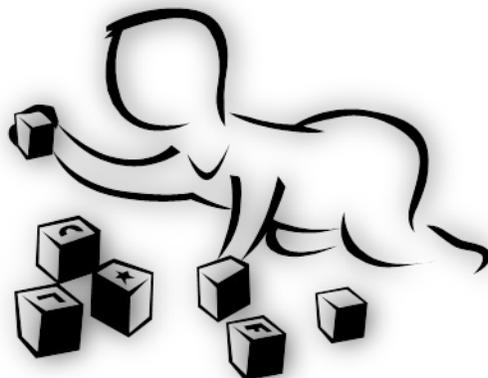


# FALLON PAIUTE SHOSHONE



CHILD CARE PROGRAM'S

PARENT  
APPLICATION





## TO THE CHILD CARE APPLICANT:

Complete each question on this application to the best of your knowledge and ability. If you have any questions while you are completing the application, ask for assistance from the Child Care Program Coordinator.

Before your child care services eligibility certification can be made, you must provide documentation to verify your eligibility. When you bring your completed application in, you must also bring in the following items:

- Tribal Enrollment Cards & Letters for parent(s) and child(ren), if pending, bring a letter from the Tribe's Enrollment office with the status of enrollment stated within.
- Copy of Social Security Cards for Parent(s) and Child(ren)
- Income Status for household filled out by parent. (Family income for the past one (1) month for household members, pay- check stubs)
- Income Verification filled out by Employers of each and every adult in the household.
- School/Training Verification, if eligible.
- Copy of Birth Certificate(s) for all child(ren) in need of child care.
- Immunization records for all child(ren) in need of child care.
- Special Needs documentation for all child(ren) in need of child care.
- Prior to acceptance of and payment to the provider, the provider must first complete, with satisfaction to the federal guidelines, their background checks. If on their background checks they have any 2 misdemeanors or any felony crime of violent acts or any child related crimes.
- Home health & safety checks will be scheduled upon acceptance into the program for the place providing child care.
- Once applicant is approved, a Medical Authorization form, must be completed by the parent(s) of the child(ren) in the program for the provider chosen. (Provider will have the document in their paperwork.)
- Prior to acceptance of and payment to a provider, the provider must first complete, with satisfaction to the federal guidelines, their background checks. As per P.L. 101-630 Section 408, any person employed or considered for employment whose duties involve regular contact with, or control over, Indian children must meet the minimum standards of never having been found guilty of, or entered a plea of nolo contendere or guilty to any felonious offense, or any of two or more misdemeanor offenses under federal, state, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; crimes against persons; or offenses committed against children.
- Providers are **required** to attend Parenting Classes on their own time. Classes are offered in Fallon through the FRIENDS and Family Resource Center.

If you are unable to obtain any of these documents or have any other questions, contact the Child Care Program Coordinator.



You will receive a Notice of Action of the decision of eligibility, no later than ten (**10**) days from the date the completed and signed application is received by this agency. As a reminder, eligibility will be determined based upon the information that is presented to the FPST Child Care Program.

## Child Care Program (CCDBG) **Services & Requirements Agreement**

### **I. SERVICES PROVIDED THROUGH THE PROGRAM:**

Families who are of Native American descent, who live on or near the Fallon Paiute-Shoshone Reservation/ Colony, may receive child care services for their children, ages 0 to 12 years, and up to age 18 for children with disabilities:

1. Full-time or part-time child care services are available to parent(s) **as long as funds are available and as long as you are income-eligible and need services for any of the following reasons:**
  - a. If you have a **very low income** earned by all family members residing together, and/or a Special needs child (handicap), **you will be given priority service.**
  - b. Attending an educational/training program **with a specified ending date** which leads to employment.
  - c. If parent(s) are working.
  - d. If a parent is seeking employment; Child care will be provided for **24** hours total with 5 job search forms per week **for a maximum of 2 months or 24 hours paid, whichever comes first**, and it must lead to full/part-time employment. **This is a one time option only.**

### **II. RESPONSIBILITIES OF PROGRAM PARENT(S)**

1. Eligibility certification will include verification of your income and employment training status at the time you apply. Failure to meet requirements is grounds for termination or denial of services. Re-certification will take place every six months.
2. Parent(s) must provide birth certificates, immunization records, employment/ income verification, training enrollment, sign employee hours verification form if hours vary week to week, as well as Job Opportunities in Nevada Training hours, tribal enrollment cards and social security cards, failure to provide these may be grounds for termination or denial of services.
3. Parent(s) who attend a Job Training/Educational program are required to provide proof of successful completion of course work (grades) at end of each semester/quarter. Failure to provide documentation when requested or failure to successfully complete course work is grounds for termination for child care services. It must lead to full/part-time employment.
4. To provide or arrange for transportation for their child to and from the place where child care services will be provided.



5. Parent(s) or Providers are to bring in their timesheets by the Friday before the Monday they are due if possible. If not no later than 9 a.m. on the Monday they are due. If timesheets are received after that time, they will not be processed until the following pay period, no exceptions.
6. Parent(s) are responsible to pay their percentage directly to their child care provider. You will receive a notice each pay period as to what your percentage is. If there are three complaints from your provider that you are not paying your percentage to them. This may be grounds for termination from the program.
7. Report any change in your home/work and/or telephone number to the Child Care Program Coordinator within 5 days of occurrence to avoid any delays in letters, etc.
8. Report any changes in your family income, family size or marital status to the Child Care Program Coordinator **within five (5) days** of occurrence. Failure to report any changes is grounds for termination.
9. Report any changes in you or your spouses employment or educational status **with in five (5) days of occurrence**; examples include; becoming unemployed, going from full-time to part-time or vice versa, working full-time to attending school or training, starting work after you have been in school/training. Failure to notify changes is grounds for termination.
10. If you lose your current position and become unemployed you must notify your Child Care Program Coordinator. This ensures that the necessary changes from working to seeking employment are made **if eligible**, so you may continue receiving services.  
If you and/or your spouse are seeking employment, you will have **2** months or **24** hours (whichever comes first) to do job search. **You are required to make 5 contacts per week and turn in a Job Search Form each pay period**. During this time you will be allowed child care services for up to **4** hours a day totaling up to **24** hours maximum in that two month period.
11. Your day/hours you are allowed for child care services are determined by the Program Coordinator, by your work, school/training schedule, signed by the authorized representative.

### **III RESPONSIBLE USE OF CHILD CARE SERVICES:**

1. Please treat your provider with courtesy and respect. Child care is a valuable service. If you have a problem with your provider, please try to discuss it and work it out in a friendly manner. If the situation makes this impossible, call the Child Care Program Coordinator and she may be able to help you both reach an agreeable solution.
2. Parents are allowed **thirty (30) minutes transportation to and from work**; *this is 1 hour per day*. This is the maximum allowable time daily to claim for all children, you cannot claim for each child. The program pays only for contracted child care hours. The program does not pay for your time to go to the market, personal appointments, or visiting your friends. Please remember that your child care provider has similar things to do so when you are late picking up your child(ren), you are using the providers personal time. If your work or school schedule will keep you later than usual some days, or if you find that you have problems picking your child(ren) up on time, make arrangements in advance with your provider.  
Let your provider know when your child(ren) are going to be absent



and if you will be late picking up your child(ren). Also inform the Child Care Program Coordinator if your child(ren) will not be in care due to vacation, illness, or other circumstances.

3. Please remember you must follow all rules of your child care provider. If you disregard their rules, they have the right to terminate you from their home, or discontinue services. If problems persist with providers there is grounds for termination from the program. If you are having problems with your provider, discuss them with the Child Care Program Coordinator.
4. The program only pays for child care services. We cannot pay for private school tuition, transportation and /or meals, clothing items such as shirts and caps for summer programs, and school uniforms that are not part of the basic child care fee. You are responsible to provide your child's snacks and meals while in child care.

#### **IV. PARENT'S RIGHTS**

1. Parents of children participating in the Child Care Development Fund Program have the following rights: right to choose a child care provider by enrolling the child with an eligible provider who is enrolled in the Child Care Program, or if you have another provider, they must first be enrolled in the program in order for you to be eligible for services.
2. To have unlimited access to their children whenever the children are in the care of the Provider.
3. To receive information about all parental options, policies, practices & complaints, which relate to child care services.
4. To make oral & written complaints regarding any child care provider and to review information of parental complaints regarding child care providers.
5. To appeal decisions related to denial or termination of child care services.

***I have read this agreement of services & requirements of the Child Care Development Fund Program. I understand my responsibilities as a program participant. I have received a copy of these requirements.***

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**Parent Signature**

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**Date**



## CHILD CARE PROGRAM APPLICATION

NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

MAILING ADDRESS: \_\_\_\_\_

SS# \_\_\_\_\_

TELEPHONE NUMBERS: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Message: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

TRIBE ENROLLED WITH: \_\_\_\_\_ ENROLLMENT NUMBER: \_\_\_\_\_

**REASONS NEEDING CHILD CARE:**  Employed  In Training/Education  In Treatment Program

Seeking Employment  Special Needs  Other \_\_\_\_\_

**CHILD CARE HOURS NEEDED EACH DAY:** \_\_\_\_\_

**MEMBERS OF HOUSEHOLD FOR WHOM CHILD CARE IS REQUESTED:**

NAME OF CHILD	D.O.B.	SEX	TRIBE/DEGREE	SOCIAL SECURITY #

**LIST ALL OTHERS IN THE HOUSEHOLD OF THE AGE 13 OR OLDER, THEIR RELATIONSHIP, AND GROSS MONTHLY INCOME:**

NAME	RELATIONSHIP TO APPLICANT	GROSS MONTHLY INCOME




## CHILD CARE PROGRAM

### Emergency & Identification Information

**PARENT / GUARDIAN INFORMATION:**

Parent(s) Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

**EMPLOYMENT/SCHOOL INFORMATION** (For Parent(s))

Mother's Employer/School Name: \_\_\_\_\_

Employer/School's Address: \_\_\_\_\_

Employer/School's Telephone #: \_\_\_\_\_

Father's Employer/School Name: \_\_\_\_\_

Employer/School's Address: \_\_\_\_\_

Employer/School's Telephone #: \_\_\_\_\_

**MEDICAL/EMERGENCY INFORMATION:**

Child(ren) enrolled with the program, please list any allergies or other medical limitations (who/what): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACTS:** Please list the name, address, Phone number and relationship to parent(s) of at least 3 (three) people who the provider could contact in case of an emergency, or in case your child becomes ill and the provider is unable to contact you. They may be asked to show identification when they arrive to pick up your child(ren):

NAME	ADDRESS	TELEPHONE #	RELATIONSHIP TO PARENT(S)
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INCOME STATUS (TO BE FILLED OUT COMPLETELY BY APPLICANT)**

**PARENT/GUARDIAN:**

One-Month Gross Salary (before taxes)..... = \_\_\_\_\_

TANF, Temporary Assistance to Needy Families..... = \_\_\_\_\_

Indian General Assistance..... = \_\_\_\_\_

Other Sources of Income (Specify: SSI, Disability, Unemployment, Spousal/Child Support)..... = \_\_\_\_\_

**TOTAL =** \_\_\_\_\_

**OTHER FAMILY MEMBERS: (COMBINED TOTALS OF ALL OTHER FAMILY MEMBERS)**

One-Month Gross Salary (before taxes)..... = \_\_\_\_\_

TANF, Temporary Assistance to Needy Families..... = \_\_\_\_\_

Indian General Assistance..... = \_\_\_\_\_

Other Sources of Income (Specify: SSI, Disability, Unemployment, Spousal/Child Support)..... = \_\_\_\_\_

**TOTAL =** \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

SU [ ] M [ ] T [ ] W [ ] TH [ ] F [ ] SA [ ] Hours: \_\_\_\_\_

**SCHOOL INFORMATION:**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_



SU [ ] M [ ] T [ ] W [ ] TH [ ] F [ ] SA [ ] Hours: \_\_\_\_\_

**\*Employment and/or school attendance verification will be required.**

- |    |  |
|----|--|
| 1. | I certify that all of the information written above is true and correct to the best of my knowledge.   |
| 2. | I will notify the agency within five days of any changes in income, number of family members, address, phone numbers and in employment/training.   |
| 3. | I understand that in order to continue receiving services. I must renew my application at least every six months or as requested by Child Care Program Coordinator. Failure to do so may result in termination from the program. |
| 4. | I also understand that I have the right to appeal any decision made on my application for child care.  |
| 5. | I certify that my home/play area is safe for the care of my children:<br>[ ] YES [ ] NO [ ] NOT APPLICABLE – Child will not be cared for in the home.  |

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**CERTIFICATION IS NOT COMPLETE UNTIL SIGNED BY PROGRAM COORDINATOR:**

ELIGIBILITY STATUS: [ ] ELIGIBLE [ ] NOT ELIGIBLE

\_\_\_\_\_  
Child Care Program Coordinator

\_\_\_\_\_  
Date

**\*\*INCOME VERIFICATION\*\***

**PART I: APPLICANT AUTHORIZATION (To be completed by Applicant Only)**

Name of Agency/Employer	Phone
Address	City
	State
	Zip
I have stated that I am employed by you, or receive financial assistance through your agency. My signature below authorizes the release of information to the Fallon Paiute Shoshone Tribe Child Care Program concerning my income, employment record, and/or financial assistance.	
Name of Applicant (Print)	Social Security #
Signature of Applicant	Date

**PART II: EMPLOYMENT DATA (To be completed by Employer Only)**

