



Child Care Services Program
P.O. Box 948
Nome, AK 99762
www.kawerak.org

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1-800-450-4341
(907) 443-4358
eFax (907) 802-6183

CHILD CARE SERVICES APPLICATION AMENDMENT

To ensure Child Care Services has the most current details in your file, review each section below and provide any updates.

Primary Parent Name:	Child Name:
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1. Household

New member

Name:	DOB:	Relationship:
Name:	DOB:	Relationship:

Departures

Name	Date
Name	Date

Custody – Please submit proof of child custody (court order, sworn statement, AIAN Custodianship documentation)

2. Income – Families only need to report income decrease. Please provide two (2) most recent paystubs or an employment verification form.

Wage per HR:	HRS per WK	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Twice per month <input type="checkbox"/> Other	Effective Date:
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3. Parent Eligible Activity:

Work School/Job Training Foster Parent Disability Protective Services Other

4. ECE Program Acceptance – Please submit your acceptance letter.

Program:	Start Date:
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5. School Closure – Must have a start and end date entered.

School:	Closed Start Date:	Closed End Date:
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6. Priority Determinations– Please submit documentation for selected priority determinations.

<input type="checkbox"/> Documented Physical Disability	<input type="checkbox"/> Documented Mental/ Learning Disability	<input type="checkbox"/> Homelessness/ BSWG	<input type="checkbox"/> OCS/Foster Child	<input type="checkbox"/> Kinship Care/Indian Custodianship
<input type="checkbox"/> Incarcerated Parent	<input type="checkbox"/> Drug/Alcohol Treatment Program	<input type="checkbox"/> Teen Parent	<input type="checkbox"/> At Risk Circumstance	<input type="checkbox"/> Parent employed w/EHS/HS/UPLC

I affirm that the information I have provided is true and correct to the best of my knowledge and belief. I understand that knowingly providing false or misleading information may result in appropriate action including forfeiting any childcare subsidy.

Parent Signature:	Date:
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