

Kawerak Child Care Assistance Application



Checklist-All documents are required before application will be processed.

- The complete and signed application. Parent and spouse or both parents in the family must sign the application.
- A copy of your government issued photo identification.
- Hospital Shot records for each child receiving child care.
- If applicable, proof of child custody, this can be a court order, affidavit, or statement.
- A copy of your current or future school schedule showing classes you are registered to attend with the school name or school name and hours if attending high school, if applicable.
- Proof of current or future financial aid/account summary by term, for money received for college.
- Proof of all income received by each parent/spouse on the application.
- Proof of unearned income for all members of your family. This can include, but is not limited to dividends, Child Support Payments, Social Security, and Supplemental Social Security.
- Proof of any child support you're a legally obligated to pay and are paying, if applicable.
- An acceptance or denial letter from the Lee Shore Center Child Care Assistance Office.
- Proof of tribal enrollment for all each child receiving child care.

Kawerak Child Care Assistance Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Household Information

Last Name	First Name	Sex	DOB	SSN	Relationship to Applicant	Tribal Affiliation	Child Care Needed
							Yes No
							Yes No
							Yes No
							Yes No
							Yes No
							Yes No
							Yes No
							Yes No

Household Information

Please check the box that best describes your situation:

Work
 School
 Work/School
 Foster Parent
 Other

Name of Child Care Facility

Name	
Street Address	
City ST ZIP Code	
Phone Number	
Director's Name	
Center, Home, or Relative	

Parent #1

Place of Employment/Training	
Phone Number	

Parent #2

Place of Employment/Training	
Phone Number	

Parent/Guardian(s) Employment/Training Schedule

Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<i>Example</i>	<i>8:00-4:30</i>	<i>8:00-4:30</i>	<i>8:00-4:30</i>	<i>8:00-4:30</i>	<i>8:00-4:30</i>	<i>Off</i>	<i>Off</i>

Income Sources

Source of Income	Monthly Gross Amount
What is the total of your household's monthly wage or salary? (please provide your last two paystubs)	\$
How often are parents/guardians paid?	Monthly Weekly Twice per month Other
What are the total of your household's Self Employment Wages? (please provide a copy of your most recent Tax Return)	\$
Does anyone in your home receive Social Security Benefits? (please provide documentation of income received)	Yes No
Does anyone in your household receive Worker's Compensation? (please provide documentation of income received)	Yes No
Does anyone in your household receive Rental Income? (please provide documentation of income received)	Yes No
Does anyone in your household receive Unemployment Compensation? (please provide documentation of income received)	Yes No
Does anyone in your household receive TANF/SSP/SSI? (please provide documentation of income received)	Yes No
Does anyone in your household receive Pension and Annuities? (please provide documentation of income received)	Yes No
Does anyone in your household receive Pension and Annuities?	Yes No

(please provide documentation of income received)	
Are you currently receiving Child Care Subsidies from any other Tribe? If so, please state where you receive these subsidies from.	Yes No

I understand that:

- The earliest date that child care benefits will be paid is the day I submit all required documentation to the Kawerak Child Care Office.
- I must choose a provider who is licensed by the State of Alaska or approved by the Kawerak Child Care Services program.
- I must notify Kawerak Child Care of any household, child care, or income changes within 14 days.

Statement of Truth	
<p>Under penalty of perjury or unsworn falsification, I certify that the statements made on this application and during my interview for assistance regarding the persons in my family, my family income, participation in eligible activities, and all other items that pertain to my family's possible eligibility for Child Care Assistance are true and correct to the best of my knowledge. I have read Kawerak's Policies and Procedures and by signing, agree to comply with the requirements for participation in this program.</p>	
Signature of Responsible Party	Date
Signature of Other Adult Applicant	Date