



Child Care Assistance Renewal Application - Parent Checklist:

All forms must be completed and turned in with application. 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

1. _____ Child Care Assistance Application
2. _____ County Referral Form
3. _____ Income Verification Form (**6 full months listed per adult**)
_____ Spouse (*if applicable*)
4. _____ Employment Verification Form (**6 full months listed per adult**)
_____ Spouse (*if applicable*)
5. _____ School/Training Verification (Class Schedule) *if applicable*
_____ Spouse (*if applicable*)
6. _____ Provider Statement (per provider)
7. _____ Copy of Contract (*if your provider is licensed*)
8. _____ Criminal Background Check Form (*if your provider is not licensed*)
_____ Provider verification of residency (*if your provider is not licensed*) Example: Utility Bill

Required Child Care Assistance Forms

Child Care Assistance Application: The applicant must complete this application 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.

Income Verification Form: The applicant and spouse must complete the top portion of this form; have your employer complete the bottom of the form and mail to us. **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.**

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.

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.

Copy of each Child's Tribal ID: If the child is enrolled in the White Earth Nation, please provide a copy of their Tribal ID. If your child is a Descendant refer to the form described below.

Request for Verification of Descendancy Form: If the child is a **first-generation descendant**, fill out a verification form for the child and provide a copy of the **parent's Tribal ID**. If the child is a **second-generation descendant** fill out a verification form for the child and provide a copy of the **grandparent's Tribal ID**. A form must be filled out for each child you are requesting assistance for. Please provide a copy of the **Birth Certificate** for **all descendants** (including parents if applicable) listed on the form.

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: If your child care Provider is **not** licensed 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.**

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



CHILD CARE ASSISTANCE APPLICATION
White Earth Child Care/ Early Childhood Program
PO Box 418, White Earth, MN 56591

Phone: 218 935-6271

Fax: 833-859-0959

www.whiteearth.com

Applicant Information:

Applicant Full Name: _____ (D.O.B.) _____

Social Security Number (SS#): _____

Physical Address: _____ City: _____, MN Zip: _____

Mailing Address: _____ City: _____, MN Zip: _____

Telephone: _____ Email Address: _____ County: _____

Household Information:

Single Parent? ☐ Yes ☐ No

Marital Status: _____

Who is the Tribal Member: Child, Parent, or Grandparent

Name _____ Tribal Affiliation _____

Homelessness:

Homelessness is defined as any of the following:

- Sharing housing with others due to economic hardships
- Living in hotels, motels or campgrounds
- Living in emergency or transitional shelters
- Living in cars, parks, public spaces, abandoned buildings, bus or train stations, or similar settings.

Are you Homeless? ☐ Yes ☐ No

Income Information:

Income Sources/Benefits for the last 6 FULL MONTHS:

Amount:

Employment Income _____

Child Support _____

MFIP _____

WIC _____

Unemployment _____

SSI _____

Other _____

Total Estimated Monthly Income \$ _____

Please bring documentation of any income/benefits listed

Do you have more than \$1,000,000 in combined assets?

☐ Yes ☐ No

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#: _____ Telephone: _____ Work/School Phone: _____

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: _____

Household Information:

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

Child Care Needs:

Months CC needed: _____

Example: summer/school, all year

Days Child Care Needed: _____

Example: M-T-W-Th-F

Distance from Provider to Work/School: _____ Miles

Child Care Provider Information:

Primary Provider's Name: _____ Telephone No: _____

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



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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 _____

County CCAP

Date

Signature:



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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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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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YES

NO

Please list **6 FULL MONTHS** (*Gross*) income:

\$ _____

Dates of income listed

_____ to _____

Signature of Authorized Official

Title

Date



White Earth Child Care/ Early Childhood Program

Phone: 218 983-3285

Fax: 833-859-0959

PO Box 418, White Earth, MN 56591

www.whiteearth.com

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 Employment

The employee must complete the top portion of this form

Employee: _____ SSN: _____

Current Employer: _____

Employer Address: _____

Employer Telephone: _____ Fax: _____

Supervisor's Name: _____ Title: _____

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Days: ☐Monday ☐Tuesday ☐Wednesday ☐Thursday ☐Friday ☐Saturday ☐Sunday

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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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

Full name

Relationship

Date of Birth

Full name

Relationship

Date of Birth

Full name

Relationship

Date of Birth

Full name

Relationship

Date of Birth

Full name

Relationship

Date of Birth