



Bristol Bay Native Association
P.O. Box 310, Dillingham, AK 99576

Phone: 907-842-4059 or Fax: 1-833-222-8149 eligibility@bbna.com

CHILDCARE AUTHORIZATION FORM

I, _____ am requesting _____ hours of child care per day,
_____ days a week for the following children in my household, who are up to 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 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 Non-Relative 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