Tanana Chiefs Conference

Child Care Assistance Program
2001st Ave. Fairbanks, AK 99701
Phone: 907-452-8251 ext. 3360 or 3365
Toll-Free: 1-800-478-6822
Fax: 907-459-3914
Email: childcare@tananachiefs.org

Child Care Assistance Provider Application Checklist and Requirements

Providers must be approved by TCC before payments will be processed.

- ☐ **Provider Application completed and signed by the parent(s) and provider.** Non-Related providers who reside in the village-Must also complete Tribal License Application. Non-Related providers who reside in the Fairbanks area-Must be licensed through the State of Alaska.
- ☐ **Criminal Background Check through the Alaska State Troopers (must be current).** Anyone living in the household over the age of 17 will need to have a criminal background check. Tribally Licensed Provider (Non-Relative) must have valid fingerprints or be fingerprinted before being approved.
- ☐ **TB Test results if you are not related to the children you are caring for.**
  Anyone 18 or older that will be present during the child care hours will need a TB test result.
- ☐ **OCS Clearance - The Authorization for Release of Information AND Clearance for Placement pages will need to be completed.**
  Anyone 18 years or older living in the household will need to complete these forms.
- ☐ **Fire Escape Plan**
- ☐ **Disaster Plan**
- ☐ **Copy of applicant's photo I.D. and anyone 18 years or older living in the household.**
- ☐ **Schedule an interview with the Child Care Coordinator.**
- ☐ **Complete Infant/Child/Adult CPR & First Aid Certification within the first 3 months of approval.**
- ☐ **Complete the Better Kid Care Health and Safety Basics: Requirements for Certification Bundle within the first 3 months of Approval.** Website is http://extension.psu.edu/programs/betterkidcare
- ☐ You are aware that you are not an employee of Tanana Chiefs Conference and therefore are Self-Employed. **You understand that you will be responsible to withhold your own taxes.**
- ☐ **You are aware that payments are not retroactive.** (For example, if you submitted application in May, but started child care in April, we cannot pay for April).

Tanana Chiefs Conference

For Office use Only
Date Received:

Child Care Assistance Program

Child Care Provider Application

Each person or agency who provides child care for a parent or guardian or foster parent receiving child care assistance from the TCC, Inc. Child Care & Development Fund Program must complete one of these forms & be approved **before** they are able to get paid.
Payments are not retroactive.
The Tanana Chiefs Conference, Inc. reserves the right to deny approval & payment to any person or agency who is determined by the tribe to be a potential danger to child(ren) because of current or past association with or participation in criminal activities, alcohol or other substance abuse, communicable health problems or unsafe child care practices.

Eligible providers must be related to the children by marriage, blood or court decree. Provider must be a grandparent, great-grandparent, aunt, uncle or sibling to the children. **If you are not related and do not reside in a village/rural area you must be licensed by the State of Alaska.** If you reside in a village/rural area and are not related you must be approved by your tribe as a Tribally Licensed Provider. Applications to become a Tribally Licensed Child Care Provider can be obtained by contacting your local village TWDS or Child Care Coordinator by calling the indicated toll-free number on the first page.

PARENT INFORMATION	**INFORMATION OF PARENT YOU WILL PROVIDE CHILD CARE FOR**	
Last Name	First, Middle Initial	Telephone Number:
Mailing / Street Address	Email	
Village or City	Zip Code	

PROVIDER INFORMATION	**Return To:** Your Village (TWDS) **or** the TCC-CCDF Program at the TCC Main Office		
Last Name	First, Middle Initial	Date of Birth	Social Security Number or EIN
Mailing / Street Address	Email		Telephone Number:
Village or City	Zip Code		
Care will be provided in: ☐ Child's Home ☐ Provider's Home ☐ Other _____	What is your relationship to the child(ren)? ☐ Grandfather ☐ Sister ☐ Grandmother ☐ Uncle/Aunt ☐ Brother		When checking any of these boxes, you will need to become Tribally Licensed and be fingerprinted. Please fill out the Tribal License form also. ☐ Family Friend ☐ Other ☐ Specify:_____

Please list all other members living in your household.
IF YOU ARE CONDUCTING CHILD CARE IN YOUR HOME, YOU & ANYONE 18 OR OLDER MUST HAVE A CRIMINAL HISTORY COMPLETED (DONE WITHIN 30 DAYS) BEFORE YOU ARE ACCEPTED AS A CHILD CARE PROVIDER AND RECEIVE PAYMENT.

NAME OF ALL OTHER HOUSEHOLD MEMBERS	WHAT IS THEIR RELATIONSHIP TO YOU?	WHAT IS THEIR BIRTH DATE?
1.		
2.		
3.		
4.		
5.		
6.		

As a child care provider, I charge the amounts that TCC pays per child per age group: ◯ Yes ◯ No

If "no", please list your rates: $_____ Per hour $_____ Per day $_____ Per week $_____ Per month per child

Is this the amount that you charge everyone for the same number of child(ren)/ages/hours? ◯ Yes ◯ No

If "no", please explain: _____

_____

_____

_____

Here are the Names & Ages of the child(ren) I will be caring for in the CCDF Program:

NAMES OF CHILD(REN)	AGE	CHILD'S DATE OF BIRTH	RELATIONSHIP TO YOU
1.			
2.			
3.			
4.			
5.			
6.			

I. PROVIDER **Please mark YES or NO on ALL questions. Do not leave any questions blank.**		
1. I am 18 Years of age or older (If you marked NO then you cannot become a provider).	◯ Yes	◯ No
2. Either myself or someone living in my home has been convicted of, or has a charge pending for a crime or crimes against child(ren) or has a criminal record which could jeopardize the health &/or safety of the child(ren).	◯ Yes	◯ No
3. I will provide the Child Care Assistance Program a test for TB, signed by my doctor. **(CHECK ONE): ONLY NEED TB TEST IF NOT RELATED TO THE CHILDREN YOU ARE CARING FOR.** ◯ Attached ◯ Will be sent from the Health Aide ◯ Still need to have a test	◉ Yes	◯ No
4. I know that I am required by law to report suspected child abuse to the State of Alaska, Division of Family & Youth Services & to the TCC, INC. Child Care Assistance Program	◯ Yes	◯ No
5. I will have completed, or will have begun the required Child Care Assistance Program training Infant/Child/Adult CPR & First Aid Certification within: **(CHECK ONE):** ◯ 3 Months ◯ Date Completed: _____ (If completed, please attach verification)	◯ Yes	◯ No
6. All visitors & members of my household shall be in physical & mental health state that will not bring harm to the health & well being of the child(ren) in my care.	◯ Yes	◯ No
7. Any assistant shall be at least 16 years of age & physically & emotionally able to provide responsible child care.	◯ Yes	◯ No
8. Any substitute shall be at least 18 years of age & physically & emotionally able to provide responsible child care.	◯ Yes	◯ No
9. I plan to leave the child(ren) with other people on a non-emergency basis.	◯ Yes	◯ No
10. I will make arrangements with the parent if I am unable to provide care.	◯ Yes	◯ No
11. I will use substitute providers only in emergencies. Here are the names & phone numbers of people (*they must be on the TCC-CCDF Program*) who may substitute for me: _____	◯ Yes	◯ No

II. COSTS/MEDICATIONS Please mark YES or NO on ALL questions. Do not leave any questions blank.

Will you charge me if:

1.	My child(ren) are ill & you care for him or her? What is the cost? $_____	○ Yes	○ No
2.	My child(ren) are occasionally mildly ill, this may include (please describe common illnesses, such as colds or earl infection(s): _____	○ Yes	○ No
3.	My child(ren) is absent because he or she is ill? What is the cost? $_____	○ Yes	○ No
4.	My child(ren) is absent on holidays? What is the cost? $_____	○ Yes	○ No
5.	My child(ren) is absent on vacation? What is the cost? $_____	○ Yes	○ No
6.	Will you charge me a late fee if my child(ren) stays after the agreed upon time? What is the cost? $_____ / If charged, your late fee is?: $_____	○ Yes	○ No
7.	Will you provide care in your home for my child(ren) during the night? If provided, I will bring the following items for my child(ren): _____ _____	○ Yes	○ No
8.	My child(ren) are allergic to the following medicines & foods: _____ _____	○ Yes	○ No
9.	You may give my child(ren) medication: **(CHECK ONE):** ○ Anytime after talking it over with me. ○ Never without my specific written permission	○ Yes	○ No
10.	I am willing to care for child(ren) with special needs, such as: ○ Handicapped ○ Abused/Neglected ○ Other: _____ He or she is diagnosed as having: _____ by his or her physician. Because of my child's disability, I would ask you to carefully follow the following restrictions or directions: _____ _____	○ Yes	◉ No
11.	Other: _____	○ Yes	○ No

Child(ren) under the age of 16 who take aspirin may contract Rey's Syndrome, an illness that may cause seizures, coma and/or death.
It is recommended that child(ren) use a non-aspirin pain reliever such as acetaminophen or ibuprofen if such a pain reliever is necessary.

III. BEFORE CARE BEGINS Please mark YES or NO on ALL questions. Do not leave any questions blank.

1.	I have outlined the hours I need care or the authorization agreement.	○ Yes	◉ No
2.	Can my child(ren) & I visit you before actual child care begins?	○ Yes	◉ No
3.	The following documents must be filled out by the parents & given to the child care provider: ○ An emergency record ○ Written permission to give my child(ren) medications. ◉ Other (please specify): _____	○ Yes	○ No

IV. HOME **Please mark YES or NO on ALL questions. Do not leave any questions blank.**		
1. Each floor used for care has at least one unblocked exit & smoke detector.	◯Yes	◯No
2. I will provide each room used by child(ren) with good temperature, light & ventilation which is safe & comfortable for them	◯Yes	◯No
3. I will make sure my home & outside play area is free from hazards	◯Yes	◯No
4. I have the following items out of child(ren)'s reach or locked-up: ☐ Litter & rubbish ☐ Medications/drugs ☐ Cleaning supplies, poisons, insecticides ☐ Plastic bags ☐ Guns, knives, scissors, & other sharp objects ☐ Matches, cigarette lighters, & other flammable liquids ☐ Sewage areas	◯Yes	◯No
5. Pets in our home are tolerant of child(ren) & have current rabies shots. List the animals in the home: _____	◯Yes	◯No
6. Will the child(ren) have access to your pets?	◯Yes	◯No
7. The outdoor play area is fenced &/or free from dangers. If it is not fenced, I will make sure the child(ren) are safe by: _____ _____	◯Yes	◯No
8. I will provide areas which will be used by child(ren) in care that provides enough floor space to allow for play &/or activities appropriate to the child(ren)'s age.	◯Yes	◯No
9. Floors & walls are cleaned & maintained in a condition safe for child(ren).	◯Yes	◯No
10. My home has at least one D-1A10 (or larger) fire extinguisher in the kitchen, which is readily accessible & maintained and in operable condition	◯Yes	◯No
11. Combustible & flammable materials are not stored in water heater rooms, furnace rooms, laundry rooms or near a home heating source (stoves) but are stored in a safe place.	◯Yes	◯No
12. I have a plan to evacuate the child(ren) in the even of a fire.	◯Yes	◯No
13. There are at least two means of exiting the location where the child care will be provided	◯Yes	◯No
14. Toys & objects (including high chairs) are safe, durable, easy to clean & non-toxic.	◯Yes	◯No
15. Diaper changing or toileting is done in food preparation areas.	◯Yes	◯No
16. Storage, refrigeration, & preparation of food will be done carefully.	◯Yes	◯No
17. This home has safe drinking water.	◯Yes	◯No
18. There will be no smoking around the child(ren).	◯Yes	◯No
19. No one else will smoke around the child(ren) while in my home and in my care.	◯Yes	◯No
20. At least one smoke detector is installed at an appropriate location in the home	◯Yes	◯No
21. The location where child(ren) care will take place, has a first aid kit which is inaccessible to child(ren) & stored in a convenient location.	◯Yes	◯No
22. I will do monthly evaluation/fire drills with the child(ren).	◯Yes	◯No

V. PROGRAM OF CARE **Please mark YES or NO on ALL questions. Do not leave any questions blank.**

1.	Will my child(ren) be allowed to bring their own toys on specific days (as for show & tell)?	◯ Yes	◯ No
2.	What personal belongings may my child(ren) bring to your home?: _____ _____	◯ Yes	◯ No
3.	I agree not to hit, spank, shake or use any other form of physical punishment, or any discipline which is frightening to the child(ren), now will I call the child(ren) names which will hurt or threaten him/her.	◯ Yes	◯ No
	Discipline should focus on rewarding good behavior, redirecting child(ren) who are misbehaving & setting clear & consistent limits. Cruel, humiliating & damaging disciplines should never be used. I allow NO physical punishment of my child(ren) while in your care.		
4.	I am aware of each child's location at all times & will protect the child(ren) from dangers	◯ Yes	◯ No
5.	I have a variety of toys & equipment: (Check which ones you have. It is not expected that you have them all). ☐ Dolls ☐ Blocks ☐ Books ☐ Paints ☐ Puzzles ☐ Wagon ☐ Construction Toys (Lego, Lincoln Logs, etc.) ☐ Records ☐ Sandbox ☐ Stacking Toys ☐ Peg Boards ☐ Cars & Trucks ☐ Dress-up Clothes ☐ Musical Instruments ☐ Small animals & people ☐ Play house equipment ☐ Clay / play dough ☐ Crayon, paper, scissors	◯ Yes	◯ No
6.	I provide a variety of different things for child(ren) to do during the week. (Check the ones that you offer at least once per week. It is not expected that you provide all of these activities). ☐ Reading ☐ Story telling ☐ Art activities ☐ Music ☐ Singing ☐ Building / construction ☐ Cooking ☐ Outdoors ☐ Dancing ☐ Walks	◯ Yes	◯ No
7.	My daily activities for child(ren) under the age 1 year, include: _____ _____	◯ Yes	◯ No
8.	My daily activities for child(ren) between the ages 1 & 2 years, include: _____ _____	◯ Yes	◯ No
9.	My child is ready for toilet training. Here are some guidelines for you to ensure the training is consistent: _____ _____	◯ Yes	◯ No
10.	Outdoor play will be part of the child(ren)'s daily activities, except when the temperature is below ____ ° or the following extreme climatic conditions exist: _____ _____	◯ Yes	◯ No
11.	In cold weather, my child(ren) should wear: _____ _____	◯ Yes	◯ No

VI. TRANSPORTATION **Please mark YES or NO on ALL questions. Do not leave any questions blank.**

1.	Will you be transporting my child(ren) while in your care?	◯ Yes	◯ No
2.	Will you provide transportation to & from school or Head Start programs for my child(ren)?	◯ Yes	◯ No
3.	Will there be a charge? What is the cost? $_____	◯ Yes	◯ No
4.	If so, do you have car seats & seat belts in your care for my child(ren)	◯ Yes	◯ No
5.	In a medical emergency, how will my child(ren) be taken to a hospital or physicians office?: _____ _____	◯ Yes	◯ No

VII. FEEDING Please mark YES or NO on ALL questions. Do not leave any questions blank.

1. I will make sure child(ren) will have something to eat at least every three hours.	◯ Yes	◯ No
2. I will serve any child(ren) in attendance for four or more hours a noon or evening meal consisting of a protein food, fruits &/or vegetables, cereal or bread product, pasteurized Grade A Vitamin D milk	◯ Yes	◯ No
3. I will hold infants for bottle feeding if they cannot hold their own bottle.		
Providers should be warned of the possibility of tooth decay, even in child(ren) who haven't cut teeth, if bottles of milk, juice or any beverage but water are sucked by a child for a long time. No child(ren) should be put down for a nap or at bedtime with a bottle containing anything but unsweetened water.	◯ Yes	◯ No

4. **(No child(ren) should go without food for more than four hours between 6 a.m. & 10 p.m.)**

You (the provider) will provide: ☐ Snacks ☐ Breakfast ☐ Lunch ☐ Dinner

I need to provide food for: ☐ Snacks ☐ Breakfast ☐ Lunch ☐ Dinner

My child(ren)'s favorite foods are: _____

_____

I would like to limit giving my child(ren) the following foods (sweets, dried fruits, etc.): _____

_____

STATEMENT OF TRUTH

As the parent whose child(ren) will be provided child care from the person signing below, I certify that I have answered & reviewed all of the questions to the best of my knowledge.

_____ _____

Signature - Mother or Guardian of Child(ren) to be cared for Date

_____ _____

Signature - Father or Guardian of Child(ren) to be cared for Date

I certify that I will comply with all the requirements set forth by the TCC, INC. Child Care Development Fund Program governing the child care providers & that my answers to all the questions & statements I have made on the cover page of this application are true & correct to the best of my knowledge.

_____ _____

Signature - Provider who is providing care Date

REPRESENTATIVES PLEASE PRINT CLEARLY

_____

Name of Village OR Tribal Council Representing

_____ _____

Signature - Authorized Tanana Chiefs Conference, Inc. Date
CCDF Representative (TWDS)

Registration:

☐ Approved ☐ Denied (List reasons below)

☐ Approved for 30 days pending additional information or verification (listed below)

List suggestions for improving the child care provided by the registrant, additional information or verification needed or reasons for denial: _____

_____

_____

REVIEWED BY

_____ Signature - TCC - CCDF Child Care Specialist/TWDS	_____ Date

Alaska Department of Health and Social Services
Office of Children's Services

CLEARANCE FORM

Worker_____

CONFIDENTIAL

Field Office or
Private Agency

Instructions: Complete a separate form for ***EACH*** foster care applicant, unlicensed relative caregiver, adoptive applicant or guardian, household member age 16 years and older, and adult with direct access to children in the home.

Last Name	First Name	Middle Name	Household Name	
Aliases, Maiden Name, Previous Married Name(s)		Social Security #	☐ Male ☐ Female	
Date of Birth	Place of Birth: City	State	Country	
Driver License Number	State of Issuance	Home Phone Number	Alternate Phone Number	
Physical Address		City	State	Zip
Mailing Address		City	State	Zip

Residency: Alaska _____Yrs _____Mo's Physically here _____Yrs _____ Mo's

Please list your previous residence for the last ten (10) years. Attach additional page(s) if necessary.

From (MM/YY)	To (MM/YY)	City	State	Country

Have you been previously licensed to care for children or adults?
NO ☐ YES ☐ If yes, indicate city, state and type of care and dates of licensure:

Have you ever had a license to care for children or adults revoked or denied in Alaska or any other state?
NO ☐ YES ☐ If yes, attach an explanation

Have you or any household members at any time ever been investigated for child abuse or neglect?
NO ☐ YES ☐ If yes, attach an explanation.

Do you have a physical, health, mental health or behavioral problem that might pose a risk to the health, safety, or well-being of children? If you have a question regarding a problem, discuss it with your licensing worker.
NO ☐ YES ☐ If yes, attach an explanation.

Do you have a domestic violence problem or an alcohol or other substance abuse problem that might pose a risk to the health, safety or well-being of children?
NO ☐ YES ☐ If yes, attach an explanation.

Have you been convicted of a crime or charged with a criminal offense listed as prohibited on the reverse of this form?
NO ☐ YES ☐ If yes, attach an explanation.

I authorize the department representative to review criminal justice(CJ), including, where applicable, juvenile criminal history, protective service, and licensing records and to share this information (except federal CJ records) with the applicant/licensee and if applicable, between the department and agency responsible for evaluating the facility. I agree and understand that I will be placed on the APSIN flag system. I certify that the contents of this form and information provided with it are true, accurate, and complete.

_____ _____
Household Member Signature Date

Authority: AS 47.05.310, AS 47.32
42 U.S.C. 671(a)(20)

Child Care Assistance Program

Clearance for Placement

(Complete a separate form for each foster parent and household member age 16 and older. The application provides only two clearance for placement forms. You may need to make extra copies.)

Last Name	First Name		Middle Name
Date of Birth	Sex		Social Security Number
Address	City	State	Zip code
Aliases, Maiden Name, Previous Married Name(s)			Driver's License Number

Have you been previously licensed to care for any child(ren)? If yes, indicate city, state and type of care and dates of licensure: _____	○ Yes	○ No
Have you ever had a license to care for children revoked or denied in Alaska or any other state? If yes, attach an explanation.	○ Yes	○ No
Have you ever been investigated for child abuse or neglect? If yes, attach an explanation.	○ Yes	○ No
Do you have physical, health, mental health, or behavior problems that might pose a risk to the health, safety, or well-being of children? If yes, attach an explanation.	○ Yes	○ No
Do you have a domestic violence problem or an alcohol or other substance abuse problem that might pose a risk to the health, safety, or well-being of children? If yes, attach an explanation.	○ Yes	○ No
Have you been convicted of or charged with a crime involving an imitation or controlled substance, violence, sexual assault, molestation, exploitation, arson, prostitution, or crimes against persons? If yes, attach an explanation.	○ Yes	○ No

I authorize Tanana Chiefs Conference Inc Child Protection Program staff to review criminal justice, protective service, and licensing records and to share this information with the applicant/licensee. I certify the contents of this form and information provided with it are true, accurate, and complete.

_____ _____

Signature of Applicant/Adult Household Member Date

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–		–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	**Signature of U.S. person** ▶	**Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

Child Care Assistance Evacuation Plan

Provider Name: _____

Physical Address: _____

GET OUT ALIVE! A FIRE ESCAPE PLANNER

This is your fire escape planner. If a fire starts, smoke and heat can kill you unless you plan in advance to escape quickly. You may have only a few minutes to reach safety. Everyone needs to know how to get out so they can act quickly and without panic.

Your fire safety plan requires:

- Smoke detector on each level of your home and in each child's room
- Fire extinguisher on each level of your home
- Escape routs marked on the floor plan
- Specific meeting place outside your home
- Plan to evacuate everyone in 2 1/2 minutes, including children who can't get out by themselves
- Practice your escape plan monthly. Practice at different times of the day and using alternate exits.

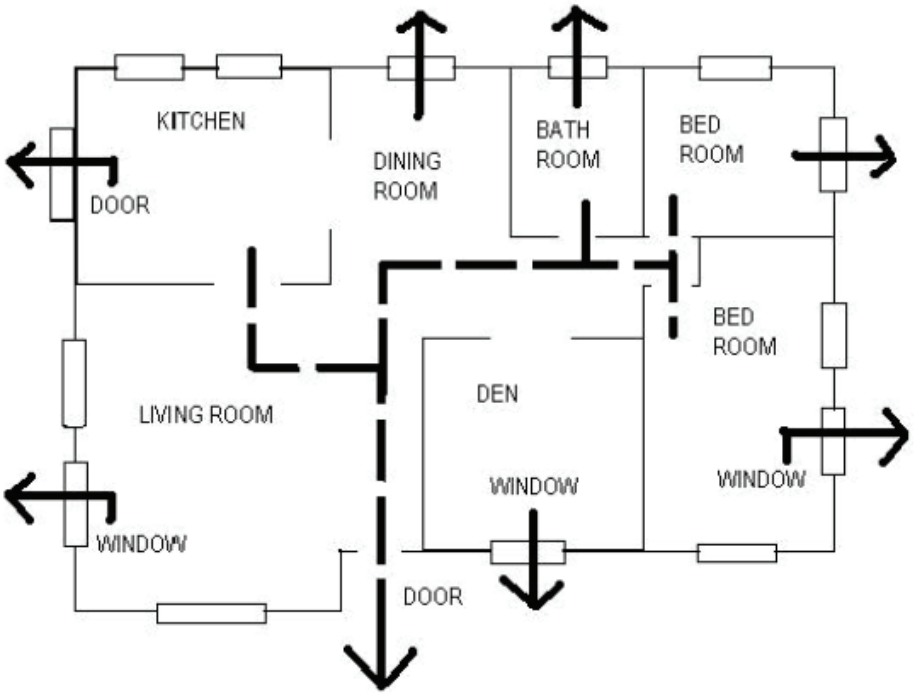
Floor Plan:

- The next page is a grid-line for you to draw a floor plan of your whole house (drawing does not need to be to scale).
- Shows exits from every room.
- Write down the outside meeting place.
- **See sample on page 13**

Exit Procedures:

- Sleep with bedroom doors closed. They will hold back deadly smoke.
- Teach everyone to recognize the sound of your smoke alarms.
- Test doors before opening them—if hot, use your alternate escape; if cool, brace your shoulder against the door and open it cautiously. Be ready to slam it if smoke or heat rushes in.
- Crawl low under smoke.
- If your clothes catch on fire: STOP, DROP, and ROLL!
- Get out fast!
- Choose a specific meeting place so you can see that everyone is out of the house.
- Don't go back inside once you are out!
- Call the fire department from a neighbor's house.

Sample Escape Plan



Floor Plan:

Show exits from every room (windows, doors).

Write down the outside meeting place.

Schedule monthly evacuation drills with the children.

Child Care Assistance Disaster Plan

Provider Name: _____

Physical Address: _____

Instructions: Create a disaster plan for the family just in case of emergency or in the event that the family needs to leave their home due to a natural disaster or catastrophic event. This form is completed by the provider during the initial licensing process and at each renewal. A copy will be given to the parents.

If the home where the children are being care for is needing to be evacuated, we would relocate to:

First Choice

Name:	Home Phone Number:
Address:	Cell Phone Number:
City, State, Zip Code	E-Mail Address:

Second Choice

Name:	Home Phone Number:
Address:	Cell Phone Number:
City, State, Zip Code	E-Mail Address:

Contact Person: (Contact information for the person with whom we would be in touch with in case of an emergency)

Name:	Home Phone Number:
Address:	Cell Phone Number:
City, State, Zip Code	E-Mail Address:

Local Child Care Coordinator Contact Person: (Contact information of local Child Care Coordinator)

Name: Angela Martinez or Noelle Turley	Home Phone Number: 907-452-8251 ext. 3365 or 3107
Address: 2001st Ave	Cell Phone Number:
City, State, Zip Code Fairbanks, AK 99701	E-Mail Address: childcare@tananachiefs.org

I understand that:

- In an emergency, we are required to check in with the local Child Care Coordinator.
- Should any information included in this plan changes, we are to update the form within 14 days of the change and provide the local Child Care Coordinator with the update.

Printed Name _____ Signature _____ Date _____

Tanana Chiefs Conference Supplier ACH Banking Application

Tanana Chiefs Conference encourages our suppliers to participate in our program to receive payments electronically. To participate in our Automate Clearing House (ACH) payments program, please provide the following information, have your bank's ACH Coordinator verify and sign and then return to:

Purchasing
Tanana Chiefs Conference
200 First Avenue
Fairbanks, AK 99701

Fax: 907 459-3854
Email: purchasing@tananachiefs.org

Payee / Company / Banking Information

* Name _____

* Address 1_____

* Address 2 _____

* City _____ State _____ Zip _____

Taxpayer ID No. _____ * 1099 Vendor Yes ____ or No ____

* Contact Person Name _____ Telephone _____

* Email _____

(This is the email address to which electronic remittance advices will be sent)

* Signature _____ Title _____

Please mark one: Create___ Change___ Delete___

* Bank Name _____ Branch Location _____

* Bank Routing Number __ __ __ __ __ __ __ __ __ * Bank Account Type: Checking ☐
Savings ☐

* Account Holder Name: _____ * Bank Account Number: _____

To be filled in by your bank

* Verified By Bank ACH Coordinator : _____ Phone Number: _____