



# Cowlitz Indian Tribe

## Child Care and Development Program

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### Requalification Application Checklist: **Documentation required within 10 business days:**

**APPLICATION** (must be completed)

**CENTER OR RELATIVE/NON-RELATIVE FORM** to be filled out by your child care provider

**RELEASE OF INFORMATION** (must be completed)

**PARENT/GUARDIAN RESPONSIBILITIES** (must be completed)

**PROOF OF INCOME** per adult applicant member-MUST have 8 weeks of most recent check stubs for each working household member, or previous year's tax return if self-employed (see employment verification below)

**PROOF OF RESIDENCE** (Current rental or lease agreement, mortgage or property tax statement, utility bill)

**UPDATED IMMUNIZATION RECORD** for any child(ren) receiving care

**COURT ORDERED PARENTING PLAN OR GUARDIANSHIP** – If custody is shared or a guardianship is in place, it is required to show that the child lives with the applicant at least 50% of the time and that the applicant has the right to seek child care for any child(ren) in question

### **EMPLOYMENT VERIFICATION:**

**NON-TRADITIONAL HOURS** must submit an *Hours Verification Form* provided by CCDP for each working household member if non-traditional hours are required

**SELF-EMPLOYED** must submit NOTARIZED *Income Verification Form* provided by CCDP

I certify that all the information I have provided is true and correct to the best of my knowledge.

Signature of primary applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult: \_\_\_\_\_ Date: \_\_\_\_\_

*\*If you have limited access to required documents, please ask CCDP staff for assistance, extensions, or alternatives.*

CCDP staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

CCDP staff signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Cowlitz Indian Tribe**  
**Child Care and Development Program**  
**Application**  
**To be completed by the Parent/Guardian**

Parent/Guardian:	County:	Date:	
Mailing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:
Parent/Guardian Email:		Phone #:	
Preferred method of contact:                      Email                      Phone                      Text			
Emergency Contact:	Relationship to child:	Phone #:	

Name (full name of <b>all</b> children in household)	Date of Birth	Child Care Provider	Attending School	Child Care Needed	Special Needs
			Yes	Yes	Yes
			No	No	No
			Yes	Yes	Yes
			No	No	No
			Yes	Yes	Yes
			No	No	No
			Yes	Yes	Yes
			No	No	No
			Yes	Yes	Yes
			No	No	No

Name (full name of <b>all</b> other adults in household)	Date of Birth	Relation to Children	Phone Number	Email

<b>1. Reason child care needed: Please check the box below that best describes your situation:</b>		
a)	Work      School      Training      Job Searching      Other _____	
<b>2. Please initial to verify the following statement per federal requirement:</b>		
a)	I certify that my family assets do not exceed \$1,000,000 _____ (initials)	
<b>3. Are you homeless or in unstable housing?</b>	<i>Includes living in a shelter or with family/couch surfing</i>	Yes      No
<b>4. Have you applied with the Cowlitz Indian Tribe Child Care and Development Program in the past?</b>		Yes      No

I hereby certify all the information provided is true and correct to the best of my knowledge. I swear that the children for whom I am requesting child care resides with me at least 50% of the time. I release the Cowlitz Indian Tribe, Child Care and Development Program (CCDP) from any liability while in care of the provider(s) listed. I understand submission of this application does not guarantee services will be provided.

Signature of primary applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>		<b>ELIGIBLE</b>	<b>WAITLIST</b>
Net Monthly Income: \$		Monthly Co-Pay: \$	
Approval Start Date:	Expiration Date:	Assigned file #:	



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### Release of Information

I (we), \_\_\_\_\_, hereby give my consent and grant permission to the Cowlitz Indian Tribe Child Care and Development Program to speak with the following individuals.

Washington State Agencies (such as state licensing and grant support services)

Cowlitz Tribal Services

Your tribe \_\_\_\_\_

Other Tribal Lead Agencies (must agree if in Lewis county)

Child care provider and staff

Other members of your family: \_\_\_\_\_

Other members of your child's family: \_\_\_\_\_

OTHER: \_\_\_\_\_

About my child(ren) listed below:

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's name: \_\_\_\_\_

**I (we) agree or I (we) do not agree** to let the Child Care and Development Program (CCDP) to use photographs of my child/children/family in official publications to promote CCDP or Cowlitz Indian Tribe.

By signing below, I agree to release and hold harmless the Cowlitz Indian Tribe and any of its employees, agents, advisors, consultants, and officers, from any and all liability, losses, expenses, actions, demands of any nature, claims, including costs and reasonable attorney's fees, and damages or injuries which may be sustained arising directly or indirectly from the services of the child care provider(s).

Signature of primary applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult: \_\_\_\_\_ Date: \_\_\_\_\_



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### Parent/Guardian Responsibilities

By initialing and signing the following, I agree:

- \_\_\_\_\_ I have provided a true list of all members (including adults) of my household on the application and submitted needed documentations.
- \_\_\_\_\_ I am not using any other form of child care subsidy including Washington State Working Connections Child Care and agree to allow CCDP to verify.
- \_\_\_\_\_ I am responsible for payment of excess days and hours above what the CCDP has agreed to pay. CCDP will pay for care up to 15 hours per day for a maximum of 23 days a month. Preauthorization is needed for regular scheduled care over 10 hours.
- \_\_\_\_\_ I am responsible for requalification every 12 months with CCDP. I understand that failing to do so can result in withholding of payment or termination of services for a minimum of 30 days. I acknowledge I will be responsible for services charged by the day care facility if I fail to renew.
- \_\_\_\_\_ I will provide both CCDP and my child care provider a two week notice before withdrawing.
- \_\_\_\_\_ I will provide both CCDP and my child care provider a two week notice when my child(ren) is ill or unable to attend child care more than 5 days in a month.
- \_\_\_\_\_ I will notify CCDP of any address and/or phone number change in writing within *10 business days*. Failure to do so may result in my child care services being suspended.
- \_\_\_\_\_ I will promptly pay my copayment to my child care provider. I am responsible for any late fees due to the non-payment of my copay.

### Disclaimer of liability on children in a child care center and/or Relative/Non-Relative care

I agree to hold the Cowlitz Indian Tribe CCDP harmless from any liability, claims, or damages that may result from the child care provider of its obligations under the terms of this agreement.

**I UNDERSTAND BY SIGNING THIS FORM THAT I AM AGREEING TO ANY AND ALL TERMS OF THIS CONTRACT.**

Signature of primary applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of other adult: \_\_\_\_\_ Date: \_\_\_\_\_