

Parent Checklist:

All forms must be completed and turned in with application. All applications are not considered complete unless ALL FORMS are in. Only completed applications will be placed on the waiting list. It is YOUR responsibility to submit these completed forms to our office.

PLEASE BE SURE YOU HAVE ALL THIS INFORMATION *FULLY COMPLETED* AND WITH YOU AT YOUR INTAKE APPOINTMENT.

Please call 218-983-3285 ext. 1380 to set up an appointment.

1. _____ Child Care Assistance Application
 _____ County referral form

2. _____ Employment Verification Form (6 full months listed per adult)
3. _____ School/Training Verification (Class Schedule)
 Applicant
 Spouse

4. _____ Consent for Release of Information (per adult)
 Applicant
 Spouse

5. _____ Enrollment Verification Form (per child)
 child _____
 child _____
 child _____
 child _____

6. _____ Immunization Form (per child)
 child _____
 child _____
 child _____
 child _____

7. _____ Provider Statement (per provider)
 _____ Copy of Contract (licensed)
 _____ Criminal Background Check (unlicensed)
 _____ Provider verification of residency (unlicensed)

8. _____ other: _____
9. _____ other: _____
10. _____ other: _____

Required Child Care Assistance Forms

Child Care Assistance Application: The applicant must complete this application and stating: full name, address, and telephone number, employment information for you and your spouse or significant other, child care provider (must be 18 years old, NOT living in the same household and can pass the criminal background check), state if your children will be attending school.

Employment Verification Form: The applicant and spouse must complete the top portion of this form; have your employer complete the bottom form and mail to us. WE MUST HAVE A VERIFICATION FORM ON FILE FOR THE PAST 6 MONTHS FROM THE DATE OF THE APPLICATION. If you have had more than 1 employer in the past 6 months, you will need a verification form for those employers also NOTE: **We must have whatever income you or your spouse have had in the past 6 months, for example, employment, unemployment, GA/MFIP, self-employment or temporary work.**

Consent for Release of Information: This form must be completed by you and your spouse, as we do periodic checks on employment on all persons receiving child care assistance. Information we will be checking on is; if still employed, current salary and any change in work days/hours. This form is mandatory. If you have received a salary increase/decrease, this will NOT affect your monthly co-payment for the duration of your service year.

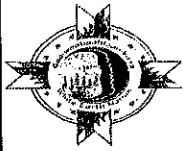
Enrollment Verification Form: A verification form must be completed for each child that you are requesting child care assistance for. You must fill out the form completely, stating both parents/grandparents and send it to the White Earth Enrollments Office for verification, or if the child is enrolled, you may submit a copy of their enrollment card.

Provider Statement Form: This form must be completed by you and your child care provider. If you change your child care provider within your service year, you MUST contact our office IMMEDIATELY and request another provider statement and criminal background check form.

Criminal Background Check: This form must be completed by your child care provider and returned to us IMMEDIATELY. We will then process the criminal background check, with the Sheriff's Office and County Human Services. If your child care provider fails the criminal background check, no child care assistance will be provided until you have changed your child care provider and your current provider approved.

Immunization Form: This form must be completed for EVERY child that you are requesting child care assistance for, OR if you have a current immunization record, a copy of that will suffice. It is your responsibility to submit this form to your physician's office for up-dated immunization information and providing the information during intake. This is a mandatory form.

YOUR FILE IS NOT COMPLETE WITHOUT THE FORMS LISTED ABOVE; IT IS YOUR RESPONSIBILITY TO SUBMIT THESE COMPLETED FORMS DURING THE INTAKE APPOINTMENT.



White Earth Child Care Program
 PO Box 418 White Earth, MN 56591

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 Fax: 218-983-4106
 www.whiteearthchildcare.com

Applicant Information

Applicant Full Name: _____ (D.O.B.) ____/____/____
 SS#: _____ - _____ - _____ Ethnicity: _____
 Mailing Address: _____ City: _____, MN Zip: _____
 Telephone: _____ Work/School Phone: _____ County: _____

Child Care Need:
 Months CC needed: _____
Example: summer/school, all year
 Days Child Care Needed: _____
Example: M-T-W-Th-F
 # of Miles from Provider to Work/School: _____

Income Sources/Benefits for the last 6 FULL MONTHS:

	Dates:	Amount:
Employment Income	_____	_____
Child Support	_____	_____
MFIP	_____	_____
WIC	_____	_____
Unemployment	_____	_____
Educational Aide	_____	_____
SSI	_____	_____
Other	_____	_____

Household Information:

Family/Household Size: _____
 Number of Adults: _____
 Number of Children: _____
 Marital Status: _____
 Single Parent? Yes No
 Who is the Tribal Member: Child, Parent, or Grandparent

Total Estimated Monthly Income \$ _____
Please bring documentation of any income/benefits listed

Name _____ Tribal Affiliation _____

Reason for needing child care (check all that apply)

Employment: F/T P/T Name of Employer: _____
 School: F/T P/T Name of School: _____
 Training: F/T P/T Dates of Training: _____
 Job Search: #of Hrs per Week: _____ Name of Job Search agency: _____
 Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Actual Work hours: _____

Spouse Information:

Applicant Full-Name: _____ (D.O.B.) ____/____/____
 SS#: _____ - _____ - _____ Work/School Phone: _____ Ethnicity: _____

Reason for needing child care (check all that apply)

Employment: F/T P/T Name of Employer: _____
 School: F/T P/T Name of School: _____
 Training: F/T P/T Dates of Training: _____
 Job Search: #of Hrs per Wk: _____ Name of Job Search agency: _____
 Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Actual Work hours: _____

Household Information

Household Member	Relationship to Applicant	Social Security No.	D.O.B.	Needs CC Y/N	Special Needs Child? Y/N	Program Participation: CHIP, School, Head Start <i>List hrs. in programs</i>
	SELF					

The information provided is used to determine whether you are eligible for social services; to enable us to collect federal or state funds for the services provided to you and/or family. Most of the information we collect about you will be classified as private. That means you and the government/state/Tribal agencies who need the information can see it, others cannot. Occasionally statistics and other anonymous data will be taken from the information we collect about you. This is public and open to anyone, but it will not identify you in any way. Please answer all questions truthfully and to the best of your knowledge. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination of I am found negligent after enrollment and White Earth RTC/Child Care Program may bring formal charges of fraud against me. I allow release of this information for review purposes and understand that it will be used to determine if I will be eligible for the program. Data you give to WERTC CCP may be shared with appropriate staff of the Federal Government/State/Tribal agencies under existing contractual agreements. Minors may request that information provided to the WERTC/CCP be withheld from their parents.

Applicant Signature

Date

Child Care Provider information

Primary Provider's Name: _____ D.O.B _____ Soc.-Sec.-No.: _____
First Last
 Address: _____ Telephone No: _____
 (circle one) Licensed or Unlicensed - - If Licensed, agency: _____ If Unlicensed, relation to child: _____
 If you use a Licensed Provider what is the rate?: \$ _____ per _____ **Please supply copy of Provider's Policy/Contract**

Primary Provider's Name: _____ D.O.B _____ Soc.-Sec.-No.: _____
First Last
 Address: _____ Telephone No: _____
 (circle one) Licensed or Unlicensed - - If Licensed, agency: _____ If Unlicensed, relation to child: _____
 If you use a Licensed Provider what is the rate?: \$ _____ per _____ **Please supply copy of Provider's Policy/Contract**

The Child Care Program has maximum rates we will pay, please be aware that if your provider charges more than our rates, the PARENT(S) are responsible for the difference. The Child Care Program requires that every UNLICENSED provider, complete & pass a criminal background check before payment will be made.



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REFERRAL FROM/TO COUNTY

Participant Name: _____ County: _____

Social Security #: _____ Date of Birth: _____

Name of Spouse: _____

Social Security #: _____ Date of Birth: _____

Address: _____

I/We, _____, have applied for child care assistance through the White Earth Child Care Program. In order to qualify for the White Earth Child Care Program, I understand that verification of my eligibility for Child Care Assistance Program (CCAP) or determination of MFIP participation through the county is required

I/We give _____ County consent to release information regarding my CCAP eligibility and MFIP participation to the White Earth Child Care Program.

 Signature of Participant

 Date

.....
TO BE FILLED OUT BY AGENCY

Has the applicant(s) received MFIP in last 6 months? Yes No Amount: \$ _____

Has the applicant(s) received DWP in last 6 months? Yes No Amount: \$ _____

Has the applicant(s) received relative care in last 6 months? Yes No Amount: \$ _____

Has the applicant(s) received foster care assistance payments? Yes No Amount: \$ _____

Is currently receiving CCAP Yes No

Is eligible for CCAP Yes No

_____ Is currently on the CCAP -BSF waiting list at the county and is currently # _____.
 (If on your waiting list please inform us if approved).

***Additional Information _____

Signature: _____ County CCAP _____ Date _____



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Request for Verification of Employment

The employee must complete the top portion of this form

Employee: _____ SSN: _____

Current Employer: _____

Employer Address: _____

Employer Telephone: _____ Fax: _____

Supervisor's Name: _____ Title: _____

Dates Employed: _____ TO: Present Hourly Rate: _____

_____ Has applied for services through the White Earth Child Care Program and must have verification of employment and income for eligibility. He or she certifies that the source stated above is or has been his or her source of income in the last six months. The signature below authorizes release of any income related information.

 Signature of Applicant/Employee

 Date

**The employer must complete the bottom portion of this form—please return as soon as possible.
 Must be completed by Payroll Department**

EMPLOYER VERIFICATION

Is this person currently employed with your company? YES NO

Date of hire: _____

Last six months TOTAL (GROSS) income: _____ / _____ / _____ TO: _____ / _____ / _____

(Please do not list hourly wage) \$ _____

Hours worked per week? _____ Temporary Seasonal Permanent

Actual Hours worked per day? _____ (example: 8am to 4pm)

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

 Signature of Authorized Official

 Title

 Date



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Request for Verification of Income
The employee must complete the top portion of this form

Applicant Name: _____ SSN: _____

Address: _____

Please list all income and place of verification for the last 6 months

Including unemployment, student loans or grants, MFIP, previous employment, etc.:

<u>Dates</u>	<u>Income Source</u>	<u>Phone#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Has applied for services through the White Earth Child Care Program and must have verification of employment and income for eligibility. He or she certifies that the source stated above is or has been his or her source of income in the last six months. The signature below authorizes release of any income related information.

Signature of Applicant/Employee

Date

The employer must complete the bottom portion of this form—Please return as soon as possible.

Verification of Income

Is or has this person received this course of income in the last 6 months? YES NO

Please list 6 FULL MONTHS (Gross) income: \$ _____

Dates of income listed _____ / _____ / _____ to _____ / _____ / _____

Signature of Authorized Official

Title

Date



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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

 (Name of Applicant)

 (Date of Birth)

 (Name of Spouse)

 (Date of Birth)

Authorize _____
 (program making the disclosure)

To disclose to the White Earth Child Care Program the following information:

NATURE OF THE INFORMATION

For the purpose and use: ***To obtain any pertinent information regarding my child care assistance application and the applicant's verification of income and/or employment dates/hours.***

I understand that my records are protected under the Appropriate Privacy laws, and cannot be disclosed without my written consent unless otherwise provided for. I also understand that this consent expires automatically as described below. Specifications of the date, event, or condition upon which this consent expires: **one year after signature date**

Executed this _____ day of _____, 20____.

 (Person requesting information)

Signature of Applicant

In the event of Minor or Person assigned a Guardian:

 Signature of Parent/Guardian



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Enrollment Verification

The Child Care Program requires the following information to complete the application process for childcare. All information is kept confidential and is used only to determine eligibility. Please print clearly, sign below and complete ALL information. **This form must be filled out completely (one form per child).**

****Please use First, Middle, Last & Maiden names, also enrollment number if applicable****

Child's name	Tribal Enrollment #	Date of Birth
Child's mother <i>(required)</i>	Tribal Enrollment #	Date of Birth
Child's father <i>(required)</i>	Tribal Enrollment #	Date of Birth
Mother's mother <i>(required)</i>	Tribal Enrollment #	Date of Birth
Mother's father <i>(required)</i>	Tribal Enrollment #	Date of Birth
Father's mother <i>(required)</i>	Tribal Enrollment #	Date of Birth
Father's father <i>(required)</i>	Tribal Enrollment #	Date of Birth

I hereby give permission to the White Earth Enrollment Office to verify and release tribal enrollment to the White Earth Child Care Program. I understand that the information will be used for program purpose only, and that it will be kept confidential.

Parent/Guardian Signature	Date
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Address	City	State	ZIP
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Enrollment Office Certification:

I hereby certify that _____ is an enrolled member of
 _____ Tribe. Enrollment number _____

Signature of Certifier	Title	Date
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PROVIDER'S STATEMENT

I, _____ am providing child care services for the children of _____.

_____ has unlimited access to their children while in my care.
 (Parent's name)

Please check one of the following statements:

_____ I am a licensed child care provider (_____)
Name of Licensing Agency

_____ I am a legally unlicensed child care provider, I am over 18 years old (____ / ____ / ____) and not of the same household.

_____ I am related to this family, and I am a legally unlicensed child care provider. I do not live in the same household and I am over 18 years old. Relationship to children: _____

IF YOU ARE UNLICENSED PLEASE SUBMIT A LIST OF EVERYONE LIVING IN YOUR HOUSEHOLD (on back page)

I understand that partial to full payment of these services may be paid for by the White Earth Child Care Program under the Child Care Assistance Sliding Fee Program. Financial arrangements are stated in the Policies & Procedures Handbook. It is the child care provider's responsibility to notify the Child Care Program of any changes of address, telephone number of cancellation of you child care services to the family listed above.

I also understand that it is my responsibility to complete each child care schedule thoroughly (accurate dates/time, hours, name, current address and social security number) with the appropriate signatures. The parent(s) for whom I am providing services will also sign the Child Care Schedule for verification of dates/times and hours submitted. I understand that I need to submit the completed child care schedules according to the calendar provided to me by the Child Care Program.

If I am a licensed provider, I have attached a copy of my Provider Policy and Contract and agree to follow the policy for all families in my care. If my Child Care Policy states that I charge for absent days, I must record the number of days that the child(ren) are not in my care, but, for which I charge on the monthly claim form.

There are a maximum number of childcare hours allowed which is agreed upon between the agency and the client. These authorized hours are stated in the approval letter, which is sent to the parent(s) and provider. The parent(s) are responsible for ANY AND ALL UNAUTHORIZED HOURS TO THE PROVIDER. The agency will forward to Parent and Provider a copy of unauthorized hours and a copy of employment verification of actual work hours.

I understand that by signing my name on the claim and accepting payment for services, I am indicating that the information provided on the claim is true to the best of my knowledge. I am aware of the importance of being accurate and responsible for the information provided.

Any questions relating to the Child Care Assistance Basic Sliding Fee Program can be directed to the Child Care Director.

 Signature of Child Care Provider

 Date

 Address City State ZIP

 Provider's social security number

 Provider's home phone number

By signing this form, I understand the responsibilities relating to both my child care provider and myself. I am also giving my permission to the Child Care Program to discuss my child care assistance with my child care provider.

 Signature of Parent

 Date

Unlicensed Providers only, please list all the names of ALL children and adults in your home:

Full name	Relationship	Date of Birth
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Full name	Relationship	Date of Birth
-----------	--------------	---------------

Full name	Relationship	Date of Birth
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Full name	Relationship	Date of Birth
-----------	--------------	---------------

Full name	Relationship	Date of Birth
-----------	--------------	---------------

Full name	Relationship	Date of Birth
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Dear Parent(s):

This letter is to inform you that immunization records for your children must be on file here at the White Earth Child Care Program. **Federal regulations require this for all children receiving child care assistance. This must be done as soon as possible.**



























The required form, one for each child, is enclosed. Please fill them out yourself if you keep the necessary records, or contact your clinic to see if they can complete the form and return it to us at the above address. **They may also fax us a copy from theirs records to 218-983-4106.**

We would appreciate your prompt attention to this matter. If you have any questions, please contact me at the number listed.

Sincerely,

Marlene Myhre
Child Care Program
White Earth Reservation

When Do Children and Teens Need Vaccinations?

Age ↓	Hep-B Hepatitis B	DTaP Diphtheria, Tetanus, Pertussis	Hib Haemophilus influenzae type b	IPV Polio	PCV7 Pneumococcal Conjugate	MMR Measles, Mumps, Rubella	Chicken- pox Varicella
Birth							
1 month	 (1) 1-4 months						
2 months							
4 months							
6 months	 (1) 6-18 months		 (2)	 (1) 6-18 months			
12 months	All children 0-18 years of age need 3 doses of hepatitis B vaccine if they haven't already received them.		 (1) 12-15 months		 (1) 12-15 months	 (1) 12-15 months	 (1) 12-18 months
15 months		 (1, 4) 12-18 months			Children 16-59 months of age who have not been vaccinated may need 1 or 2 doses of PCV7. Talk to your health care provider.		Children 12 months of age through 12 years of age (who have not had chicken- pox or have not been previously vaccinated) need 1 dose.
4-6 years							
11-12 years		 	 Td is given at age 11-12 if at least 5 years have passed since the last dose of DTaP/DTP.				Children 13 years of age and older (who have not had chickenpox or have not been previously vaccinated) need 2 doses given 4-8 weeks apart.
13-18 years							

Were you or your child born in a county where hepatitis B is a common disease?

If so, your child should be vaccinated against hepatitis B right away, no matter what his or her age. Don't wait until your child reaches a certain age. Your child is at risk for the disease and needs protection now. Talk to your doctor.

- (1) This is the age range in which the vaccine should be given.
- (2) Depending on the brand of Hib vaccine used for dosed #1 and #2, a dose at 6 months of age may not be needed.
- (3) Some adolescents aged 11 through 15 years may be given two doses of hepatitis B vaccine. Check with your health care provider.
- (4) DTaP can be given at 12 months of age if 6 months have elapsed since the previous dose and if the child might not return by 18 months of age.

Talk to your health care provider about whether your child needs other vaccines: hepatitis A, influenza, Lyme disease, or Pneumococcal Polysaccharide vaccine. Certain children are at risk for these diseases and need to be immunized against them.



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CHILD CARE IMMUNIZATION RECORDS (one per child)

Last Name of Child		First Name	M.I.
Birthdate		Date of Enrollment	

White Earth Reservation Tribal Council requires that all children who are enrolled in a day care facility to immunized against Diphtheria, Tetanus, Pertussis, Polio, Measles, and Rubella. (allowing for certain specified exemptions.) This form is designed to provide the facility with information required by the law and will be available for review by the White Earth Tribal Council and the local board of health and social service agency.

Enter the MONTH and YEAR of each dose. DO NOT USE A CHECK OR X MARK.

Type of Vaccine	1st dose Month-Year	2 nd dose Month-Year	3 rd dose Month-Year	4 th dose Month-Year	5 th dose Month-Year
DTP (Diphtheria, Tetanus, Pertussis)					
POLIO					
MEASLES					
RUBELLA					
MUMPS					

ONE OR MORE OF THE FOLLOWING MUST BE CHECKED AND SIGNED

1. I certify that the above named child is appropriately immunized for his/her age according to Minnesota State Law for day care enrollment. If child has not met the minimum number of doses as indicated above, the date for which the remaining doses are to be given are:

_____ (the child must complete DTP/Td and Polio series within 12 months to remain enrolled)

 Signature of Physician or Public Clinic

 Date

2. The above information has been transferred from records maintained by the child's parent/guardian and indicates that the minimum recommended number of vaccines has been received. (This only applies for children 13 months of age or older.)

 Signature of Parent or Legal Guardian

 Date

3. I certify that the above named child has received at least one dose of each vaccine and is in the process of completing the DTP/Td and/or Polio vaccine series. The dates for which the remaining doses are to be given are:

_____ (The child must complete DTP/Td and Polio series within 12 months to remain enrolled)

 Signature of Physician or Public Clinic

 Date