Welcome to the CITC Child Care Assistance Program

The CITC Child Care Assistance Program provides financial assistance to help pay for child care expenses for families with Alaska Native or Native American children living within the Cook Inlet Region service area.

COOK INLET TRIBAL COUNCIL
People. Partnership. Potential.

To be eligible for our program:

- **You or your children must be Alaska Native or Native American.**
- **You must have a demonstrated need for child care.**
- **You must live, work, or go to school in the Anchorage area.**
- **You must meet income requirements.** Income limits and copays are based on gross income and household size.
- **You must take part in an eligible activity at least 20 hours each week.** For our program, eligible activities include: work, attending school, or treatment/prevention services on a case-by-case basis. Up to six weeks of job search time may be available if you meet minimum requirements.

Application process

Submit a completed application, along with supporting documents, to our office in person, via email or by fax. Complete applications will be processed within ten business days. Applications will NOT be processed until all required items have been submitted. If an incomplete application is submitted you will be notified within ten business days of any additional items needed. If requested items are not submitted by the due date, the application will be denied.

Office hours are Mon-Fri 8a-5p. Contact us by phone at 793-3308 or email at childcare@citci.org.
Documents may be submitted via email to childcare@citci.org, or by fax to 793-3296.

Application Checklist: *Additional documents may be requested on a case-by-case basis.*

- ☐ Fully completed child care application
- ☐ Participant Code of Conduct
- ☐ Verification of ALL income received, both earned and unearned, by all members of the household in the past 30 days.
- ☐ Chosen child care provider. If you have not already chosen a provider, please visit www.threadalaska.org.
- ☐ Year-to-Date Verification of Native Corporation Dividends for each shareholder in the household
- ☐ **Employed Parents:** Employment Verification Form(s). *This form is only required to verify new employment, when paystubs have not yet been issued. For those self-employed, additional documents are required.*
- ☐ **University/College Students:** Class Schedule, Verification of Financial Aid, and Student Bill.
- ☐ **GED or Vocational Training Students:** Enrollment Verification, Training Schedule (with days and hours listed, start and end dates of training), and Verification of Financial Aid/Funding

The following items are not required if an up-to-date version is currently on file.

- ☐ Picture ID for each adult in the household
- ☐ BIA or verification of Indian Blood (parent or child)
- ☐ Birth Certificates for child(ren) needing care
- ☐ Authorization to Obtain Personal Information
- ☐ Authorization to Release Personal Information

CITC Intake Form

Date of Intake: _____

Participant Name: Last: _____ First: _____ Middle: _____ Suffix: _____

Maiden Name: _____ Other Names: _____

Birth Date: _____ ☐ Estimated

Social Security Number: _____

Gender: _____

Home Address: _____

Home Address: _____

City: _____

State: _____

Zip: _____ ☐ Mailing Address Same

☐ Rent
☐ Own
☐ Staying w/ Relatives or Friends

If not provided, due to homelessness? ☐ No ☐ Yes

Have you moved to Anchorage in the past 3 years? ☐ Yes ☐ No

If Yes, From Where? _____

Mailing Address: _____

Mailing Address: _____

City: _____

State: _____

Zip: _____

Home Number: _____

Cell Number: _____

Work Number: _____

Email Address: _____ ☐ Home ☐ Work

Registered for Selective Service: ☐ (Males between 18 & 25 according to federal guidelines)

Veteran: ☐

CITC Intake Form

Marital Status:

- ☐ Single
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

Race (Check all that apply):

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Vietnamese
- ☐ Native Hawaiian
- ☐ Guamanian or Chamorro
- ☐ Samoan
- ☐ Other Asian
- ☐ Other Pacific Islander
- ☐ Other Race Specify:

Other: _____

Hispanic, Latino or Spanish Origin:

- ☐ No, not of Hispanic, Latino or Spanish origin
- ☐ Yes, Mexican, Mexican Am. Chicano
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino or Spanish origin

Specify: _____

Alaska Native Ethnicity:

- ☐ Aleut
- ☐ Alutiiq
- ☐ Athabascan
- ☐ Eyak
- ☐ Haida
- ☐ Inupiat
- ☐ Siberian Yup'ik
- ☐ Tlingit
- ☐ TSimshian
- ☐ Yup'ik / Cup'ik
- ☐ Don't Know

Regional Corporation Affiliation:

S - Shareholder
F - Family Member
D - Descendant of

	Affiliation		Affiliation
☐ Ahtna		☐ Doyon	
☐ Aleut		☐ Koniag	
☐ ASRC		☐ NANA	
☐ Bering Straits		☐ Sealaska	
☐ Bristol Bay		☐ 13th Region	
☐ Calista		☐ None	
☐ Chugach			
☐ CIRI			

CITC Intake Form

Employment Status:

Currently Working:

- ☐ Yes
- ☐ No

- ☐ Part-Time
- ☐ Full-Time

- ☐ Architecture & Engineering
- ☐ Arts, Design, Entertainment, Sports & Media
- ☐ Building & Grounds Cleaning & Maintenance
- ☐ Business & Financial Operations
- ☐ Community & Social Services
- ☐ Computer & Mathematical
- ☐ Construction & Extraction
- ☐ Education, Training & Library
- ☐ Farming, Fishing & Forestry
- ☐ Food Preparation & Serving Related
- ☐ Healthcare Practitioners & Technical
- ☐ Healthcare Support
- ☐ Other:
- ☐ Installation, Maintenance & Repair
- ☐ Legal
- ☐ Life, Physical & Social Science
- ☐ Management
- ☐ Military Specific
- ☐ Office & Administrative Support
- ☐ Personal Care & Service
- ☐ Production
- ☐ Protective Service
- ☐ Sales & Related
- ☐ Student
- ☐ Transportation & Material Moving

Other: _____

If Unemployed, Last Date of Employment: _____

- ☐ Estimated
- ☐ Never Worked

Last Grade Level Completed:

- ☐ Pre-K / Headstart
- ☐ Kindergarten
- ☐ 1st Grade
- ☐ 2nd Grade
- ☐ 3rd Grade
- ☐ 4th Grade
- ☐ 5th Grade
- ☐ 6th Grade
- ☐ 7th Grade
- ☐ 8th Grade
- ☐ 9th Grade
- ☐ 10th Grade
- ☐ 11th Grade
- ☐ 12th Grade
- ☐ Voc. / Tech. College
- ☐ Some College
- ☐ Associate's Degree
- ☐ Bachelor's Degree
- ☐ Master's Degree and/or above

Certificate/Degree Title: _____ **Completion Year:** _____

Emergency Contact Information:

Emergency Contact Name: **Last:** _____ **First:** _____

Middle: _____

Emergency Cont. Home Number: _____

Emergency Cont. Cell Number: _____

CITC Intake Form

Emergency Cont. Work Number: _____

Emergency Cont. Email Address: _____ ☐ Home ☐ Work

Initial Program/Service Requested:

- ☐ Employment and Training
- ☐ Child and Family Services
- ☐ Educational Services
- ☐ Recovery Services
- ☐ Chanlyut
- ☐ Two Spirits Gallery

I understand that the information that I have provided CITC on this Intake form will be used to assist CITC in providing me an offering of appropriate services. I consent to receive services from CITC and understand that I can accept or decline any of the services or programs that CITC offers to me.

Participant Signature: _____ **Date:** _____

Parent / Guardian Signature: _____ **Date:** _____

For Internal Use Only

Form of ID Provided:

- ☐ Drivers License
- ☐ State ID
- ☐ Student ID
- ☐ Military ID
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ CIB
- ☐ Passport / Work or Student Visa
- ☐ Permanent Residence Card
- ☐ Tribal Enrollment Card

Additional Household Members - Please complete these questions for each family member in Participant's home.

First Name	MI	Last Name	Birth Date	Sex	SSN - Last 4	Relation to You

CITC Child Care Assistance Program Supplemental Application

Please complete all sections which are applicable to you.

As with all CITC programs, the Child Care Assistance Program is dependent on grant funding. We reserve the right to deny any applications on the grounds of available funding.

EMPLOYMENT or EDUCATION/TRAINING ACTIVITY

Applicant:

_____
Employer/Training Institution

_____
Job Title/Course of Study

_____
Start Date End Date

_____
Work/Training Schedule (ex: Mon-Fri, 8-5pm)

_____
Name of Supervisor/School Advisor Phone Number

Pay Rate: _____

Pay Days: ☐ Bi-Weekly ☐ Semi-Monthly ☐ Other: _____

☐ **I am currently Job Searching**. New applicants must be taking part in an eligible activity. If you have not had a break in your case, you may be allowed up to 6 weeks of job search time annually.

Co-Applicant:

_____
Employer/Training Institution

_____
Job Title/Course of Study

_____
Start Date End Date

_____
Work/Training Schedule (ex: Mon-Fri, 8-5pm)

_____
Name of Supervisor/School Advisor Phone Number

Pay Rate: _____

Pay Days: ☐ Bi-Weekly ☐ Semi-Monthly ☐ Other: _____

☐ **I am currently Job Searching**. New applicants must be taking part in an eligible activity. If you have not had a break in your case, you may be allowed up to 6 weeks of job search time annually.

CO-APPLICANT CONTACT INFORMATION Phone: _____ Email: _____

MODE OF TRANSPORTATION *1/2 hour of travel time to and from child care is permitted.*

☐ People Mover Bus ☐ Own Transportation ☐ Other: _____

INCOME SOURCES

Please check, list amount, and provide verification for each item received within the past 30 days by any member of your household.

☐ Employment	$_____/mo	☐ Child Support Payments	$_____/mo
☐ Unemployment Benefits	$_____/mo	☐ TANF	$_____/mo
☐ Education Financial Aid	$_____/mo	☐ Social Security	$_____/mo
☐ Support by others	$_____/mo	☐ Native Corp. Dividend	$_____/yr
☐ Other (describe):	$_____/mo	☐ I have had no income in the past 30 days.	

DEDUCTIONS *If not deducted from wages, you will need to provide proof of payment in order to receive the deduction.*

Does anyone in your household pay child support ☐ Yes ☐ No

Does anyone in your household pay Health Insurance Premiums (Medical, Vision, Dental only) ☐ Yes ☐ No

ALASKA NATIVE REGION & VILLAGE CORPORATION

The first $2000 per household member, per calendar year, is excluded from countable household income. Attach Year-To-Date Verification for each family member, from each corporation.

Corporation(s) Name(s) and Number of shares

Corporation(s) Name(s) and Number of shares

CHILD & PROVIDER INFORMATION

CUSTODY SCHEDULE **Do you have shared custody?** ☐ Yes ☐ No

You must have physical custody at least 50% of the time to be eligible for this program. This may be by court order or informal agreement with the other parent. You may be asked to complete a custody calendar and/or supply verification of custody.

Name of Child(ren)	Custody Schedule	Court Ordered
		□ Yes □ No
		□ Yes □ No

SPECIAL NEEDS *If yes, additional documents and a separate application will be required.*

Do any of the children in your household have special needs requiring additional services while in child care? ☐ Yes ☐ No

CHOSEN PROVIDER(S)

List all children within your household for whom you are requesting child care assistance and have legal custody. Child care may ONLY be used while parents are in their approved activities. Providers must be Licensed or Approved and registered with this program before an authorization and payment can be issued. Please make sure your provider will accept CITC Child Care Assistance before enrolling your child(ren).

Name of Child	Name of Child Care Provider	Expected Start Date
☐ Needs child care ☐ Attends ASD	Need Registration Fee? ☐ No ☐ Yes	
☐ Needs child care ☐ Attends ASD	Need Registration Fee? ☐ No ☐ Yes	
☐ Needs child care ☐ Attends ASD	Need Registration Fee? ☐ No ☐ Yes	
☐ Needs child care ☐ Attends ASD	Need Registration Fee? ☐ No ☐ Yes	
☐ Needs child care ☐ Attends ASD	Need Registration Fee? ☐ No ☐ Yes	

In the past 30 days, have you received child care assistance from TANF Child Care? ☐ No ☐ Yes

REPORTING CHANGES

You must notify the Child Care Assistance Program of any changes within five business days; including any changes in eligible activity, household size, contact information, child care, or any other factors that may affect your eligibility for the program. No specific form is required to report changes, and additional documentation may be requested.

APPLICANT CERTIFICATION

I certify I am the parent, legal guardian, or foster parent of the child(ren) for which I am requesting child care assistance. I hereby certify that all information made on or in connection with this application is true and complete. I understand that information may be obtained on my behalf from outside parties which are listed on Authorization to Obtain Personal Information form. I understand that if I deliberately enter false information on this form, I may receive a $10,000 fine, imprisonment for not more than two years, or both. I also understand that any misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or suspension from any CITC program and/or services. I certify that I have read and understand my rights and responsibilities under the CITC Child Care Assistance Program.

Applicant Signature Date Co-Applicant Signature Date

PARTICIPANT CODE OF CONDUCT

Purpose

To protect rights and safety of CITC participants and staff; and to ensure quality service is provided to meet CITC's mission statement:

To work in partnership with Our People to develop opportunities that fulfill Our endless potential.

Policy

CITC/ETSD is open to people of all ages and backgrounds. Participants are encouraged to use the resources available within our department. In order to receive quality services, the following actions or behaviors are not allowed within the Employment and Training Department:

1. Failing to comply with a staff member's request to stop an inappropriate behavior, this code of conduct or any other company policy; including, but not limited to:

    - Yelling and using abusive, offensive language or gestures.
    - Physically or verbally disciplining a child in manner that may cause injury to him/her or disrupts other participants.
    - Leaving young children unsupervised or ignoring their disruptive behaviors.

2. Any act that constitutes a criminal offense under federal, state, or local law; including, but not limited to:
    - Intoxication or under the influence of non-prescribed drugs.
    - Bringing guns, knives or other items designed or intended to injure or harm people.
    - Disorderly conduct, including, but not limited to: fighting; engaging in violent or seriously disruptive behavior, threatening or intimidating staff or any other customer.
    - Damaging or destroying CITC property through careless or willful acts.

Enforcement

These rules will be enforced in a fair and reasonable manner. ETSD staff and security personnel will intervene to stop prohibited activities and behaviors. Failure to comply with the Employment and Training Department's established policies may result in the interruption of services as described below:

1. **If on the premises and displaying disruptive behavior, the following will occur:**
    - You will be asked to be quiet and/or take a minute to calm down; if this does not occur, it will result in you being asked to leave the premises.
    - 3 incidents will result in having to be escorted to and from appointments by building security.

2. **If on the telephone, the following will occur:**
    - You will be asked to take a minute to lower your voice and calm down.
    - If the above request fails, the phone call will be terminated and you may call back when you are able to speak in a calm and respectful manner.

3. **Continuous disrespect of staff will result in a meeting called to address your behavior to include you, your CITC staff contact and their supervisor(s).**

4. **Illegal Activity:** Law enforcement will be contacted if any participant engages in what is believed to be unlawful or dangerous behavior.

Applicant Signature	Date	Co-Applicant Signature	Date

Please keep this page for your records.

PARENT RESPONSIBILITIES

You must respond timely to program requests.
All documentation necessary to verify eligibility must be submitted. Requests for additional documentation must be responded to in a timely manner for efficient processing of your application.

You must notify the Child Care Assistance Program of any changes within five business days; to include:

- Eligible activity – starting or stopping your activity, schedule changes
- Household size – marital status, pregnancy, adding or removing any member from the household
- Contact information – addresses, phone numbers, or email address
- Child care – changing providers, school break care needs, absent more than 5 days, or no longer in need of child care services
  - If changing providers, you must comply with your provider's notice policy.
- Please report any other factors you think may affect your case or eligibility for the program.

While you are receiving child care assistance through CITC's Child Care Assistance Program, you may not receive child care assistance from any other program at the same time. If you transfer to another program you must immediately inform CITC.

You must maintain eligibility for our program in order to continue receiving assistance, this includes:

- Participate in an eligible activity at least 20 hours each week; report to our program if hours drop below 20 hours.
- Eligible activities are; work, job search, or attending school
- Treatment/prevention services, on a case-by-case basis
- Care is only authorized when you are in your approved activity.
- In two parent households, both parents must be in their approved activity to use care.

You must comply with all billing procedures.

- You must pay your copay to your provider each month. Copays are determined by household size and income.
- You must sign your billing report monthly, as requested by your child care provider, to verify your child's attendance.
- It is your responsibility to pay any costs incurred exceeding the authorized amount or the monthly maximum state rate.
- It is your responsibility to pay for unauthorized child care.

You must remember to renew.
It is your responsibility to renew your Child Care Authorization prior to expiration. The renewal period begins 45 days before the end of the eligibility term; spring renewal occurs from February 15- March 31, fall renewal from August 15-September 30.

PARENT RIGHTS

You may request an income reevaluation at any time, as long as it has been at least 30 days since your last evaluation.

You may request a copy of the Child Care Assistance Program Policies & Procedures at any time. You have the right to discuss any action taken on your case with your case manager or their supervisor.

CITC Client Grievance
If you disagree with decisions made on your case, or are unhappy with your treatment, you may file a grievance. First, contact the staff with whom you have a complaint and attempt to resolve the disputed action. If this does not resolve the dispute, you may then meet with their supervisor, who will work with you to resolve the complaint.

If your grievance remains unresolved, you may then submit a written complaint to the CITC CRP Officer at 3600 San Jeronimo Dr., Anchorage, AK 99508. The CRP Officer will work with you until a solution is reached.

FRAUD WARNING

You may be prosecuted or debarred if you knowingly give false, incorrect, or incomplete information to get or try to get benefits you are not eligible for, or help someone else get benefits they are not eligible for. The debarment process may be utilized if you fail to pay child care costs, fail to submit documents as requested, or fail to comply with the Child Care Policies & Procedures.