



Child Care Services Program  
P.O. Box 948  
Nome, AK 99762  
[www.kawerak.org](http://www.kawerak.org)

Email: [intake@kawerak.org](mailto:intake@kawerak.org)  
1-800-450-4341  
(907-443-4358  
eFax (907) 802-6183

## CHILD CARE SERVICES APPLICATION

The goal of Kawerak Child Care Services is to increase the availability, affordability, and quality of childcare for families. Please see the Checklist below and verify your eligibility for State Child Care Assistance on page 2. Use the contact information above to return the completed application. Types of care available: Licensed care, Tribally Approved Provider (TAP) and Tribally Approved Relative Provider (TARP). Parents must identify their Provider and provide a Licensed Care or TAP/TARP Approval Letter. Early Head Start/Child Care Partnership (EHS/CCP) applicants must have a pre-determination letter from Child Care Services prior to being enrolled at EHS/CCP.

Kawerak Child Care Assistance is available to families needing childcare services for any American Indian/Alaska Native child under the age of 13, or under the age of 19 if the disability is documented. Parents must be working, enrolled in an education or job training program, or engaged in job search activities for up to four (4) hours per day for a total of 90 days or engaged in subsistence activities for a minimum of two (2) hours per day with a maximum of 10 hours per week as funding allows.

### Checklist: All documents are required before applications are processed.

- ☐ Kawerak Child Care Services Application completed and signed.
- ☐ Kawerak Education, Employment, and Supportive Services (EESS) Intake Form completed and signed.
- ☐ Parent(s)/Guardian(s) copy of government issued photo identification.
- ☐ Verification of Tribal Enrollment for each child needing childcare assistance.
- ☐ Proof of Bering Strait residency for a minimum of 45 days for parents and children requesting care: utility bill, rental/mortgage receipt, school attendance records/report card, or residency affidavit.
- ☐ Childcare authorization certificates may be limited or denied for families who choose not to enroll their child into the local early childhood programs such as Early Head Start, Head Start, Preschool, or Kindergarten. Checking this box verifies that children on this application have enrolled or are waitlisted. Please submit your enrollment or waitlisted letter.
- ☐ Proof of all income (1 full month of pay stubs) received by the parent(s)/legal guardian(s).
  - ☐ If newly employed or volunteering, complete the Employee Verification form.
  - ☐ If self-employed, submit a 1040 income tax statement.
- ☐ Priority is given to families experiencing one or more of the following:

<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"/> Teen Parent	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Drug/Alcohol Treatment Program	<input type="checkbox"/> At Risk Circumstance	<input type="checkbox"/> Parent Employed w/EHS/HS/UPLC	

### LICENSED CARE CHECKLIST

- ☐ Please see the State of Alaska Income Guidelines for subsidy on page 2 of this application. If income is eligible, then complete & submit a State of Alaska Child Care Assistance application.

Updated 8/2025

### **CHILD CUSTODY**

- ☐ Submit proof of child custody--court order, affidavit, or statement.
- ☐ Submit proof of any child support you are legally obligated to pay and are paying.
- ☐ Submit proof of AIAN Custodianship documentation.

### **EDUCATION ACTIVITY**

- ☐ Submit a copy of your current or future school schedule with school name and registered classes/ if attending high school, including the school's name and hours.

### **NOME ESKIMO COMMUNITY & TRIBALLY APPROVED PROVIDERS (TAP) OR TRIBALLY APPROVED RELATIVE PROVIDERS (TARP)**

If you are seeking TAP or TARP care and your child is enrolled with Nome Eskimo Community, please contact the tribe directly for services as available.

### **STATE OF ALASKA CHILD CARE ASSISTANCE REQUIREMENT**

**Tribally Approved Provider (Relative or License Exempt) Care does NOT require State Child Care Assistance.**

**Families seeking Licensed Child Care may be eligible for State Child Care Assistance:** The following table lists the monthly income guidelines to determine State subsidy eligibility. (State of Alaska: Family Income and Contribution Schedule Revised August 31, 2018.)

**If you are eligible for State subsidy, then you must apply and submit your application noting the date of submission on the Checklist. Your Kawerak Child Care Application will be on hold until your approval or denial letter from the State of Alaska Child Care is received, and a copy submitted for review.**

Family Size	2	3	4	5	6	7	8
Maximum Gross Monthly Income	\$5,676	\$7,012	\$8,348	\$9,683	\$11,018	\$11,269	\$11,519

For licensed care, if your gross/pre-tax income falls below the maximum income for your family size as listed above, you must apply for Child Care Assistance with the State of Alaska through the Alaska Family Services, Inc. Please find an application online at **kawerak.org**, go to **<https://health.alaska.gov/en/services/child-care-assistance/>**, or request an application from Kawerak Child Care Services.

- ☐ My family is over the income guidelines for state childcare assistance.

My family size		My family's gross monthly income	\$
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- ☐ My family is income eligible for state childcare assistance. I have submitted my state childcare assistance application on this date: \_\_\_\_\_.
- ☐ I agree to submit a copy of my family's **Acceptance or Denial letter** after the State of Alaska's Child Care Assistance review of my application/interview to Kawerak Child Care Services.

## KAWERAK CHILD CARE SERVICES APPLICATION

**Please check all boxes that best describe your situation regarding a need for childcare:**

☐ Work   ☐ School/Job Training   ☐ Foster Parent   ☐ Disability   ☐ Protective Services   ☐ Other

**I am requesting assistance for the following provider(s):**

☐ Uiviiat Play & Learn Center (UPLC)   ☐ Early Head Start/Child Care Partnership (EHS/CCP)  
☐ Tribally Approved Provider (TAP)   ☐ Tribally Approved Relative Provider (TARP)   ☐ Other

Name:		Email:		
Street Address	PO Box	City	State	Zip
Cell Phone	Home Phone		Work Phone	

**Household Information (Use a separate sheet of paper for additional household members if needed.)**

Last Name	First Name	Sex	DOB	Relationship to Applicant	Tribal Affiliation	Childcare Needed
				Self / Parent		
						Yes No
						Yes No
						Yes No
						Yes No
						Yes No

Parent/Guardian #1		Parent/Guardian #2	
Place of Employment, Training/School, Job Search, Other:	Phone Number	Place of Employment, Training/School, Job Search, Other:	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>
Parent #1							
Parent #2							

**Income Sources**

Source of Income	Monthly Gross Amount
Total household's monthly wage or salary? <b>(please provide the last two paystubs for each parent/guardian)</b>	\$
How often are parents/guardians paid?	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Twice per month <input type="checkbox"/> Other
Total household's Self Employment Wages? <b>(please provide a copy of your most recent Tax Return)</b>	\$
Does anyone in your home receive the following? Please provide documentation.	
<input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Worker's Compensation <input type="checkbox"/> Rental Income <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> TANF/SSP/SSI <input type="checkbox"/> Pension & Annuities	
Are you currently receiving Child Care Subsidies from the State or another Tribe? <b>If so, please identify where:</b>	Yes No
If applying for self-employment or subsistence activity, I attest to completing and submitting the Activity Assurance Log by the 1 <sup>st</sup> of each month.	Yes No

If applying for job search activity, I intend to job search up to 4 hours per day and submit the Activity Assurance Log every two weeks.	Yes No
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Parent/Guardian Agreements	Parent Initials
I agree to select a provider who is approved to participate in the Kawerak Child Care Program.	
I agree that childcare hours must be not more than 50 hours per week.	
I agree to pay my selected childcare provider each month my contribution (CO-PAY) <b>and</b> any difference that my subsidy does <b>not</b> approve.	
I agree to renew my childcare assistance application every 12 months by the due date; otherwise, I may be placed on a waitlist or denied.	
I agree to review my provider's bi-weekly timesheet to verify care was billed for the hours care was provided for my child(ren). <b>TAP &amp; TARP ONLY</b>	
I agree to notify CCS of required training for my employment that requires travel & submitting verification of attendance. <b>TAP &amp; TARP ONLY</b>	
I agree that medical and personal travel is not subsidized by CCS, and I will be 100% responsible for childcare during medical and personal travel.	
I agree to pre-pay <b>EHS/CCP or UPLC</b> for the month prior to childcare my contribution (CO-PAY) <b>and</b> any difference my subsidy does not approve.	
I agree to report to local police/Alaska State Troopers and Kawerak Child Care staff within 24 hours of abuse, harm, or serious risk of harm to a child in my provider's care.	
I agree to contact CCS with any following changes: contact information, selected provider, place of care, family size, or household members. Subsidy authorization may be placed on hold until changes are verified. As a result, changes to subsidy amount and monthly contribution (CO-PAY) may occur.	

### Statement of Truth

Under penalty of perjury or unsworn falsification, I certify that the statements made on this application and during my interview for assistance are true and correct to the best of my knowledge. I have read Kawerak's Child Care Assistance Parent Handbook or requirements. I agree to hold Kawerak Inc., harmless from any liability, claims or damages that may result from the Child Care Provider of its obligations under the terms of this agreement. I attest that no one residing in my household, 18 years or older, has assets exceeding \$1 million dollars. I understand that, except for Tribally Approved Provider Care, both the State of Alaska and the Kawerak Child Care Applications must be completed. All supporting documents must be received to begin processing within a period of 30 days or the application may be closed. By signing, I agree to comply with the requirements for participation in this program.

Signature of Primary Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_

Signature of Parent/Guardian #2\_\_\_\_\_ Date\_\_\_\_\_

# Kawerak, Inc. Education, Employment & Supportive Service Division

☐ HE ☐ DE ☐ SS ☐ VT ☐ STRT ☐ SYP ☐ ABE ☐ GED ☐ ESL ☐ CNA ☐ AVTEC

**Mailing Address:** P.O. Box 948 Nome, AK 99762 ~ **Email:** intake@kawerak.org ~ **Phone:** (907)443-4358 **Toll Free:** (800)450-4341 ~ **Fax:** (907)443-4485

## Initial Intake & Short Education or Employment Development Plan

Name: \_\_\_\_\_ Current Age \_\_\_\_\_  
                     (First)                    (Middle)                    (Last)                    (Also Known As – or Maiden name)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: ☐ Male ☐ Female

Present Mailing Address: \_\_\_\_\_  
                                     (Street Address or P.O. Box)                                    (City)                                    (State)                                    (Zip Code)

Home Phone: \_\_\_\_\_ Work / Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Tribally enrolled at:** Brevig Mission - Council - Diomed - Elim - Gambell - Golovin - King Island - Koyuk - Mary's Igloo - Nome Eskimo Community – St. Michael - Savoonga - Shaktoolik - Shishmaref - Solomon - Stebbins - Teller - Unalakleet - Wales - White Mountain - Other?

**Veteran?** ☐ Yes ☐ No - Date of Discharge: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Registered with Selective Service?** ☐ Yes ☐ No

**Educational Status:** ☐ High School Diploma - Year Graduated: \_\_\_\_\_ ☐ GED - Year obtained \_\_\_\_\_ OR Highest Grade Completed: \_\_\_\_\_  
☐ College/Vocational Graduate - Type of Degree: ☐ Certificate ☐ AA/AAS ☐ BA/BS ☐ MA/MS ☐ Other: \_\_\_\_\_ Year

Most Kawerak EESS programs and/or jobs are subject to drug testing. **Are you willing to take a drug test?** ☐ Yes ☐ No

Applicant Ethnicity:	Applicant Primary Goal: (check one)	Education/Employment Service Needs List:
(check all that Apply) <input type="checkbox"/> Alaskan Native <input type="checkbox"/> American Indian <input type="checkbox"/> Other (specify): _____  <b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Single/Separated <input type="checkbox"/> Living with Partner <input type="checkbox"/> Divorced/Widowed	<input type="checkbox"/> Obtain or Improve a Job <input type="checkbox"/> Retain Current Job <input type="checkbox"/> Self-employment <input type="checkbox"/> Earn a High School Diploma or GED <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Educational Gain <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Commercial Driver's License <input type="checkbox"/> Subsistence Activities (carving, beading, sewing, etc.) <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Relocation Assistance for Employment <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Transportation To/From Training or Job <input type="checkbox"/> Enter Postsecondary Education or Job Training <input type="checkbox"/> Child Care <input type="checkbox"/> Training Fees or Tuition <input type="checkbox"/> Work Attire or On The Job Clothing <input type="checkbox"/> Other (Specify): _____

### Applicant Status and Program Enrollment

Applicant Primary Status	Barriers to Education/Employment	Institutional Programs
(Check All That Apply) <input type="checkbox"/> Disabled <input type="checkbox"/> Employed <input type="checkbox"/> Worked 90 days or more - this calendar year <input type="checkbox"/> Unemployed _____ <input type="checkbox"/> Collecting Unemployment <input type="checkbox"/> Not in the Labor Force <input type="checkbox"/> On Public Assistance ← (ATAP, TANF, food stamps, tribal welfare assistance)	(Check All That Apply) <input type="checkbox"/> Employed – Low Income <input type="checkbox"/> Living in a Rural Area <input type="checkbox"/> Homemaker <input type="checkbox"/> Convicted of a Crime <input type="checkbox"/> Single Parent <input type="checkbox"/> Homeless <input type="checkbox"/> Has a Learning Disability <input type="checkbox"/> Substance or Alcohol Use <input type="checkbox"/> English is a Second Language	(Check All That Apply) <input type="checkbox"/> In Correctional Facilities (AMCC, Seaside, etc.)  Release date _____ <input type="checkbox"/> In Other Institutional Settings (A.P.I., Substance Treatment, etc.) Release date _____ <input type="checkbox"/> None of the above

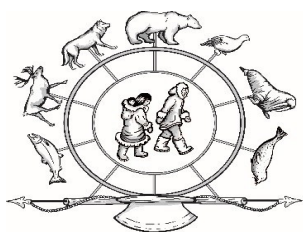
I certify that the information given on this application is true to the best of my knowledge. By signing my name, I agree to allow information from this form to be used for statistical and follow-up purposes. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

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

**Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_

Revised 05/8/2018



**KAWERAK, INC.**

## **KAWERAK, INC.**

Education, Employment, and Supportive Services

P.O. Box 948, Nome, AK 99762

Toll Free: 1-800-450-4341 Phone: 907-443-4358 Fax: 907-443-4485

Email: [intake@kawerak.org](mailto:intake@kawerak.org) Website: [www.kawerak.org](http://www.kawerak.org)

### **AUTHORIZATION OF RELEASE OF INFORMATION**

(Valid for no less than 24 Months)

I hereby authorize the release of all information needed by Kawerak, Inc. for the use and determination of eligibility for financial assistance through the Education, Employment, and Supportive Services Division and for exchange of information for the Education or Employment Development Plan and career guidance services.

Persons or organizations that may be contacted include, but are not limited to: State of Alaska: Department of Labor and Workforce Development; Office of Children's Services; Department of Health and Human Services, Department of Public Assistance; Social Security Administration; Local Governments; City Councils; Village Councils; Native Corporations; State, Federal, and Private Educational organizations; Financial Institutions; Landlords, Employers, School Districts; Businesses and Private individuals.

I hereby authorize the use or disclosure of my personal and protected information described below but may not be all inclusive.

- ☐ Birth Certification      ☐ Social Security Card      ☐ Verification of Tribal Enrollment      ☐ Employment Pay Stubs
- ☐ Verification of Selective Service      ☐ Verification of Employment      ☐ Verification of Residency
- ☐ Verification of Public Assistance or Unemployment from the State of Alaska
- ☐ Verification of Education Diploma, Degree, or Certificate      ☐ Other: \_\_\_\_\_

I understand that this authorization is voluntary. I understand that my records may contain sensitive information. To the extent that this information is required to remain confidential by federal or state law, the recipient of this information must continue to keep this information confidential. I understand that I may request a copy of this signed authorization. This authorization expires 2 years from the date of signature.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
**IF UNDER 17 Years of Age:** Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name