



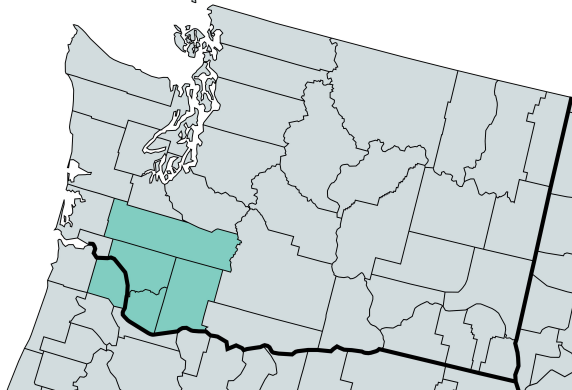
# Cowlitz Indian Tribe

## Child Care and Development Program

Welcome to the Cowlitz Indian Tribe Child Care and Development Program (CCDP). Our program assists eligible families with their child care expenses.

The purpose of CCDP is to increase the availability, affordability, and quality of child care in Lewis, Cowlitz, Clark, and Skamania counties. Starting in 2024, we are also serving Columbia County Oregon. We serve enrolled federally recognized Native American and Alaska Native families and their descendants. To qualify, children must be 4 weeks old up to their 13<sup>th</sup> birthday.

CCDP Service Area



Every three years the Cowlitz Indian Tribe applies for Federal funding in order to:

1. Provide families with the financial resources to find and afford quality child care for their children while working, attending a training or educational program, receive or need to receive protective services or are engaged in a job searching activity.
2. Enhance the quality of child care for families.
3. Provide parents with a broad range of child care options.
4. Strengthen the role of the family.
5. Improve the quality, availability, and coordination among all child care programs.

CCDP is funded by a federal grant through the Department of Health & Human Services and the Administration for Children & Families. Program requirements of the CCDP are tied to the federal regulations of this funding source. CCDP does not receive any funding from the Cowlitz Tribe.

Our program permits parents to choose from a broad range of licensed child care providers and Relative/Non-Relative providers. These providers are monitored by DCYF licensors and/or CCDP to ensure standards for health, safety, and quality are maintained.

Per grant requirements, CCDP has developed health and safety standards for parents who have chosen Relative/Non-Relative providers over the age of 18. Although parents have the primary responsibility for monitoring their child's care, CCDP provides an additional level of protection through on-site inspections, technical assistance, and consultation with those who provide child care.

Thank you,  
CCDP Staff

**PO Box 2547 • Longview, WA 98632 • Phone/Fax/Text (360) 353-9909 • Email [CCDP@cowlitz.org](mailto:CCDP@cowlitz.org)**

## HOW TO APPLY:

### IN PERSON:

1004 Fir St. Longview, WA 98632

Hours: Monday-Friday 8:00am-5:00pm (except holidays)

Closed 12:00pm-1:00pm daily

During COVID, we request you make an appointment in advance.

### MAILING ADDRESS:

Child Care and Development Program

PO Box 2547

Longview, WA 98632

### FAX/TEXT NUMBER:

360-353-9909

### EMAIL ADDRESS:

CCDPIntake@cowlitz.org

Website: <https://cowlitz.org/services/ccdp.html>



## STAFF DIRECTORY:

<b>Program Manager</b> .....	DeAnna Pearl
<i>General program questions</i>	360-353-9559
<b>Administrative Assistant/Billing Specialist</b> .....	Halle Triana
<i>General program questions and billing</i>	360-353-9909
<b>Program Intake Coordinator</b> .....	Lisa Weed
<i>Parent/program enrollment</i>	360-577 5638
<b>Recruitment and Compliant Coordinator</b> .....	Karla Sparks
<i>Retention and Support</i>	360-353-9528
<b>Early Learning Coach</b> .....	Justina Wilson
<i>Child care provider support</i>	360-353-9928
<b>Inspection and Compliance Specialist</b> .....	TBD
<i>Provider and Relative/Non-Relative Support</i>	TBD
<b>Parents as Teacher Supervisor</b> .....	Emily Mathers
<i>Recruiter and Relative/Non-Relative Support</i>	360-353-9664
<b>Parents as Teacher</b> .....	Allison Bjorge
<i>Parent as Teachers, Educator</i>	360-577-8140



# Cowlitz Indian Tribe

## Child Care and Development Program

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### New Application Checklist: **All document must be provided prior to approval**

**APPLICATION** (must be completed)

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

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

**PROOF OF TRIBAL ENROLLMENT** (Tribal ID, letter from the tribe verifying lineage, or CDIB/CIB of the child, parent, or child's grandparent in a federally recognized tribe)

**BIRTH CERTIFICATE** for any child(ren) receiving care (parent's birth certificates will be required when using child's grandparent's enrollment)

**DRIVER'S LICENSE** or State ID for all adults listed on application

**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)

**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)

**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 an 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

### 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. There is a maximum of 3 provider changes per year for families.
- \_\_\_\_\_ 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*.
- \_\_\_\_\_ 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. Failure to do so may result in my child care services being suspended.

**My preferred way to stay up to date on CCDP information, events, and resources: (check all that apply)**

Newsletter

Facebook

Email

Mail

Phone

Other: \_\_\_\_\_

### 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 Child Care and Development Program

## Application

Assigned #

New

Re-Qual.

Update

Form to be completed by the Parent/Guardian

**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 <b>all</b> children in household)	Date of Birth	List Child Care Provider & Location Confirm Days, Pick Up and Drop Off Hours	Type of Care Childcare Before & After	Other Types Holiday/ Closure 1 on 1
		S M T W T F S Drop off Pick Up		
		AM PM	Hours Needed	Alternative Non-Trad. Over Time
		S M T W T F S Drop off Pick Up		
		AM PM	Type of Hours Needed	Alternative Non-Trad. Over Time
		S M T W T F S Drop Off Pick Up		
		AM PM	Type of Hours Needed	Alternative Non-Trad. Over Time
		S M T W T F S Drop Off Pick Up		
		AM PM	Type of Hours Needed	Alternative Non-Trad. Over Time

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>					
Work	School	Training	Job Search	Self employed	Other _____
<b>2. Federal requirement for grant: I certify that my family assets do not exceed \$1,000,000</b>				<b>(initials)</b>	
<b>3. Are you homeless or in unstable housing? Includes living in a shelter or with family/couch surfing/vehicle</b>				Yes	No Sometimes
<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:	Date:
Signature:	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 **(Providers Name)**

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: \_\_\_\_\_



# **Cowlitz Indian Tribe Child Care and Dev. Program**

## **Health-Related Social Needs**

We are committed to helping you improve your health and quality of life. To that end, we offer client care services and case management that can help reduce your barriers to wellness. We ask that you answer the questions on the other side of this page as honestly as possible, so that we can better serve you. You may be contacted by our staff about your answers to provide you with information and resources. All responses are confidential. Thank you!

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

## **Housing:**

What is your housing situation?

☐ I have housing      ☐ I have housing but I am worried about losing it      ☐ I do not have housing

Do you have problems with your home?

☐ Bug infestation      ☐ Lead paint or pipes      ☐ No oven or stove  
☐ Mold      ☐ No heat      ☐ No smoke detectors  
☐ Water leaks      ☐ N/A

## **Utilities:**

In the last year, have there been times when you did not have access to clean drinking water?      ☐ Yes      ☐ No

In the last year, has your phone, electric, gas, or water been shut off?      ☐ Yes      ☐ No

## **Food:**

Hunger Vital Sign™ Screening Tool \*\*

Over the past 12 months, the food you bought didn't last and you didn't have the money to get more.

☐ Often true      ☐ Sometimes true      ☐ Never true

Within the past 12 months, you worried that your food would run out before you got money to buy more.

☐ Often true      ☐ Sometimes true      ☐ Never true

## **Safety:**

Does anyone physically hurt you or threaten you?      ☐ Yes      ☐ No

Do you feel physically and emotionally safe?      ☐ Yes      ☐ No

## **Transportation:**

Has the lack of reliable transportation kept you from medical appointments, meetings, work, or getting daily necessities?      ☐ Yes      ☐ No

## **Do you need help with, or information about, any of the following?**

<input type="checkbox"/> Accommodations (interpreter, wheelchair, home modifications etc.)	<input type="checkbox"/> Insurance (medical, dental, prescriptions)
<input type="checkbox"/> Arranging transportation	<input type="checkbox"/> Kinship Care (Caring children not your own)
<input type="checkbox"/> IEP or Behavioral Support for Pre-K	<input type="checkbox"/> Mental Health Support
<input type="checkbox"/> Child Development Support	<input type="checkbox"/> Landlord/tenant issues
<input type="checkbox"/> Caring for parent or other loved one	<input type="checkbox"/> Problem gambling
<input type="checkbox"/> Drug or alcohol abuse	<input type="checkbox"/> Social security
<input type="checkbox"/> Education Opportunities	<input type="checkbox"/> Tribal enrollment
<input type="checkbox"/> Employment Support	<input type="checkbox"/> Other: _____

**Comments:**

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