>			

**NINILCHIK TRADITIONAL COUNCIL  
CHILD CARE ASSISTANCE PROGRAM  
RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby authorize the release of any information concerning me to the Ninilchik Traditional Council (NTC), a Federally and State recognized Tribe, located at 15910 Sterling Hwy., P.O. Box 39444, Ninilchik, AK 99639. The requested information shall be used solely in the administration of NTC Programs, and a reproduction of this release is as valid as the original. Contacts will include, but are not limited to:

- |  |   |
|--|---|
| ➤ <b>Public Assistance</b>                     | ➤ <b>Native Corporations</b>                |
| ➤ <b>Department of Labor</b>                   | ➤ <b>Child Support Enforcement Division</b> |
| ➤ <b>Division of Vocational Rehabilitation</b> | ➤ <b>Bureau of Indian Affairs</b>           |
| ➤ <b>Employers</b>                             | ➤ <b>Private Individuals</b>                |
| ➤ <b>Social Security Administration</b>        | ➤ <b>Other (Please Name): _____</b>         |

This authority shall continue until revoked in writing by the undersigned.

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

\_\_\_\_\_  
Spouse/ Co-Habitant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## CLIENT RIGHTS & RESPONSIBILITIES

**The client has the right to:** be treated with respect; to be treated without regard to race, color, creed, national origin, religion, sex, sexual preference age or disability. Understand that all personal information be held confidential. Be fully informed of all fees associated with his/her services received from NTC. And have access and review of his/her file with NTC staff member present.

**The client has the responsibility to:** treat NTC staff with respect, be accurate and complete as possible when providing information to the Ninilchik Traditional Council. Carry out NTC Program rules and regulations. Inform NTC staff of any changes in address, income etc. Actively participate in the decision making process and follow through with associated processes.

## CLIENT GRIEVANCE PROCEDURE

A procedure has been established and maintained by the Ninilchik Traditional Council to assist clients in resolving any complaints or grievances arising from any real or perceived violations of client rights.

No specific form is necessary to file a grievance. However a grievance must be in writing. You must clearly state the problem(s) by detailing the action taken or not taken by NTC staff and outline possible solutions and/or resolutions.

An earnest effort will be made by NTC staff to resolve problems in a prompt and professional manner. The following steps outline the procedure for grievance resolution

- Step 1. Submit a complaint in writing to the NTC Child Care Specialist. An informal meeting will be scheduled to discuss the complaint. If the complaint cannot be resolved informally, the Child Care Specialist shall, within 10 days issue a written decision.
- Step 2. If unsatisfied with the written decision by the Child Care Specialist, the client can submit an appeal, in writing to the NTC Quality Care Management Committee, C/O Executive Director, P.O. Box 39070, Ninilchik, AK 99639. A hearing will be scheduled within 30 days of receipt of the appeal. The Executive Director will issue a written response within 10 days of the hearing with the Quality Care Management Committee.