

## Individual Reimbursement Fund: Application Instructions



ELIGIBLE PROVIDERS	<p>Business License to provide child care issued by the State Department of Community &amp; Economic Development, and:</p> <p><b>LICENSED CENTER:</b></p> <ul style="list-style-type: none"> <li>-- Licensed by the State Department of Education and Early Development or Municipal Child Care Licensing Agent</li> <li>-Community Care License or municipal child care license</li> <li>-Military Child Care Facility</li> </ul> <p><b>LICENSED HOME:</b></p> <ul style="list-style-type: none"> <li>--Licensed by the State Department of Education and Early Development</li> <li>--Community Care License</li> <li>--Military Child Care Home</li> </ul> <p>You must check the facility type on the application so that we can serve you well and track our service.</p>
ELIGIBLE TRAINING	<ol style="list-style-type: none"> <li>1. Content: Must be early childhood education, child care health or safety, child care facility administration, topics directly related to your work with young children.</li> <li>2. Delivery Methods: Class, workshop, seminar, university undergraduate or graduate.</li> <li>3. Training must be successfully completed with at least a "C" equivalent or a "Pass."</li> </ol>
PAID EXPENSES	<ol style="list-style-type: none"> <li>1. Up to \$500 per individual per fiscal year.</li> <li>2. Up to 100% of your total allowable costs.</li> </ol>
MORE THAN ONE COURSE?	Enter up to four training activities on one application.
MORE THAN ONE APPLICANT?	For more than one person from the same facility for the same training, have each individual sign the Multiple Applicant IRF Addendum to submit with this application.
<b>REQUIRED DOCUMENTS</b>	<ol style="list-style-type: none"> <li><b>1. Send ORIGINAL receipt showing you paid the expenses for which you are requesting reimbursement. DO NOT SEND PHOTOCOPIES.</b></li> <li><b>2. Send copy of successful training completion (transcripts, certificate, etc.)</b></li> </ol>
DEADLINE	Applications should be received by June 15, 2003 for eligible training completed within the current grant timeframe. Your application will be processed in order of the date received. It will be paid if funds are available.

### **INELIGIBLE, INCOMPLETE, OR INCORRECT APPLICATIONS WILL NOT BE REIMBURSED.**

A copy of the application will be returned to you with your reimbursement check, or with an explanation regarding why you are not receiving reimbursement.

<b>SEND YOUR APPLICATION TO:</b>	<b>IF YOU WORK IN:</b>
Child Care Connection, Inc. 401 W. International Airport Rd., Suite 27 P. O. Box 240008 Anchorage, AK	Contact: 563-2998 Outside Anchorage: (800) 278-3723
C.A.R.E.S. 1908 Old Pioneer Way Fairbanks, AK 99709	Contact: 479-2214 (866) 878-CARE
NAEYC-SEA 10002 Glacier Highway, Suite 301 P.O. Box 22870 Juneau, AK 99802	Contact: 789-1235 Outside Juneau: (888) 785-1235
	Anchor Point, Anchorage Area, Aniak, Bethel, Big Lake, Cordova, Dillingham, Girdwood, Glennallen, Homer, Kasilof, Kenai, Kodiak, Manokotak, Nikiski, Palmer, Seward, Soldotna, St. Paul, Sterling, Sutton, Unalaska, Valdez, Wasilla  Anderson, Barrow, Delta Junction, Fairbanks, Fort Yukon, Healy, Kotzebue, Nome, North Pole, Point Hope, Salcha, Wainwright, Galena  Angoon, Craig, Haines, Hoonah, Juneau, Ketchikan, Klawock, Metlakatla, Mt. Edgecumbe, Petersburg, Sitka, Skagway, Thorne Bay, Ward Cove, Wrangell, Yakutat

**FUNDED BY THE STATE OF ALASKA DEPARTMENT OF EDUCATION & EARLY DEVELOPMENT  
DIVISION OF EARLY DEVELOPMENT: STATE CHILD CARE OFFICE**

## Individual Reimbursement Fund: Application

**Enclose an original payment receipt from each training, and a certificate of successful completion, grade report or proof of full conference attendance.**

Caregiver Name:		
Facility Name:		Social Security Number:
Make Check Payable to:		Check One: <input type="checkbox"/> Licensed Center
Mail Checks To:		<input type="checkbox"/> Licensed Home
City:	Zip:	Center Staff Only: Currently employed? Yes No
Phone:	Fax:	Costs were paid by <input type="checkbox"/> Employer <input type="checkbox"/> Self

Complete one box below for each activity requested for reimbursement. The total cost per form should exceed \$20.00.  
See MULTIPLE APPLICANTS on the Instructions page if requesting reimbursement for more than one individual.

### CATEGORY KEY

**Training Categories: Choose One**

1. Early Childhood Development
2. Infant -Toddler Care
3. School Age Child Care
4. CPR / First Aid
5. Other Health & Safety
6. Special Needs
7. Administration / Business

**Delivery Categories: Choose One**

- A. Short Workshop: Up to 4 hours
- B. Long Workshop: 4 hrs or more
- C. Univ. Class: 1 month or more
- D. Other Class: 1 month or more
- E. CDA Assessment
- F. NAFCC Accreditation
- G. Conference
- H. CDA Tutorial
- I. CDA Observation
- J. DOD FCCP Training Course
- K. Self Study

Training Title #1:		Training Title #2:	
<b>Training Category</b> Number From Key _____	Registration or Tuition \$ _____ Class Fees _____ Books _____ Materials _____	<b>Training Category</b> Number From Key _____	Registration or Tuition \$ _____ Class Fees _____ Books _____ Materials _____
<b>Delivery Category</b> Letter from Key _____	TOTAL \$ _____	<b>Delivery Category</b> Letter from Key _____	TOTAL \$ _____
# _____ Training Hours		# _____ Training Hours	
Training Title #3:		Training Title #4:	
<b>Training Category</b> Number From Key _____	Registration or Tuition \$ _____ Class Fees _____ Books _____ Materials _____	<b>Training Category</b> Number From Key _____	Registration or Tuition \$ _____ Class Fees _____ Books _____ Materials _____
<b>Delivery Category</b> Letter from Key _____	TOTAL \$ _____	<b>Delivery Category</b> Letter from Key _____	TOTAL \$ _____
# _____ Training Hours		# _____ Training Hours	

**AFFIDAVIT:** I hereby certify that I own or am employed by a licensed child care facility. I attached original receipts and other documentation. The information in this request is true and accurate to the best of my knowledge. Falsification of any information can result in repayment of funds and I may not receive reimbursement from the fund in the future.

**Signature:** \_\_\_\_\_

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

Acknowledgement	For Office Use Only	
The reimbursement fund is out of money.	Training #1: \$	Date Received:
Proof of training completion is missing.	Training #2: \$	
Original documentation of expenses is missing. Copies not accepted.	Training #3: \$	Staff Initials:
You may resubmit this application with the required documentation.	Training #4: \$	
The training is not eligible because	Total: \$	Date Paid:
Other:	100% Eligible: \$	
Partial reimbursement is enclosed for \$ _____ because:	Total Paid: \$	Check #:

## MULTIPLE APPLICANT IRF ADDENDUM

Submit this form with an IRF form for more than one employee from an eligible child care facility for the same training activity. Each employee listed below must read and sign a certification block.

Facility Name: \_\_\_\_\_

Training Title: \_\_\_\_\_

Total Fees for This Training: \$ \_\_\_\_\_

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