



# Yakama Nation Child Care & Development Fund Program

## Application for Child Care Assistance

131 Wishpoosh Road Toppenish, WA 98948

### New Application Checklist

#### Applicant (s) Supporting Documents:

- Completed Application
- Parent or Guardian Photo Identification
- Proof of Residency (Must be physical address, not P.O. Box and include applicant name)
- Work/School/Training Verification (Page 4 completed by employer, copy of school schedule)
- Income Verification (Monthly and include most current paystubs)
- Provider Agreement Form (Page 5 completed by provider)

#### Children Who Need Child Care Services Supporting Documents – must be birth to 12 years:

- Birth Certificate
- Current Immunization Record
- Proof of Enrollment (If child is not enrolled, submit parent enrollment)

#### Additional Supporting Documents if necessary:

- Children with Special Needs: Submit copy of current IFSP or IEP
- Court Documents: Foster/Guardianship, protective services

### Renewal Application Checklist

#### Applicant (s) Supporting Documents:

- Completed Application
- Proof of Residency (Must be physical address, not P.O. Box and include applicant name)
- Work/School/Training Verification (Page 4 completed by employer or copy of school schedule)
- Income Verification (1 month that includes most current paystub)
- Provider Agreement Form (Page 5 completed by provider)

#### Supporting Documents if necessary:

- Updated IFSP or IEP
- Updated Court Documents

Submit your completed application and supporting documents one of the following ways:

- Email to [CCDF@yakama.com](mailto:CCDF@yakama.com)
- Make an appointment to drop off: (509) 865-5121 ext. 4357, 4359, 4295, 4804
- Mail: YN CCDF P.O. Box 151 Toppenish, WA 98948

**Eligibility determinations may take up to two weeks. This time frame may be extended if an incomplete application is submitted or additional information from provider is needed.**



# Yakama Nation Child Care and Development Fund Program Family Application

FAMILY INFO		
Family Type: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Foster <input type="checkbox"/> Guardianship		
Mailing Address: _____ _____ _____	Street Address: <input type="checkbox"/> Same as Mailing _____ _____ _____	
Is your family homeless, according to McKinney Vento Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No	McKinney Vento Act - Individuals who lack a fixed regular and adequate nighttime residence, including: Living with a friend, relative or someone else because they lost their home or cannot afford housing. Who are staying in a motel or hotel due to lack of adequate alternative accommodations. Who are living in an emergency or transitional shelter or a domestic violence shelter, and many other situations.
Does any child needing childcare have an Individual Family Service Plan (IFSP) or Individualized Education Plan (IEP)	<input type="checkbox"/> Yes, IFSP <input type="checkbox"/> Yes, IEP <input type="checkbox"/> In Process <input type="checkbox"/> No (If yes or in process, attach supporting documents)	

PARENT/GUARDIAN INFORMATION			
PRIMARY CAREGIVER (Head of Household)		SECONDARY CAREGIVER (Living in Household)	
Name:		Name:	
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Guardianship <input type="checkbox"/> Other: _____		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Guardianship <input type="checkbox"/> Other: _____	
Tribally Enrolled: <input type="checkbox"/> Yakama <input type="checkbox"/> Yakama Decent <input type="checkbox"/> Other: _____		Tribally Enrolled: <input type="checkbox"/> Yakama <input type="checkbox"/> Yakama Decent <input type="checkbox"/> Other: _____	
Primary Phone:	Secondary Phone:	Primary Phone:	Secondary Phone:
Email Address:		Email Address:	
Employment & School		Employment & School	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Work Training		<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Work Training	
Name & Phone #:		Name & Phone #:	

ADDITIONAL HOUSEHOLD MEMBERS				
Name	Date of Birth	Gender	Tribal Enrolled: Yakama, Yakama Decent, other	Child Care Needed Yes/No
1.		<input type="checkbox"/> Male <input type="checkbox"/> Female		
2.		<input type="checkbox"/> Male <input type="checkbox"/> Female		
3.		<input type="checkbox"/> Male <input type="checkbox"/> Female		
4.		<input type="checkbox"/> Male <input type="checkbox"/> Female		
5.		<input type="checkbox"/> Male <input type="checkbox"/> Female		
6.		<input type="checkbox"/> Male <input type="checkbox"/> Female		
7.		<input type="checkbox"/> Male <input type="checkbox"/> Female		
8.		<input type="checkbox"/> Male <input type="checkbox"/> Female		

### HOUSEHOLD INCOME

What are the household income sources? (Check all that apply) (Please attach supporting documents, such as W2, Check Stub)	<input type="checkbox"/> Wages/Salary <input type="checkbox"/> Pension, Retirement, and/or Social Security <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> TANF <input type="checkbox"/> Alimony/Spousal Support <input type="checkbox"/> Tribal Dividend (Exp: Gaming Per Capita)
Total family size?	Total Monthly Household Income: \$
Do you pay mortgage or rent? (Please attach supporting documents to deduct from income)	<input type="checkbox"/> Yes <input type="checkbox"/> No

### EMERGENCY CONTACT

Name	Gender	Relationship	Phone
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female		
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female		
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female		

### PARENT/GUARDIAN AGREEMENT

Initial	Description	Initial	Description
	I understand childcare services will not begin until both family and provider application is complete with required supporting documents		I understand child care services may be terminated for submitting attendance claims for time eligible child was not in attendance
	I am responsible for monthly co-payment, paid directly to provider		I understand services may be discontinued due to excessive absences or change in residency
	I will notify YN CCDF Program of any major changes in employment, school, or job training. (School schedules are due each quarter/semester)		I understand childcare services will be terminated due to substantiated fraud or intentional program violations
	I will notify YN CCDF Program when changing providers or ending participation in the program		I understand that I must recertify for program services every 12 months
	I understand that it is my responsibility to sign my child in and out daily with my provider		I certify that I do not have family assets that exceed 1,000,000

### PARENT/GUARDIAN ACKNOWLEDGEMENT

I certify I am the parent, legal guardian or foster parent of the child (ren) for which I am requesting childcare assistance. I hereby certify that all information made on or in connection with this application is true and complete. I understand that information may be obtained on my behalf from outside parties to verify eligibility. I also understand that misrepresentation or concealment of material fact will be sufficient grounds for rejection of my application or suspension from YN CCDF program. I certify that I have read and understand my rights and responsibilities to participate in the Yakama Nation Child Care and Development Fund Program.

Parent/Guardian Printed Name:	Parent/Guardian Signature:	Date:
Parent/Guardian Printed Name:	Parent/Guardian Signature:	Date:

### OFFICE USE ONLY

Application Checklist:    Parent/Guardian Photo Identification    Address Verification    Work/School/Training Verification  
 Income Verification    Completed Provider Form    Enrollment Verification    Birth Certificate    Immunization Record

Receiving Employee Print: _____ Sign: _____	Date Received: _____
Intake Specialist Print: _____ Sign: _____	Date Received: _____
Application Notes:	



# Yakama Nation Child Care and Development Fund Program Employment Verification

*(Must be completed by employer)*

EMPLOYEE INFORMATION		
Employee Name:	Position:	Start Date:

EMPLOYMENT INFORMATION		
Employer Name:	Business Address:	Supervisor Name & Phone/Ext:

WORK SCHEDULE			
Days	Start	End	Comment
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time: _____ Hrs	<input type="checkbox"/> Set Schedule <input type="checkbox"/> Rotating Schedule	<input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal
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Comments:

Supervisor Signature:	Date:
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### EMPLOYEE ACKNOWLEDGEMENT

**Parent/Guardian:** I understand that I am eligible for YN CCDF assistance while I am employed and upon approval agree to notify the program of any changes to my work schedule. If I stop working, I acknowledge that I will no longer qualify for childcare assistance.

Employee Signature:	Date:
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### OFFICE USE ONLY

<input type="checkbox"/> Submitted Paystub <input type="checkbox"/> Phone/Email Verification (Wage_____)	<input type="checkbox"/> Follow Up - Reason:
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Comments:	Comments:
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YN CCDF Signature & Date:	YN CCDF Signature & Date:
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# Yakama Nation Child Care and Development Fund Program

## Provider Information

(Must be completed by provider)

Parent/Guardian Name:	Date Completed:
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### PROVIDER INFORMATION

Provider Name:		Social Security Number or Employer Identification number:	
Provider Physical Address:	Provider Mailing Address:	Provider Phone #:	
Provider Email:	Type of Provider: <input type="checkbox"/> Relative <input type="checkbox"/> Family Home <input type="checkbox"/> Center		Tribal / State License #:
Hours of Operation:	Days of Operation: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday		

### CHILDREN ATTENDING

Child Name	Birthdate	School Age: <input type="checkbox"/> Yes <input type="checkbox"/> No	Days Attending	Hours Attending
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you related to the children listed above? <input type="checkbox"/> No <input type="checkbox"/> Yes, Relationship:	Preschool Age – Is the child enrolled for services: <input type="checkbox"/> No <input type="checkbox"/> Head Start <input type="checkbox"/> ECEAP <input type="checkbox"/> School District	School Age – Name of School District Attending?
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### PROVIDER OBLIGATIONS

Initial	Description	Initial	Description
	Parents have unlimited access to their children while in my care		A separate sign in/out record with accurate dates & precise times the child is in care will be completed for each child
	I will not be reimbursed for child care prior to eligibility date on certificate		I agree to submit complete and accurate billing claims
	I will collect monthly co-payments from parents		I understand that I am not an employee of Yakama Nation and am responsible for federal income tax obligations

### PROVIDER ACKNOWLEDGEMENT

I affirm the information provided on this form is true and correct. Further, I affirm childcare will be provided at the address listed above and agree to comply with the rules and regulations of Yakama Nation Child Care and Development Fund Program.

Provider Printed Name:	Provider Signature:	Date:
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