



Cowlitz Indian Tribe

Child Care and Development Program

Re-qualification Application Checklist: Please have all documents in within 10 of expiration date to better ensure no gaps in service:

APPLICATION (must be completed)

CENTER OR RELATIVE/NON-RELATIVE FORM (Please remind your provider to complete the form) **RELEASE OF INFORMATION** (Please review before signing)

PARENT/GUARDIAN RESPONSIBILITIES (Please initial before signing)

PROOF OF INCOME each adult applicant MUST have 8 weeks of most recent check stubs

If **Self Employed** provide previous year's tax return. *(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 **OR** DCTG Certificate of Exemption

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, listed on application, 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 Child Care and Development Program

Application

Form to be completed by the Parent/Guardian

New

Re-Qual.

Update

If change in center, please indicate start date

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 all children in household)	Date of Birth	List Child Care Provider & Location Confirm Days & hours	Type of Care Childcare Before & After	Other Types Holiday/ Closure	1 on 1
		Days: Hours:			
		Days: Hours:			
		Days: Hours:			
		Days: Hours:			
		Days: Hours:			
		Days: Hours:			
		Days: Hours:			
		Days: Hours:			
Name (full name of all other adults in household)	Date of Birth	Relation to Children	Phone Number	Email	

1. Reason child care needed: Please check the box below that best describes your situation:						
Work	School	Training	Job Search	Self employed	Other _____	
2. Federal requirement for grant: I certify that my family assets do not exceed \$1,000,000				(initials)		
3. Are you homeless or in unstable housing? Includes living in a shelter or with family/couch surfing/vehicle				Yes	No	Sometimes
4. Have you applied with the Cowlitz Indian Tribe Child Care and Development Program in the past?				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: _____ **Date:** _____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:	Eligibility	PRIORITY LIST	WAITLIST
Net Monthly Income: \$	Monthly Co-Pay: \$		
Approval Start Date:	Expiration Date:	Assigned file #:	



Cowlitz Indian Tribe

Child Care and Development Program

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: _____



Cowlitz Indian Tribe

Child Care and Development Program (CCDP)

Release of Information

I (we), _____, hereby voluntarily authorize Cowlitz Indian Tribe's CCDP to disclose/access information from the above parent's child care record as defined below:

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 CCDP to use photographs of my child/children/family in official publications to promote CCDP or Cowlitz Indian Tribe.

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor (5 USC 552a(i)(3)).

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: _____