



Child Care Program Office  
Division of Public Assistance  
PO Box 241809  
Anchorage, Alaska 99524-1809

Office Use Only

## CHILD CARE GRANT REQUEST FOR GOOD CAUSE WAIVER

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

Administrator Name (Printed): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ ICCIS Number: \_\_\_\_\_

**If you disagree with the determination to suspend your participation in the Child Care Grant Program due to not meeting the required participation minimum of children whose families are receiving Child Care Assistance through the State of Alaska you may request a Good Cause Waiver.**

This request must be completed in its entirety and returned no later than 15 days after receipt of the letter of suspension to the address at the top of this form or both pages faxed toll free to 1-888- 268-4632.

Per 7 AAC 39.025(c), to be granted a waiver you must have good cause which includes one or more of the following:

- 1) within the community, the number of children who are the subject of an enrollment authorization under 7 AAC 41.035 or an attendance authorization under 7 AAC 41.040 is smaller than the number of spaces required under this section for each participating facility;
- (2) a waiver would prevent a disruption in the continuity of care for children who have been in care at the facility for more than a year.

Please explain in the box below how your facility meets one or both of these items. If claiming Good Cause reason (2) above you must complete page 2 of this form.

(You may use the reverse side of this form if necessary)

By signing below I certify under penalty of perjury all the information contained on this form is true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of individual with CCG signing authority

\_\_\_\_\_  
Date

A Good Cause Waiver would prevent a disruption in the continuity of care for children who have been in care at the facility for more than one year. The names of the children and the dates their attendance began are listed below:

Child's First / Last Name	Date Attendance began

By signing below I certify under penalty of perjury all the information contained on this form is true and correct.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of individual with CCG signing authority

\_\_\_\_\_  
Date