



YN Child Care & Development Fund



131 Wishpoosh Road, Toppenish, WA 98948
PHONE: (509) 865-5121, Ext. 4359, 4357, 4295

The Yakama Nation Child Care and Development Fund is a federally funded program. We will NOT tolerate abuse of the program or fraud. If your application is approved based on false, incomplete or obstructed pertinent information, you will be required to repay all CCDF monies and you will no longer be eligible for services nor permitted to make further application.

All Documents you will need to be submitted with your application:

- Identification for both parents**
- Address Verification for both parents**
- Enrollment Verification for parents and children**
- Birth Certificate for child**
- Immunization Records for child**
- School Verification for child (5 yrs+)**
- Employment/Training/Educational Verification for both parents**
- Income Verification (checks stubs, TANF, child support, financial aid, gaming per capita, etc.) for both parents**
- Supervisor form filled out by your supervisor (page 5 in application)**
- Licensed Child Care Provider (Tribal or State) only**

Applications will be accepted in the YN CCDF Program Office from 9:00 am – 4:00 pm.

Applications need to be completely filled out (**including signatures/initials**) with all required documentation. If you have questions, please call the CCDF Office.

(OMB Approval #: 0970-0198 expires 06/30/2019)

Yakama Nation

Child Care and Development Fund (CCDF) Application

Applicant Information:

E-mail: _____

Applicant's Signature: _____

PRINT

Date: _____

Mother's Name: _____

Personal
Phone #: _____

Mailing Address: _____

Physical Address: _____

Employer/Company: _____ Bus. P#: _____

Father's Name: _____

Personal
Phone #: _____

Mailing Address: _____

Physical Address: _____

Employer/Company: _____ Bus. P#: _____

Marital Status: (Circle One) **SINGLE MARRIED SEPARATED DIVORCED**

Custody Of Children: If divorced/separated or never married to biological mother or father of children, do you have legal custody of your child(ren)? **YES or NO** ----If you have legal custody please attach a copy of the Custodial Agreement issued by either a state court or tribal court.

Legal Guardian: _____

Personal
Phone #: _____

Mailing Address: _____

Physical Address: _____

Employer/Company: _____ Bus. P#: _____

Foster Care/Legal Guardian/Emergency Family Care/Adoptive Care: Are you applying for a child who is in Foster Care, Emergency Care or Adoptive Care? **YES or NO** If so, please provide all supporting legal documents. **List type:** _____

Special Needs: Do You have a child w/ Medical , Behavioral, Physical, Emotional Special Needs or Medically Fragile? **YES or NO** Please attach current documentation received from physician, school, or other agency

Tribal Affiliation:

Are you a tribal member? **YES or NO** Spouse? **YES or NO** Child(ren)? **YES or NO**

Tribe: _____

Tribal Office Address: _____

It is the responsibility of the parent/provider to report any changes of circumstances.

LIST ALL PERSONS LIVING IN HOUSEHOLD.

<i>Name</i>	<i>Date Of Birth</i>	<i>Relationship</i>	<i>Tribe Enrolled</i>	<i>Child Care Needed</i>
1		<i>Self</i>		
2				
3				
4				
5				
6				
7				
8				

INCOME INFORMATION:

Must provide this information (Include all persons' income living in the house.)

Household Size: _____

Total Household Income: \$ _____

*****Include All Income, TANF, Food Stamps, Child Support, Financial Aid, RAP etc.**

(Application will not be processed without this information.)

TRAINING PROGRAM:

New Federal regulations require that a parent is receiving funding from the federal government for child care, the parent must give a detailed school schedule for each child that will be on the CCDF program. If a schedule is not provided, it will delay payment for your child care provider. If your child is less than 5 years old, no schedule is required. Children from 5 years and up are REQUIRED to show school attendance, along with hours of operation and holidays for school attended. **No current schedule provided, no processing of your application. NO EXCEPTIONS.**

*****This TRAINING part of the application is for the ADULTS who are counted in the family & going back to school.*****

Applicant:

Training School Name: _____

Contact Name: _____ Phone#: _____

Message#: _____

Address: _____

Spouse:

Training School Name: _____

Contact Name: _____ Phone#: _____

Message#: _____

Address: _____

Child Care & Development Fund Emergency Information

Child(ren) Name: _____

Home# & or Cell#: () _____ () _____

Email Address: _____

Emerg. Contact Name: _____ Phone#: _____

Home Address: _____

Relationship To Applicant: _____

Name of Relatives and Friends to call, if you cannot be reached

Name: _____ Phone#: _____

Relationship to Child: _____

Name: _____ Phone#: _____

Relationship to Child: _____

Name: _____ Phone#: _____

Relationship to Child: _____

Physician, Dentist, & Hospital Information

Does your child(ren) have a specific physician to be contacted? _____ YES or NO

Clinic's Name: _____

Doctor's Name: _____ Phone#: _____

Dental Office Name: _____

Dentist Name: _____ Phone#: _____

Is there a PREFERENCE of the HOSPITAL to call and/or be taken your child(ren) to:
_____ Phone#: _____

Does your child(ren) have any chronic diseases? YES or NO

DESCRIBE: _____

Does your child(ren) have any allergies of any kind? YES or NO

DESCRIBE: Foods? _____

Drugs? _____

Other? _____

Applicant's Signature: _____

Date: _____

Page 3 - YN CCDF 08/2018

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REVIEW PROCESS OF APPLICATION

PLEASE READ THE FOLOWING ELIGIBILITY, NEED CRITERIA, & DOCUMENTATION & PLEASE INITIAL. THANK YOU FOR YOUR COOPERATION & ASSISTANCE.

The CCDF program is funded by the federal government and such funding is limited by congressional budgetary cut backs. Upon submission of your application to the CCDF Program, it may take up to 1 (month) or more to process. No application will be approved nor fully reviewed if there are missing documents. No Exceptions.

Initials: _____

GENERAL REQUIREMENTS EMPLOYMENT/EDUCATIONAL:

To receive Federal subsidized CCDF benefits, families must meet eligibility and need criteria. In addition to meeting eligibility and need requirements, the child(ren) parent(s) must be working or attending school. Evidence of a street address or post office address. A work schedule is required. A copy from the educational institution will be required to establish school attendance by applicant. Initials: _____

CHILDREN'S AGE:

Children requiring child care services must be no older than 12 years of age. Children who have reached their thirteenth (13th) birthday are ineligible for subsidized services. CCDF benefits will be cut off the day before the child's thirteenth (13th) birthday. Children with exceptional needs may be served through the age of eighteen (18). Parent(s) who have a child with severe medical disabilities must provide documented evidence of the child's disability from a licensed professional. Initials: _____

ELIGIBILITY CRITERIA:

1. Family is a public assistance recipient. (TANF Recipients)
2. Family income falls below the Tribal Income guideline. (Guideline Charges Yearly)
3. Family is involved with child protective services (CPS) as defined in the "Definition" Identification.
4. Family who has children with disabilities (Mental or Physical, documented by a specialist).
5. Applicant must be working or attending school.
6. Children must be under the age of thirteen (13) years old.
7. Applicant or applicant child(ren) must be an enrolled tribal member. Initials: _____

NEED CRITERIA:

Need shall be established by meeting one criteria below:

1. **The parent & any other adult counted in the family size are any of the following: Employed** (including court ordered community service). If the parent (or other adult counted in the family size) works in the home, the nature of the work must preclude the supervision of the family's children. Family child care providers are not eligible for subsidized services because their work does not preclude the supervision of their own children. **Participation in vocational training** leading directly to a recognized trade, paraprofessional or profession. The vocational training will be reviewed by the CCDF Director at the beginning of each semester or quarter to determine that progress is being made toward the vocational goal specified in the certification and eligibility documents. **Homeless and seeking permanent housing** for family stability is taken into consideration for application purposes. Families in this situation are given three (3) Months to find permanent housing while receiving CCDF benefits.

2. The child has a medical or psychiatric special need, including children with exceptional needs, which cannot be met without provision of services, verified by a legally qualified professional.

Initials: _____

Page 4 - YN CCDF 08/2018

(OMB Approval #: 0970-0198 expires 06/30/2019)

CCDF APPLICATION SCREENING CHECKLIST:

Documentation of homelessness? YES or NO or N/A
 Documentation of seeking permanent housing for family stability? YES or NO or N/A

CHILD CARE PROVIDER INFORMATION:

Name Of Child Care

Provider: _____ **Phone#:** _____

Home Address: _____

Email Address: _____

Provider's SSN#: _____

Or Child Care License#: _____

Type Of Care - Please Check One Thank You!

_____ Center Based	Tribal License#: _____	State License#: _____
_____ Family Day		State License#: _____
_____ Care Home	Tribal License#: _____	State License#: _____
_____ In-Home Care	SSN#: _____ - _____ - _____	DOB: _____
_____ Relative Care	Provider's relationship to child(ren): _____	

PARENTAL or LEGAL GARDIAN CONSENT:

Name Of Child(ren):

1 _____	DOB: _____
2 _____	DOB: _____
3 _____	DOB: _____
4 _____	DOB: _____
5 _____	DOB: _____

I, _____ being the parent/legal guardian of the above named mentioned child(ren) hereby voluntarily stipulate the following type of child care services for my child(ren) in conjunction with the Child Care & Development Fund. I agree to register my provider with the CCDF Program.

I agree to provide my care provider with emergency medical instructions, immunization records, and approvals in writing within 30 days of my eligibility date.

I hereby certify that the above listed PROVIDER is one of my own choosing and I am not receiving child care assistance for any above mentioned child(ren) from any other social services program and hereby release the Yakama Nation CCDF of any liability. I agree to fulfill all CCDF requirements and understand that if I am eligible I will receive a certificate of eligibility to begin the receipt assistance and certify under penalty, in reference to 18 USC (Subject to fraud). I have read the above listed definitions and accept them for the application process and for services rendered.

I give permission to _____ to use whatever emergency measures are judged necessary for the care and protection of my child while under their supervision. In case of emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary. It is understood that in some medical situations, that staff will need to contact the local emergency resource before the parent, child's physician, and/or other adults acting on parent's behalf. In the event of accidental ingestion I understand that _____ will contact the Poison Control Center.

I hereby authorize _____ to act on my behalf in case of any emergency.

Signature Of Parent: _____

Date: _____

Signature Of Parent: _____

Date: _____

Signature Of Provider: _____

Date: _____

Page 5 - YN CCDF 08/2018

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Authorization to Release Information:

(Applicant & Spouse MUST have Supervisor fill out.)

Yakama Nation Child Care and Development Fund applicant authorizes the release of information needed to determine eligibility for child care assistance as required per reference 18 USC 1001. Please provide the information requested. Thank you.

Print Name: _____ **Job Title:** _____

Applicant's Signature: _____ **Date:** _____

1. What DATE did/does employee start: Month _____ Day _____ Year _____

2. What is employee's GROSS salary or wages per month?: _____

(If UNKNOWN gross please put your hourly wage. Thank You.)

3. Does this employee have any company paid child care benefits?: Yes ____ No ____

Explain: _____

4. Does this employee receive tips/tokens? Yes ____ No ____ Average Monthly Rate?: _____

5. Does this employee work OVERTIME?: Yes ____ No ____ Average Monthly Rate?: _____

6. Does employee receive "in-kind" (non-cash) or cash benefits as part of their pay; i.e. a housing allowance or apartment? The monthly cash value?: _____

7. Please complete the following work schedule:

START	MON	TUES	WED	THUR	FRI	SAT	SUN
TIME							
END							

If schedule varies please
explain why: _____

READ AND SIGN: I certify that this information is true, accurate, correct, and complete to the best of my knowledge and that I have the authority to make such verification on the behalf of this company, and hereby attest in reference to 18 USC 1001.

Supervisor's Signature: _____

Date: _____

Title: _____

Phone#: _____

Employer/Company: _____

Yakama Nation Child Care and Development Fund Authorization for the Release of Information

I Authorize any employee of the Yakama Nation Child Care and Development Fund to conduct an investigation to obtain any information relating to my program eligibility but not limited to: employment, living situations, background information, and any other area that the Child Care and Development Fund staff deems necessary to consider for services.

I Understand that any information needed will be supplied to the Child Care and Development Fund and no information will be with-held. This is binding for all information that any Yakama Nation or outside entity has on any record such as but not limited to: Personnel, Employment Status, Hourly Rate, Yakama Enrollment, Higher Education, WIA, AVT, Vocational Rehabilitation, Indian Health Services, Nak Nu We Sha, Tribal Court, and Housing Authority. Any Yakama Nation Program or Enterprise shall answer any question asked as long as it pertains to Child Care and such information will be decided by upon either the Child Care Director for the Child Care Development Fund.

I Understand that the information that is released to the Child Care and Development Fund is confidential and will stay within that office and its governing entities such as: H.E.W. Committee and/or Tribal Council on need-to-know basis.

I Understand that this authorization supersedes any other document that may deny such divulgence of information. With the understanding that at any time these documents can be assessed for one calendar year of my signature.

Applicant's Signature: _____

Date: _____

Applicant Full Name: _____
(Print Legibly Please)

Other Names Used: _____

Current Address: _____

Spouse's Signature: _____ **Date:** _____

Spouse Full Name: _____
(Print Legibly Please)

Other Names Used: _____

Current Address: _____

Yakama Nation

Child Care and Development Fund (CCDF) Approval form

Participant name: _____ Date: _____

Provider name: _____ Date: _____

Initial on blank spots

All information on application is correct (names, birth dates, address, emergency contact) _____

Full **COPAY** amount is to be paid in full to provider each month. _____

(If you have a COPAY)

Make sure you sign provider time sheet/also make sure it is filled correctly. If it is not filled correctly including (time/# of hours/daily fee) the time sheet will be sent back to provider until till filled out properly.

- > Provider time sheet needs to be signed by participant and Provider
- > We only pay up to 10 hours a day, no more 40 hours a week
- > 2 day break between each week
- > Anytime that goes over 10 hours a day needs to be paid by participant

IF/When I am approved as a CCDF participant and I acknowledge all the information above.

Participant

Sign Here _____

Date: _____

Provider

Sign Here _____

Date: _____

All CHILD CARE CERTIFICATE are mailed out to the participant and to the provider

If/When approved for CCDF

Initial here _____

Phone#: _____

Message#: _____

E-Mail: _____

Yakama Nation

Child Care and Development Fund (CCDF) Approval form

Participant name: _____ CCDF Staff name: _____

Date: _____

Is all information on certificate correct (names, birth dates, address) _____

All copay is to paid in full to provider. _____

Make sure you sign provider time sheet/also make sure it filled correct. If not fill correct (including time/# of hrs./daley fee) time sheet will be sent back till filled out properly _____

- > Provider time sheet needs to be signed by participant and Provider
- > We only pay up to 10 hrs a day, no more 40 hrs a week
- > 2 day break between each week
- > Anytime that goes over 10 hrs aday needs to be paid by participant

I understand that I am approved as a CCDF participant and I acknowledge all that the information above.

Participant

Sign Here _____ Date: _____

CCDF Staff

Sign Here _____ Date: _____