



# Kenaitze Indian Tribe Na'ini Social Services

150 N. Willow St. / P.O. Box 988 Kenai, AK 99611

Phone: 907.335.7200 Fax: 907.335.7239

[www.kenaitze.org](http://www.kenaitze.org)

Revised 10-16-13

## Child Care Assistance Program

### Are You Eligible Checklist

The KIT Child Care Development Fund program is to assist low to moderate income families in attaining quality child care. You are eligible if you and your children meet the requirements.

- ◇ Alaskan Native or American Indian
- ◇ Resides with in Kenaitze Indian Tribe service area (Kenai, Soldotna, Sterling, Nikiski, Salamatof, Cohoe, Cooper Landing)
- ◇ You and your spouse/partner are working or in work related activity more than 20 hours weekly
- ◇ Child (ren) that are ages 0-12 years.
- ◇ Child (ren) who are ages 13-18 and are physical and/or mentally incapable of self-care
- ◇ Must be able to provide all Documentation (See Required Documents)

Family Size	Gross Income
1	3,231.00
2	4,225.00
3	5,219.00
4	6,213.00
5	7,208.00
6	8,202.00
7	8,388.00
8	8,575.00
<u>Gross Income:</u> An individual's total personal income before taking taxes or deductions into account.	



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## Child Care Assistance Program

Funding provided by Administration for Children and Families Child Care Development Fund (CCDF) program

Dear Child Care Applicant:

Date: \_\_\_\_\_

Thank you for applying to the Kenaitze Indian Tribe Child Care Development Fund Program. Eligibility requires that you and your spouse/partner be employed and working more than 20 hours weekly. If you are enrolled in Higher Education, you must be taking a minimum of 6 credits or more per semester. Respite is provided on a case-by-case basis.

The child care application must be completed with all necessary documentation before you can be approved for the program. **Applications may take up to 30 days to process.** Child care is authorized only while both parents are at work and/or school.

Once you are approved for the Child Care Development Fund Program, you may be asked to give your pay stubs or time sheets on a **monthly** basis to pay your provider's bill for child care costs. Failure to provide the information will lead to a delay in payment for your provider.

You will be mailed a certificate authorizing you for child care when you have been determined eligible for the program. You must renew your child care by the end date written on the bottom of your certificate. Child Care costs accrued after this date are not covered by our program and are your responsibility if you have not renewed. The renewal period is every **October**. Please note: we do not send reminders; **it is your responsibility to remember these dates.** If you have any questions, you may contact the CCDF Coordinator at 335-7250.

Sincerely,

Kate Schadle  
CCDF Program Coordinator



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## Required Documents

- ID card for all adults.
- Birth Certificates for each child .
- Certificate of Degree of Indian Blood (CDIB)/Tribal Card or letter from federally recognized tribe for each child.
- Documentation of all the children is current on all immunizations.
- Proof of Present Address (lease, deed, receipt).
- Social Security Cards (optional).
- Class/ Training Schedule -must state place of training, days and hours, beginning and end dates.
- Employer verification and Income verification and/or paystubs used to determine eligibility.
- If self-employed, Federal tax documentation or monthly profit/loss statement.
- Developmentally Disabled or Special Needs Verification, if applicable.
- ALL INCOME MUST BE REPORTED: (Wages, Alimony, Adoption Subsidy, Annuity, Retirement, Pension, Unemployment, Workers' Compensation... ALL INCOME regardless of source for the past 30 days.

### PARENT AFFIRMATION

List all children whom you are **requesting care assistance**. If you need additional space, please use the back of this form.

Child's Name/ Date of Birth	Days and Hours Child Care Needed	Primary Child Care Provider	Age

I certify that I am the parent, legal guardian, or foster parent of an (please check one)

- Alaska Native child (ren)
- American Indian child (ren)

I agree to notify the KIT Child Care Assistance Program of ANY changes in marital status, employment, and/or training, income, or any other factors 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



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As a parent participating in the KIT Child Care Development Fund program, I understand and agree to adhere to the program requirements as shown by my initials:

\_\_\_\_\_ I will provide all requested documentation necessary to verify eligibility.

\_\_\_\_\_ I understand that my child(ren) must be current on all immunizations, and provide documentation as necessary.

\_\_\_\_\_ 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 KIT Child Care Development Fund 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 KIT Child Care Development Fund 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 prior to expiration. 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 KIT and my provider.

\_\_\_\_\_ I am aware that I may be terminated from the program for any fraudulent representation.

\_\_\_\_\_ I am aware that Kenaitze Indian Tribe will only pay up to the state rates and any reminding balance is my responsibility. (See attachment for State Rates)

## CERTIFICATION STATEMENT

I have read and understand my responsibilities under the KIT Child Care Development Fund 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 KIT Child Care Development Fund program and I will have to repay wrongfully used funds pursuant to 4 AAC 65.411

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse / Co-Applicant Signature

\_\_\_\_\_  
Date

## State Rates



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	Licensed or Military Center Care & Group Homes						Approved or In-Home Care					
	F/T month	P/T month	F/T day	P/T day	hourly		F/T month	P/T month	F/T day	P/T day	hourly	
<b>Infant (Birth-18 Months)</b>	\$775	\$465	\$47	\$28	\$5.25		\$500	\$303	\$29	\$17	\$3.50	
<b>Toddler (19-36 Months)</b>	\$700	\$420	\$42	\$25	\$5.00		\$500	\$300	\$28	\$17	\$3.25	
<b>Preschool Age (37 months-6 Years)</b>	\$605	\$363	\$36	\$22	\$4.50		\$500	\$293	\$25	\$15	\$3.00	
<b>School Age (7-12 Years)</b>	\$605	\$363	\$36	\$22	\$4.00		\$500	\$293	\$25	\$15	\$3.00	
<p>F/T Month( Full-Time ) = 17 or more full days of care during a calendar month, based on a five day a week schedule            P/T (Part Time month )= 17 or more partial days of care during a calendar month or care for one- half month of full days            F/T Day (Full Day) = More than five hours of care and up to and including ten hours of care on a calendar day            P/T Day (Partial Day) = up to and including five hours of care on a calendar day            Hourly = Care by the hour when more than ten hours of care is needed on a calendar day or when only 1-2 hours of care is needed on a calendar day</p>												
<b>Kenaitze Indian Tribe will only pay up to the state rates and any remaining balance is your responsibility</b>												

Mailing Address	City	State	Zip
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<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Physical Address</td> <td style="width: 15%; border: none; text-align: center;">City</td> <td style="width: 15%; border: none; text-align: center;">State</td> <td style="width: 10%; border: none; text-align: center;">Zip</td> </tr> </table>	Physical Address	City	State	Zip
Physical Address	City	State	Zip	
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Phone:</td> <td style="width: 50%; border: none;">Message and/or Cell Phone:</td> </tr> </table>	Phone:	Message and/or Cell Phone:		
Phone:	Message and/or Cell Phone:			

**Please list all persons in your household**

**DD-** if individual is Developmentally Disabled (Must provide documentation)

**SN-** is a.) In Child Protective Services Care; b.) An Indian Child Welfare Case; c.) Physically or Mentally Challenged (physically or mentally incapacitated children are those that have a physical or mental impairment that acts as a significant barrier to education and employment; or d.) Homeless.

Name (First, MI, Last)	Alaska Native/American Indian	Relation (to self)	DOB	AGE	Circle if apply
		SELF			DD/SN
					DD/SN
					DD/SN
					DD/SN
					DD/SN
					DD/SN
					DD/SN
					DD/SN
					DD/SN
					DD/SN

**INCOME \*\*ALL INCOME MUST BE REPORTED\*\* ATTACH VERIFICATION**

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Person working	Employer	Dates of employment	Gross monthly income
			\$
			\$
Income type	Who received it	Amount Gross Monthly Income	
Adoption Subsidy		\$	
Alimony		\$	
APA – Adult Public Assistance		\$	
ATAP – Alaska Temporary Assistance Program		\$	
GA – General Assistance		\$	
Disabled Veterans benefits		\$	
Federal/State Survivor benefits		\$	
Government/Other retirement checks		\$	
GR – General relief		\$	
Longevity benefits		\$	
Money from roomers or boarders		\$	
Pension		\$	
Retirement		\$	
Self – Employment – SEE ATTACHED		\$	
SSI – Supplemental Secondary Income		\$	
Unemployment Insurance (Monthly)		\$	
Workers Compensation		\$	
Corporation Dividends		\$	
Other		\$	
<b>TOTAL GROSS MONTHLY</b>			\$

**Gross Income:** An individual's total personal income before taking taxes or deductions into account.

## CURRENT EMPLOYMENT AND/OR EDUCATION/TRAINING ACTIVITY

Household Member Name: \_\_\_\_\_



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Job Title or Course of Study: \_\_\_\_\_

Name of Employer/Training Institute: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employment Hourly Rate: \_\_\_\_\_ Number of Training Credits: \_\_\_\_\_

Schedule of Work/Training: \_\_\_\_\_

\_\_\_\_\_

Household Member Name: \_\_\_\_\_

Job Title or Course of Study: \_\_\_\_\_

Name of Employer/Training Institute: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employment Hourly Rate: \_\_\_\_\_ Number of Training Credits: \_\_\_\_\_

Schedule of Work/Training: \_\_\_\_\_

\_\_\_\_\_

### 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 enter false information or any misrepresentation or concealment of material fact, it will be sufficient grounds for rejection of my application, removal from any eligibility list, or suspension from any KIT program participation and services.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Applicant

\_\_\_\_\_  
Date

### Consent for Release of Confidential Information

I, \_\_\_\_\_, authorize the mutual exchange of information and communication for

Myself

My Child: \_\_\_\_\_ (Child Legal Name)





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As Legal Guardian/Power of Attorney on Behalf of: \_\_\_\_\_

between Na'ini Social Services Programs with Kenaitze Indian Tribe

AND: \_\_\_\_\_  
Name (if applicable) and Agency

I authorize the communication to be exchanged in writing, verbally, electronically, and/or other to manage by plan. Check each type of information you would like to be disclosed.

- |   |   |
|---|---|
| <input type="checkbox"/> History  | <input type="checkbox"/> Lease/Rental Agreements          |
| <input type="checkbox"/> Income statements                                    | <input type="checkbox"/> Treatment plan/case plan         |
| <input type="checkbox"/> Financial statements                                 | <input type="checkbox"/> Certificate of Birth/Death       |
| <input type="checkbox"/> School records/performance                           | <input type="checkbox"/> Medical records                  |
| <input type="checkbox"/> Verification of Indian Ancestry (CIB or Tribal Card) | <input type="checkbox"/> Verification of Native Dividends |
| <input type="checkbox"/> Other (Specify): _____                               |   |

The above information is to be exchanged for the purpose of: \_\_\_\_\_  
\_\_\_\_\_

Persons or organizations that may be contacted include, but are not limited to: the Department of Public Assistance, Department of Law, the Department of Public Safety, the Department of Fish & Game, the Department of Labor and Workforce Development, the Department of Military Affairs, Alaska State Housing Authority, Social Security Administration, local and tribal governments, public assistance program contractors and grantees, health care providers, tax assessors, financial institutions, Native corporations, stock brokerage firms, landlords, employers, school authorities, private individuals and all departments and programs within and administered by the Kenaitze Indian Tribe.

I understand that some of my records are protected under the federal regulations governing Confidentiality of Protected Health Information (HIPAA and 42 CFR, Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires:

\_\_\_\_\_ One year from date signed, or:

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_





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0.64	10%	\$3,138	\$314	\$3,876	\$388	\$4,614	\$461	\$5,352	\$535	\$6,091	\$609	\$6,229	\$623	\$6,367	\$647
0.65	10%	\$3,187	\$319	\$3,936	\$394	\$4,687	\$469	\$5,436	\$544	\$6,186	\$619	\$6,326	\$633	\$6,467	\$657
0.66	10%	\$3,236	\$324	\$3,997	\$400	\$4,759	\$476	\$5,520	\$552	\$6,281	\$628	\$6,424	\$642	\$6,566	\$667
0.67	10%	\$3,285	\$329	\$4,058	\$406	\$4,831	\$483	\$5,603	\$560	\$6,376	\$638	\$6,521	\$652	\$6,666	\$677
0.68	10%	\$3,334	\$333	\$4,118	\$412	\$4,903	\$490	\$5,687	\$569	\$6,472	\$647	\$6,618	\$662	\$6,765	\$686
0.69	10%	\$3,383	\$338	\$4,179	\$418	\$4,975	\$497	\$5,770	\$577	\$6,567	\$657	\$6,716	\$672	\$6,865	\$696
0.70	10%	\$3,432	\$343	\$4,239	\$424	\$5,047	\$505	\$5,854	\$585	\$6,662	\$666	\$6,813	\$681	\$6,964	\$706
0.71	10%	\$3,481	\$348	\$4,300	\$430	\$5,119	\$512	\$5,938	\$594	\$6,757	\$676	\$6,910	\$691	\$7,064	\$716
0.72	10%	\$3,530	\$353	\$4,360	\$436	\$5,191	\$519	\$6,021	\$602	\$6,852	\$685	\$7,008	\$701	\$7,163	\$726
0.73	10%	\$3,579	\$358	\$4,421	\$442	\$5,263	\$526	\$6,105	\$610	\$6,947	\$695	\$7,105	\$711	\$7,263	\$736
0.74	10%	\$3,628	\$363	\$4,481	\$448	\$5,335	\$534	\$6,189	\$619	\$7,043	\$704	\$7,202	\$720	\$7,362	\$746
0.75	10%	\$3,677	\$368	\$4,542	\$454	\$5,408	\$541	\$6,272	\$627	\$7,138	\$714	\$7,300	\$730	\$7,462	\$756
0.76	10%	\$3,726	\$373	\$4,603	\$460	\$5,480	\$548	\$6,356	\$636	\$7,233	\$723	\$7,397	\$740	\$7,561	\$766
0.77	10%	\$3,775	\$378	\$4,663	\$466	\$5,552	\$555	\$6,440	\$644	\$7,328	\$733	\$7,494	\$749	\$7,661	\$776
0.78	10%	\$3,824	\$382	\$4,724	\$472	\$5,624	\$562	\$6,523	\$652	\$7,423	\$742	\$7,592	\$759	\$7,760	\$786
0.79	10%	\$3,873	\$387	\$4,784	\$478	\$5,696	\$570	\$6,607	\$661	\$7,518	\$752	\$7,689	\$769	\$7,860	\$796
0.80	10%	\$3,922	\$392	\$4,845	\$484	\$5,768	\$577	\$6,690	\$669	\$7,614	\$761	\$7,786	\$779	\$7,959	\$806
0.81	10%	\$3,971	\$397	\$4,905	\$491	\$5,840	\$584	\$6,774	\$677	\$7,709	\$771	\$7,884	\$788	\$8,059	\$816
0.82	10%	\$4,020	\$402	\$4,966	\$497	\$5,912	\$591	\$6,858	\$686	\$7,804	\$780	\$7,981	\$798	\$8,158	\$826
0.83	10%	\$4,069	\$407	\$5,026	\$503	\$5,984	\$598	\$6,941	\$694	\$7,899	\$790	\$8,078	\$808	\$8,258	\$836
0.84	10%	\$4,119	\$412	\$5,087	\$509	\$6,056	\$606	\$7,025	\$702	\$7,994	\$799	\$8,176	\$818	\$8,357	\$846
0.85	10%	\$4,168	\$417	\$5,148	\$515	\$6,129	\$613	\$7,109	\$711	\$8,089	\$809	\$8,273	\$827	\$8,457	\$995
1.00		\$4,903		\$6,056		\$7,210		\$8,363		\$9,517		\$9,733		\$9,949	