



Bristol Bay Native Association
Child Care Development Funding (CCDF)
P.O. Box 310, Dillingham, AK 99576
Phone: 907-842-4059 or Fax: 1-907-842-2338 CDDAdmin.bbna.com

CHILD CARE ASSISTANCE ADDENDUM

- BBNA has 30 days to determine eligibility for your case.
- We cannot determine eligibility until we have a complete application including all required documents.
- A completed application does not automatically mean a client is eligible for childcare assistance.
- You are responsible for all of your childcare expenses unless otherwise notified by BBNA.
- **Childcare is approved from the date we receive all the necessary documents to determine your case; no childcare is approved before that date.**

Camai Parent/s or Guardian/s;

We are pleased that you are interested in the Childcare Assistance service. In order to establish eligibility, please submit the following:

- Complete BBNA WFD Application**
 - **Do not fill out a WFD application if one has been completed for another WFD program within 6 months of this application.**
- Provide Proof of Income for Parent/Guardians(s)**
 - **Last year tax documents or 2 most recent paystubs**
- Complete Request for Childcare Form**
- Provide a Copy of Child/Children's Tribal Card**
- Copy of Child/Children's Immunization Records**
- Out of Region For Short-Term Education and Training (Outside of BBNA Region)**
- NOTE:** To be eligible, **both** applicants in the home must be engaged in an eligible activity. Eligible activities include work, approved education, training or approved subsistence activities.

If you have any questions or need additional information, please do not hesitate to contact us.

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CHILD CARE ASSISTANCE INFORMATION

The Child Care Development Fund serves individual and families by increasing the availability, affordability, and quality of child care in the BBNA service area.

Application:

Client must apply for services using the WFD Application.

Client must choose their Child Care Provider.

- A. The Child Care Provider can be a relative, friend, licensed daycare home.

- B. If the client chooses a family daycare home (home that is not licensed, but can be a relative or friend) they must register with BBNA using the Child Care Provider Registration Form. The provider must be 18 or older and cannot reside in the home with the children or the client.

- C. A licensed childcare home must provide a copy of their license for the file.

- D. If there is someone living in the home 18 or older, is not working, attending school or training, and is capable of caring for the children, then BBNA child care cannot assist with Child Care Assistance.

Eligibility:

A client’s eligibility is based on the following criteria:

- A. Parent(s) must be involved in one of the following activities: working, education or training, or subsistence activities.

- B. Children must be Native Descendants

- C. Parent(s) past 12 months income must not exceed income guidelines.

Income:

Eligibility is determined by using the clients previous 12 month income OR projecting the client’s current income.

- A. Gross income will be used.

- B. Projected Gross income will be used.

Below is the rate of pay BBNA will remit to the Child Care Provider.

BBNA will provide notification of the maximum number of approved hours for payment per day, anything over this is the payment responsibility of the parent.

Age	Relative Providers (Only)	Business Licensed Providers (Only)	
	Hourly Rate	Half a Day	Full Day
0-1 Year	\$5.00 per hour	\$20.00 per day	\$40.00 per day
13 – 48 Months	\$4.50 per hour	\$18.00 per day	\$36.00 per day
4 Years – 12 Years	\$4.00 per hour	\$16.00 per day	\$32.00 per day



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CHILD CARE DEVELOPMENT APPLICATION

NAME: _____
 (First) (Middle) (Last) (Also known as / Maiden Name)

SOCIAL SECURITY # _____ **DATE OF BIRTH:** _____ **GENDER:** Male Female

MAILING ADDRESS: _____
 (P.O. Box #) (City) (State) (Zip Code)

STREET ADDRESS: _____
 (Street Address) (City) (State) (Zip Code)

HOME#: () _____ **WORK #:** () _____ **CELL#:** () _____

EMAIL ADDRESS: _____

EMPLOYMENT HISTORY: (Last or Present) _____ Number of Jobs in the last year: _____
 Employer: _____ Job Title: _____
 Supervisor Name: _____ Phone#: _____
 Brief Description of Job Duties: _____
 Dates Worked: From (Month/Year) _____ To: (Month/Year) _____

Household - (Please list ALL household members, employment, income, birthday & relationship to applicant)

Household Member Name	Employment Status	Gross Income Amount	Birthday of Household Member	Relationship to the Applicant

I hereby certify that all the information listed above is true and correct I understand that submitting misleading or falsifying information to gain benefits are ground to denial of services and may lead to prosecution, fines and imprisonment. I understand that my name will never be used in any report and that all data will be kept strictly confidential within BBNA.

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____



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REQUEST FOR CHILD CARE

I, _____ am requesting _____ hours of child care per day,
_____ days a week for the following children in my household, who are under the age 13:

Child 1: _____ Date of Birth: ____/____/____

Child 2: _____ Date of Birth: ____/____/____

Child 3: _____ Date of Birth: ____/____/____

Child 4: _____ Date of Birth: ____/____/____

***If the child care provider cares for more than four (4) children, unrelated to him/her, it is necessary that the provider be licensed by the State of Alaska Child Care Program.** In this case, the provider must contact the State of Alaska Child Care Program at 1-888-268-4632 for licensure. You can find information, forms and applications to their website at <http://dhss.alaska.gov.dpa/Pages/ccare/default.aspx>. **BBNA Child Care Department requires that caregivers are in compliance with all State and Tribal licensing before authorization of payment.**

I am in need of Child Care Assistance because:

I currently work _____ hours per day, _____ days a week.
Employer: _____ Phone # _____

I am enrolled Full time OR Part-time at name of school _____

I am attending training from ____/____/____ to ____/____/____ at name _____

I or my spouse engages in subsistence activities Full-time OR Part-time to help support my family

My spouse works _____ hours per day, _____ days a week.

Employer: _____ Phone # _____

I have TANF work activity requirements

My chosen provider is: _____

Care will be provided: Relative¹ Business Licensed State of Alaska Childcare Licensed

Emergency Contact: _____

PRINT: _____ **SIGNATURE:** _____ **DATE:** _____

¹ Relative Providers are exempt from all Health and Safety CCDF Requirements
• Grandparent / • Great-Grandparent / • Aunt / • Uncle / • First Generation Sibling



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RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

All household members over 16 years of age must fill out this form.

I, _____, authorize and consent to any person providing a copy or facsimile of this Release of Information Authorization for a Background Check by an authorized representative of the Child Development Department to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective services and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand that information obtained through this Release of Information Authorization for Background Check(s) will be held in confidence in accordance with CDD guidelines.

If the individual is 16-17 years of age, a parent signature must be included.

Applicant Printed Name

Date

Applicant Signature

Date of Birth

Parent Printed Name (If Applicable)

Parent Signature