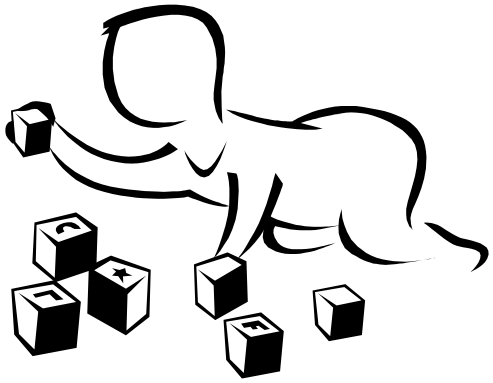
FALLON PAIUTE SHOSHONE TRIBE

CHILD CARE PROGRAM

PROVIDER APPLICATION



FALLON PAIUTE-SHOSHONE TRIBE
CHILD CARE PROGRAM

DEAR PROVIDER,

PLEASE HAVE ALL DOCUMENTATION TURNED IN WITH THE PROVIDER APPLICATION:

- APPLICATION - COMPLETED AND SIGNED
- COPY OF DRIVERS LICENSE
- COPY OF SOCIAL SECURITY CARD
- FEDERAL, STATE, TRIBAL, LOCAL AND CPS BACKGROUND CHECKS –
  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".
- MEDICAL AUTHORIZATION COMPLETED BY PARENT OF CHILD(REN) IN PROGRAM.
- CPR AND FIRST AID CARDS, THE COORDINATOR WILL MAKE ARRANGEMENT FOR PROVIDERS TO ATTEND CLASSES FOR THESE CARDS IF NEEDED.
- PHYSICIAN REPORT AND TB TEST WILL NEED TO BE COMPLETED BEFORE APPLICATION CAN BE APPROVED.
- PROVIDERS ARE **REQUIRED** TO ATTEND PARENTING CLASSES ON THEIR OWN TIME. CLASSES ARE OFFERED IN FALLON THROUGH THE FRIENDS AND FAMILY RESOURCE CENTER.
- HOME HEALTH AND SAFETY CHECK WILL BE SCHEDULED UPON ACCEPTANCE INTO PROGRAM.

- W-9 form is required for IRS income reporting purpose only. NO TAXES WILL BE TAKEN OUT OF YOUR CHECKS. A 1099 form will be mailed at the end of that year the providers is solely responsible for their taxes each year.

Fallon Paiute-Shoshone Tribe
Child Care Program

CHILD CARE PROVIDER APPLICATION

DEAR CHILD CARE PROVIDER:

Thank you for your continued participation in the Fallon Tribe's Child Care Program. The Child Care Program is a subsidy program that assists parents with child care costs and the Providers receive direct payments for their services. In order for the Child Care Program to make this payment to you, we must have certain paperwork completed. Enclosed you will find the following forms, the Program Guidelines, Provider Application, and a W-9 form. **Please read** these forms carefully. Complete to the best of your knowledge and ability. Please sign and return paperwork to the Child Care Program along with a copy of your Driver's License/Identification Card and Social Security Card. **Licensed Child Care Providers must also attach a current/up-to-date copy of their child care license**. A copy of the Program Guidelines will be sent to you for your files.

The following gives a list and explanation of how additional Child Care Program forms are used:

1. The provider will receive a copy of the **CHILD CARE CERTIFICATE** form from the Child Care Program that authorizes child care for a period of time.

2. The Provider completes one **TIMESHEET** for each child on a daily basis. At the end of the Pay Period brings it into the Child Care office on the date scheduled on the Pay Schedule for timesheets.

3. If the Timesheet is received on the due date indicated, it will be processed and a Check will be issued. Timesheets received after the due date will be processed the following pay period. **TIMESHEETS ARE DUE IN THE CHILD CARE OFFICE BY 12:00 P.M. ON THE FRIDAY MORNING DUE DATE.**

4. The **W-9** is for IRS income reporting purposes only. **NO TAXES WILL BE TAKEN OUT OF YOUR CHECKS.** The provider is solely responsible for their taxes each year.

PLEASE GIVE A DATE AND TIME OF WHEN THE CHILD CARE PROGRAM COORDINATOR CAN COMPLETE AN UPDATED INSPECTION OF YOUR HOME:

NAME: _____ **PHONE:** _____

ADDRESS: _____

DATE: _____ **TIME:** _____

FALLON PAIUTE-SHOSHONE TRIBE

CHILD CARE PROGRAM

CHILD CARE PROVIDER/PROGRAM GUIDELINES

I. SERVICES COVERED:

A. THE FOLLOWING CHILD CARE COSTS WILL BE PAID BASED UPON APPROVED PARENTS & PROVIDERS APPLICATIONS ELIGIBILITY.

1. THE FALLON TRIBE'S CHILD CARE PROGRAM COVERS, ALL OR PART OF THE COST OF CHILD CARE SERVICES, ONLY FOR THE DAYS AND TIMES AUTHORIZED BY THE CHILD CARE CERTIFICATE.
2. ENROLLMENT/REGISTRATION FEES, IF ANY.

B. THE CHILD CARE PROGRAM WILL **NOT** PAY FOR THE FOLLOWING:

1. MEALS, ACTIVITIES/FIELD TRIPS, UNIFORMS, EQUIPMENT, CLASS PICTURES, TRANSPORTATION OR ANY OTHER FEES IN EXCESS OF DIRECT CHILD CARE COST INCLUDING FEES CHARGED FOR PICKING UP CHILD LATE.
2. CHILD CARE EXPENSES AND/OR FEES WHICH ARE NOT CHARGED TO NON-SUBSIDY FAMILIES.
3. CHILD CARE WHICH HAS BEEN PROVIDED WITHOUT WRITTEN VERIFICATION (CHILD CARE CERTIFICATE) FROM THE CHILD CARE PROGRAM.

II. CONDITIONS FOR PAYMENT:

A. PAYMENT WILL OCCUR EVERY OTHER FRIDAY, ACCORDING TO THE PAY SCHEDULE, IF THE FOLLOWING CONDITIONS ARE MET:

1. TIMESHEETS ARE MADE AVAILABLE TO THE PARENT ON A DAILY BASIS FOR SIGNATURE.
2. TIMESHEETS ARE COMPLETED, SIGNED, AND SUBMITTED TO THE CHILD CARE PROGRAM ON THE SCHEDULED TIMESHEET DATE BY 12:00 P.M. ***ALL LATE OR INCOMPLETE SHEETS WILL RESULT IN A DELAYED PAYMENT.***

B. TIMESHEETS SUBMITTED FOURTEEN (14) DAYS AFTER THE SERVICE PERIOD, ARE SUBJECT TO NON-PAYMENT.

C. PROVIDERS MUST ALLOW UNLIMITED ACCESS TO PARENTS DURING NORMAL HOURS OF OPERATION AND WHEN CHILDREN ARE IN THE CARE OF THE PROVIDER.

D. PROVIDERS MUST PICK-UP AND SIGN FOR THEIR CHECK(S) FROM THE CHILD CARE COORDINATOR ON THE SCHEDULED PAY DATE. IF SOMEONE OTHER THAN THE PROVIDER COMES TO PICK-UP THE

CHECK(S), A WRITTEN NOTICE (GIVING THAT PERSON PERMISSION) IS REQUIRED BEFORE RELEASE OF THE CHECK(S). CHECKS THAT ARE NOT PICKED UP BY 4:30 P.M. ON PAYDAY WILL BE MAILED.

I HAVE READ AND AGREE TO ALL PORTIONS OF THESE GUIDELINES.

_____ _____

CHILD CARE PROVIDER SIGNATURE DATE

_____ _____

CHILD CARE PROGRAM COORDINATOR DATE

FALLON PAIUTE-SHOSHONE TRIBE
CHILD CARE PROGRAM

PROVIDER APPLICATION

Type of child care service: *(Circle One)*

Center Group Family/Friend In-home (3 or more children)

Name of Provider/Center:_____

Center Location/Address: _____

Mailing Address (if different) : _____ Tel/Cell/Message #: _____

Tax ID or Social Security #: _____ Date of Birth: _____

Family/Friend Provider Household Information: *List all persons living in the household. (Persons over the age of 18, will also need to have background checks & medical authorization form completed)*

NAME	GENDER	AGE	RELATIONSHIP TO PROVIDER

PROVIDER'S STATEMENT:

- I am required by law to report suspected child abuse to the Youth & Family Services and/or the County Social Services Department or the local Police if the child is in immediate danger.
- All members and visitors of my household shall be in physical and mental health that will not bring harm to the health and well being of the children in my care.

- I will comply with all health and safety requirements, including the prevention and control of infectious diseases, and if care occurs in my home that my home meets health and safety standards. To the best of my knowledge, I am free of communicable diseases.
- I agree not to hit, spank, or use any other form of physical punishment or discipline which is frightening to the child, nor will I call the child names which will hurt or threaten him/her.
- I also understand that the parent(s)/guardian(s) of the children in my care can see their children at any time.
- All information contained on this form is true and correct to the best of my knowledge.

Providers Signature:_____ Date: _____

FALLON PAIUTE-SHOSHONE TRIBE
CHILD CARE PROGRAM

PROVIDER APPLICATION – PART 2

- Type of Care:
  - ( ) Center ( )License #: _____State Issued: _____
  - ( ) Group ( )License #: _____State Issued:_____
  - ( ) Family/Friend
  - ( ) In-Home

  ******Child Care Centers are required to submit a copy of their current license with the application before being approved as a provider.******
- My relationship to the child(ren) is:

  ( ) None ( ) Grandparent ( ) Aunt/Uncle ( ) Other
- **Number of children**-willing to care for/licensed for: _____
- **Ages of children**-willing to serve/set to serve: From _____ To _____
- **Days** - willing/set up to provide care:

  ( ) Monday ( ) Tuesday ( ) Wednesday ( ) Thursday ( ) Friday ( ) Saturday ( ) Sunday
- **Hours** - willing/set up to provide care:

  From ____:____a.m./p.m. To ____:____a.m./p.m.
- **Rates for Services**:

  Daily Rate $_____ Hourly Rate $ _____

  Full-Time Rate $_____ Part-Time Rate $ _____

- Are you willing /set up to care for children with a learning, physical, or emotional problem(s):
  ( ) YES ( ) NO

PROVIDER STATEMENT:

I understand that I will submit to or provide a Background checks and the Physician's Report which includes a Tuberculosis Test and Medical Clearance. If it pertains to my type of child care services, a copy of my current Child Care License, and any other requirements which is deemed necessary to ensure the safety of children while in my care. I agree to indemnify and hold harmless the Fallon Paiute Shoshone Tribe's Child Care Program, their officers, agents, Board Members and Employees from all claims, litigation's, costs, expenses, and liabilities arising out of or in any way connected with my services.

_____ _____

Signature of Provider/Owner
Date

FALLON PAIUTE-SHOSHONE TRIBE
CHILD CARE PROGRAM

PHYSICIAN'S REPORT FOR CHILD CARE PROVIDER APPLICANT

NOTE TO EXAMINING PHYSICIAN: The purpose of this examination and report is to determine whether the applicant is free from communicable diseases and is able physically, emotionally, and mentally to assume his/her job duties involved with taking care of children.

Name: _____ Birthdate: _____

Address: _____ Sex: _____

History of important past illness: _____

_____

RESULTS OF CURRENT PHYSICAL EXAMINATION:

General Physical: _____ Significance: _____

T.B. Skin Test: _____ Significance: _____

Statement of Health: _____

_____

In the opinion of the examiner, is this person well qualified physically, emotionally, and mentally to carry out his/her job duties as necessary with the Child Care Program? _____

_____

_____ _____

Date of Report Physician's Signature

Address: _____

Phone Number: _____

FALLON PAIUTE-SHOSHONE TRIBE
CHILD CARE PROGRAM

MEDICAL AUTHORIZATION

To provide the following:

1. To make provisions for the consent to examinations, medical care, dental care, vaccinations or immunizations against disease, which may be deemed necessary by a physician, medical practitioner, medical specialist, dentist, or consultant, or for any and all other treatment that is deemed necessary for the health & welfare of the named minors.

2. To make any provisions for the transportation of said minors to and from such places as are deemed necessary for the health & welfare of the said minors and to use such mode of transportation as is available.

Name of Child(ren): _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

Authorization is hereby given to: _____

Relationship to child(ren): _____

Address: _____

Telephone Number: Home: _____

Work: _____

_____ _____

Signature of Parent/Legal Guardian Date

FALLON PAIUTE-SHOSHONE TRIBE
CHILD CARE PROGRAM

CERTIFICATION OF COMPLIANCE WITH REGULATION RELATED TO CRIMINAL HISTORY, CHILD ABUSE AND NEGLECT

HAVE YOU **EVER** BEEN CONVICTED OF THE FOLLOWING:
(***FYI***: *ANY CONVICTIONS SHOWING ON YOUR RECORD, WHETHER AS A MINOR OR NOT, NEEDS TO BE REPORTED HERE.)*

YES	NO	
		CRIMES INVOLVING A SUBSTANTIAL MISREPRESENTATION OF ANY MATERIAL FACT TO THE PUBLIC INCLUDING BRIBERY, FRAUD, AIDING OR ABETTING , THE FILING OF FALSE CLAIMS, OR ALLOWING AN ESTABLISHMENT TO BE USED FOR ILLEGAL PURPOSES.
		CRIMES INVOLVING HOMICIDE, MURDER MANSLAUGHTER, NEGLIGENT HOMICIDE, ASSAULT, BATTERY OR DOMESTIC VIOLENCE OFFENSES
		CRIMES WHICH INVOLVE A VIOLENT ACT OR THREAT OF A VIOLENT ACT AGAINST A PERSON OR A CRIME CONSTITUTING A SEXUAL OFFENSE
		CRIMINAL SEXUAL CONDUCT IN ANY DEGREE
		COMMERCIAL ACTIVITY INVOLVING CHILD ABUSE, NEGLECT OR EXPLOITATION, KIDNAPPING, ADOPTION SCHEMES OR PROSTITUTION
		CRUELTY TOWARD, OR TORTURE OF ANY PERSON
		ATTEMPTS TO COMMIT ANY OFFENSE INVOLVING THE FIRST THREE QUESTIONS
		ROBBERY, ARMED ROBBERY, BURGLARY, RECEIVING STOLEN PROPERTY, OR CONCEALING STOLEN PROPERTY
		EXTORTION
		OBTAINING PROPERTY BY FALSE PRETENSES
		LARCENY BY TRICK
		EMBEZZLEMENT
		ARSON
		OFFENSES INVOLVING NARCOTICS, ALCOHOL, OR CONTROLLED SUBSTANCE THAT RESULT IN A FELONY CONVICTION

Offenses involving adulterating drugs, controlled substances, preparations, poisoning, unlawful manufacturing, delivery or possession with the intent to manufacture, or delivery of drugs

Have you ever been accused of any of the previously listed crimes by pleading guilty to a lesser crime in a plea bargain agreement?
If yes, explain:

_____

_____

_____

YES	NO

Have you ever had a finding of substantiated child abuse or child neglect against you (any degree)?
If yes, explain:

_____

_____

YES	NO

Have you ever been convicted of any crimes not listed above other than minor traffic violation?
If yes, explain:

_____

_____

*I hereby certify that the above information is complete, accurate, and represents full disclosure of any criminal or child abuse / neglect history. I understand that misrepresentation, omissions, or lack of full disclosure to **ANY** extent shall result in **TERMINATION** of involvement in the Fallon Tribe's Child Care Program.*

_____ _____

Signature of Applicant Date

_____ _____

Tribal Adjudicator Date

APPLICANT AUTHORITY OF RELEASE OF INFORMATION

Having submitted an application for position with the Fallon Paiute Shoshone Tribes Child Care Program, I wish them to be informed as to my previous record and character to help in determining my qualification and suitability for the position.

For this specific purpose, I hereby authorize the release and full disclosure of any and all information that you may have concerning me, including information of a confidential or privileged nature. Such information is to be released to any duly authorized agent of the FPST's Child Care Program upon presentation of this waiver, or a photocopy of this waiver, whether in person or by mail, fax, or other method of conveyance.

This waiver is valid as long as I am providing child care services for the FPST Child Care Program. I understand that an updated background investigation is required every (5) five years but can be updated as needed prior to that five year review.

Section 408 of the Indian Child Protection and Family Violence Act of 1990

Public Law 101-630 "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 pleas of nolo contendere or guilty of 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".

Examples of types of information I am requesting that you provide include, but are not limited to: dates of employment, rate of pay, job title, dependability, honesty, attitude towards the job, attitude towards fellow employees, and reason for leaving; education history, medical history, or any person knowledge you may have concerning my qualification and suitability.

I hereby release you as the custodian of such records any law enforcement agency, criminal justice agency, social services agency, school, college, university or any other educational institution, military organization, hospital or other repository of medical records, credit bureaus, lending institutions, consumer reporting agencies or retail business establishments, including all officers, agents, employee's, related personnel, both individually and collectively, from any and all liability for damage of whatever kind which may at any time result to me, my heirs, family or associates, because of compliance with this authorization and request to release information or any attempt to comply with it.

APPLICANT SIGNED AUTHORITY TO RELEASE INFORMATION

Per this Release of Information at this time I, _____, do affirm that the Fallon Paiute Shoshone Tribes Child Care Program may request any needed background (criminal or civil) information to assist in the Child Care Program application process. Once I am approved, this Release of Information may be used to periodically check my background as deemed necessary.

Full Name: _____ Maiden Name:_____

DOB: _____ Place of Birth: _____ SSN: _____
(City/State)

Physical Address (Including City, State & Zip Code): _____

_____

Male: ____ Female: _____ Race: _____ Height: ____'____" Weight: _____ lbs. Eyes: _____ Hair: _____

Driver's License/ID # & State: _____ Expiration Date: _____

Alias or other names: _____

_____ _____ _____
Signature of Individual Date Signed **Date Release Expires**

All applicants including, but not limited to, all positions in relation to ALL directors or managers including; administrative and departmental directors, the Social Services, Stepping Stones, Senior Center, Health Clinic, Education, Housing, Environmental, Tribal Court, and Volunteer Fire Departments, please fill out the following:

For the purpose of tribal and local background checks, please list all your former addresses from the age of 18 until current below.

Dates Resided	Physical Street Address	City & State	County	Tribe

_____ _____

Signature of Applicant Date