



Ninilchik Traditional Council  
Tribal Services Department  
P.O. Box 39444  
Ninilchik, Alaska 99639  
Phone: 907 567-3313 / Fax: 907 567-3354  
E-mail: bettyann@ninilchiktribe-nsn.gov

## PARENT APPLICATION ~ CHILD CARE ASSISTANCE PROGRAM

The NTC Child Care Assistance Program is to assist families in attaining quality, affordable childcare within our service area. You or your children must be Alaska Native or Native American Indian. Respite and subsistence are provided on a case-by-case basis.

### CHECKLIST:

- ☐ BIA Certificate of Indian Blood (CIB) for each child.
- ☐ Immunization documentation for each child.
- ☐ Birth Certificates for child.
- ☐ Child Care Providers application completed, signed and approved.
- ☐ Child Care Providers business license, on-line training and background checks completed and approved.
- ☐ 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).

☐ American Indian child(ren).

I agree to notify the NTC Child Care Assistance Program of ANY changes in this childcare application 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. 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

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

APPLICATION NAME: \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

TRIBE: \_\_\_\_\_ VILLAGE: \_\_\_\_\_

Are you a United States Citizen? ☐ YES ☐ NO

Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Type of discharge: \_\_\_\_\_

List **ALL** people in your household and Check DD if the individual is Developmentally Disabled or SN if Special Needs. If you need additional space, please use the back of this form or attach a supporting document. Developmentally disabled must provide documentation verifying that the family member has a developmental disability. Special Needs is: a) In Child Protective Services Care; b) An Indian Child Welfare Case; c) Physically or Mentally Challenged (those that have a physical or mental impairment that is a significant barrier to education and employment); or d) Homeless.

[illegible]

### 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

### 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.