



Tribal Child Care Program

Program funded by HHS-ACF Grant # 21PCNDCCDF



Tribal Child Care Program

Child Care Assistance Program is designed to protect the health, safety and well-being of the children by recruiting highly qualified providers ensuring low-income families have equal access to stable high quality child care. Also to enhance professional development by promoting access opportunities and materials needed for parents and providers to make informed choices which supports positive learning experiences and healthy development. All of which compliments the support family's need to attain and/or to retain meaningful employment.

Parent Name _____
 Address _____
 Phone Number _____

Form 80

Pre-Screening Verification

List of household members	DOB	Monthly Income

Certification

Worker signature		Date	
Director signature		Date	
Pre-Qualified	Yes No		

Parent Application Checklist

	Form 800 Face to Face
	Form 802 Face to Face

Child/Children Documentation

	Birth Certificate
	Tribal Enrollment

Certification

Worker Signature		Date	
Director Signature		Date	

Parent of Guardian Required Documentation (2 Required on 1 pt column)

	Driver's License or Tribal ID		Executed Commitment Form 88c
	Birth Certificate		Executed Releases of Information Form 88b
	Tribal Enrollment No.		Court documentation or guardianship
			Child welfare court documentation

Student Eligibility Documentation

	Class Schedule		TANF Printout
	Grades for each semester		GED verification from instructor
	Dean/Instructor certification form 850		Child Care Billing Report Form 101



APPLICATION FOR TRIBAL CHILD CARE ASSISTANCE PROGRAM

DO NOT DROP OFF APPLICATION

Face TO Face Consultation is REQUIRED

The application cannot be considered without **all required documentation**. Once your application is completed with all required documentation attached call to meet for a face-to-face consultation.

The Tribal Care Assistance Program is a Reimbursement Program to aid clients with child care cost. Based on Monthly Income Guidelines

Applicant Information: (Please answer all questions)

Full Name:		Mailing Address:		City:
Household Size:	Registered Provider Name:		Date child started with provider:	
Work #		Cell #		Home #

SSN: (optional)

Marital Status: Married (if yes, fill out spouse information below) Divorced Separated Single
 Attach Documents (Divorce) (Custody)

Put Names of all biological, foster, adopted or stepchildren ONLY:

1. Head of Household	DOB: Enrollment #	<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Stepchildren Gender:
2. Spouse	DOB: Enrollment #	<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Stepchildren Gender:
	DOB: Enrollment #	<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Stepchildren Gender:
	DOB: Enrollment #	<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Stepchildren Gender:
	DOB: Enrollment #	<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Stepchildren Gender:
	DOB: Enrollment #	<input type="checkbox"/> Bio <input type="checkbox"/> Foster <input type="checkbox"/> Stepchildren Gender:

Why you need child care assistance:

<input type="checkbox"/> Work: Place of employment Supervisor: Ph:	Education: Name of college	<input type="checkbox"/> Training: Training Site Supervisor: Ph:
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Check the box that applies to you: Neither

<input type="checkbox"/> State Jobs Program: Case worker name: Ph:	<input type="checkbox"/> Tribal Jobs Program: Case worker name: Ph:
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Child/Children school status:

Is children/child attending school?	No	Yes	If yes, what school?
Is a child attending Headstart?	No	Yes	If yes, where?

Check the boxes of services that you receive: Medicaid Early Headstart Special Education HIS

List the income of parent/parents and attach check stubs and/or wage inquiry from your nearest ND Job Service:

Current wages:	No	Yes	If yes, how often: Hourly wage:
Second Job Current wages:	No	Yes	If yes, how often: Hourly wage:
Social Security:	No	Yes	If yes, how often:
Child Support:	No	Yes	If yes, how often:
TANF Grant:	No	Yes	If yes, how often:
Unemployment:	No	Yes	If yes, how often:
Self-Employment:	No	Yes	If yes, how often:
Worker's Compensation:	No	Yes	If yes, how often:
General Assistance:	No	Yes	If yes, how often:
Other:	No	Yes	If yes, how often:
Do you work more than 8 hours a day	No	Yes	If yes, need a schedule
Do you work weekends	No	Yes	If yes, need a schedule
Do you need more than one provider	No	Yes	If yes, need a schedule

I certify that the information given above is true, correct and complete to the best of my knowledge. I understand that knowingly giving false information may result in a fine, imprisonment or both and that I must pay back any benefits received as a result of giving false information. I understand that I must report all changes in household composition and provide verification of income and day care each month to the TM Child Care Development Block Grant Program in order for eligibility to be determined. I hereby consent to release income verification to the TM Child Care Program.

Applicant Signature:	Date:
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Tribal Child Care Program

Release of Information Form

Form 88b

Tribal Child Care Assistance Program

PO Box 900, Belcourt ND 58316

PH. 701-477-6295 or 477-5232

Fax: 701-477-8259

Email: azure.janice@yahoo.com

janet3034@hotmail.com

tammy.jeanotte@tmbci.org

I/We hereby authorize you to release to the Tribal Child Care Assistance Program for verification purposes, any and all information concerning the following:

- Employment History dates, income, hours worked etc. (gross earnings)
- General Assistance. (Award letters, verification of income)
- TANF (verification of Income), number in household with the names receiving these benefits.
- Children Assistance, any documents relating to a change in child custody arrangements.
- Any other low-income programs, such as LIHEAP to verify eligibility. (Household income/Household size)

This information is for the CONFIDENTIAL use of the Tribal Child care Assistance Program to determine your eligibility to receive the assistance.

A photographic or carbon copy of this authorization (being a photographic or carbon copy of the signature(s) of the undersigned) may be deemed to be equivalent of the original and may be used as a duplicate original.

I do authorize to release any information to Tribal Child Care Assistance Program should it be called upon.

Full Name (Printed):	Full Name (Signature):	Date:
Address:	Phone:	



Tribal Child Care
Program

“Parent Commitment Form”

Form 88c

Tribal Child Care Assistance Program

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Fax: 701-477-8259

Email: azure.janice@yahoo.com

janet3034@hotmail.com

tammy.jeanotte@tmbci.org

As an approved Child Care Assistance family that is eligible for the CCA subsidy, I am responsible for the following requirements:

1. I can expect to be paid according to my percentage of eligibility.
2. I am responsible for paying my childcare bill with the subsidy payment and my co-pay portion.
3. I am responsible for accruing the accuracy of the billing that provider submits.
4. I am responsible for providing the health record of my child to the provider.
5. I am responsible for supplying the pay stub, student schedule or work schedule every month to the CCA office.
6. If at any time I feel that my child is in unsafe care, I will be responsible to immediately report it to the Child Care Assistance Office.
7. If at any time there are changes to the status of my job, my family or other circumstances that would affect my CCA eligibility, I will make contact within 5 working days to the CCA office.

Parent Signature:	Date:
CCA Staff Signature”	Date:

Staff Initial	Forms	Client Initial
	Form 80 & 800: <u>Pre-application eligibility form/Parent Application Check List</u> a. See if the parent qualifies before having them complete application process b. If they qualify explain the Parent Application Check List with them c. Attach for to Form 88) Application for Tribal Child Care Assistance	
	Form 88-88d: <u>Application for Tribal Child Care Assistance Program</u> a. Explain the application process to client b. Make sure all required documentation is attached to application <ol style="list-style-type: none"> 1. Form 88: Clients Household Information 2. Form 88a: Client's status (working, college, training or receiving any benefits) 3. Fpr, 88b: Release of Information Form 4. Form 88c: Parent Commitment Form 	
	Sliding Scale Form: Review form with clients and give them a copy	
	Form 804: <u>Change in household size</u> a. Explain the form and give them a copy	
	Form 101: <u>Billing Report</u> a. Explain the billing report to client on both sides and give them a copy b. Make sure to let clients know what needs to be attached to billing report for payment	
	Form 850: <u>Instructor Signature Form</u> Form 851: Job Search Form 852: Timesheet a. Explain the form to client and give them a copy	
	Form 335: Brochure a. Explain brochure to client and give them a copy b. The brochure should have answered most of the questions clients have about providers being Registered/Licensed	
	PROVIDER LIST: <u>List of Registered/Licensed Providers</u> with Tribal Child Assistance Program a. Give a copy to clients b. Update list weekly OR as necessary	
	Sample 5: <u>Signs of Quality Daycare</u> a. Provider Interview questionnaire b. Give a copy to clients	
	Form 333a: Grievance Procedure Form 333b: Complaint Form a. Explain the form to client and them a copy b.	
	Form 890 & Form 802: <u>Approval/Denial Letter & Incomplete</u> a. Clients will have a copy of letter & all necessary documents before leaving and copies in the file	

Note: Give client a copy after completing consultation



Tribal Child Care Program

Parent Packet Process Consultation Form

Form 802

Tribal Child Care Assistance Program

PO Box 900, Belcourt ND 58316

PH. 701-477-6295 or 477-5232

Fax: 701-477-8259

Email: azure.janice@yahoo.com

janet3034@hotmail.com

tammy.jeanotte@tmbci.org

Staff Initial	Consultation of Parent Packet & Received copies of the following:	Yes	No	Client Initial
	Did consultation include the review of the (Form88-88c) Application process?			
	Did consultation include the review of the Complaint Form (Form 333) with a copy provided to you?			
	Did the consultation include the review of Change in Household (Form 804) with a copy provided to you?			
	Did consultation include the review of the Signs of a Quality Daycare/Provider Interview Questionnaire (Sample 5) with a copy provided to you?			
	Did consultation include the review of Grievance Procedures (Form 333a) with a copy provided to you?			
	Did you receive the child care assistance brochure (Form 335) and folder?			
	Did you receive a copy of Child Care Aware checklist?			
	Did consultation include Child Care Assistance Policy and Procedures?			
	Circle if you need a copy of: 1. Job Search Form 2. Instructor Signature (Form 850) 3. Timesheet			
	Did consultation include the review of Pre-app Eligibility? (Form 80)			
	Did consultation include informing the client of a Registered Provider (Form 20) with a copy provided to you?			

Client Signature:	Date:
Staff Signature:	Date: