

Individual Reimbursement Fund (IRF) Application



Thank you for submitting your IRF application. Reimbursement funds will be awarded on a first come, first serve basis.

1. Applicant must be a paid employee of a licensed child care facility or approved family child care home.
2. Content of training must be in early childhood education, health or safety, facility administration or topics directly related to your work with young children. Training must be successfully completed with at least a "C" equivalent, "Pass", or full conference attendance.
3. Methods of Delivery: class, workshop, seminar, online, conference, university undergraduate or graduate course. Training must have been completed within the last 90 days.
4. Applicants are eligible to receive a reimbursement up to \$500 per fiscal year (July 1 through June 30) depending on funds available. Exceptions can be made due to geographic diversity upon approval. Funds will cover tuition and included fees only; cost of membership or books will not be reimbursed. Conference registration fees will be reimbursed at the membership rate only.
5. Licensed providers are eligible for 75% reimbursement of total training cost; approved providers are eligible for 75% reimbursement of CPR/First Aid training only.

*Applicant's Name _____ *Date of Birth: _____

*Last five digits of SSN Number _____ DOB and SS# required for entry into training database

*Program Name _____ *Program License Number _____

*AK SEED Registry Number _____ If unknown, call 907.563.1933 or email alaskaregistry@threadalaska.org
Applications can be downloaded at www.threadalaska.org

*Program is a Licensed Center or Home Approved Home *Costs were paid by Employer Self

*Work with Infant-Toddler Preschool School Age Other

*Make Check Payable to _____

*Mailing Address _____ *City _____ *Zip _____

*Phone (____) _____ Email _____

*Training Title _____ *Actual Training Cost \$ _____

*Training Title _____ *Actual Training Cost \$ _____

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If application is (*), this indicates required fields. Your application will not be processed if fields are not complete. Ineligible, incomplete, or incorrect applications will not be processed or reimbursed. Applicant will be notified by mail. Please check the following before submitting your application.

- I have filled in all required fields on this application indicated with an (*)
- My training was completed within the past 90 days
- I have included an *original* receipt (photocopies will not be accepted)
- I have submitted course completion documentation (transcripts, certificates, proof of full conference attendance)

I hereby certify I own, or am a paid employee at a licensed child care facility or I am an approved provider. 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 the inability to receive future reimbursement funds.

*Signature _____ *Date _____

Please return application and documentation to your regional **thread** office listed below.



Southcentral Alaska

P.O. Box 141689 Anchorage AK 99514-1689
Tel 907.563.1966 Fax 907.563.1959
Toll Free 1.800.278.3723 Toll Free Fax 1.877.563.1959

Southeast Alaska

P.O. Box 22870 Juneau, AK 99802
Tel 907.789.1235 Fax 907.789.1238
Toll Free 1.888.785.1235

Interior/Northern Alaska

1908 Old Pioneer Way Fairbanks, AK 99709
Tel 907.479.2214 Fax 907.479.2486
Toll Free 1.866.878.2273