



INTER TRIBAL COUNCIL OF NEVADA, INC.

APPLICATION FOR ASSISTANCE

Parent Name:		Tribal Affiliation:	
Date of Birth:	Relationship to child:	Have you previously received assistance from CCDF?	
Mailing Address:		City:	State: Zip Code:
Home Phone:	Cell Phone:	Email:	
Co-Applicant Name (If spouse, legal guardian or biological parent of child(ren), residing in the same household):			

EMPLOYMENT INFORMATION

Current Employer:		Hourly Wage/Weekly Salary:		Months/Years Employed:	
Employer Address:			City:	State:	Zip Code:
Employer Phone:	Position:		Full-Time Part-Time (Please circle)		
If unemployed, please check here _____	*If unemployed, reason for needing care: School Job Training Job Search Other _____				
Co-Applicant Current Employer:		Hourly Wage/Weekly Salary:		Months/Years Employed:	
Employer Address:			City:	State:	Zip Code:
Employer Phone:	Position:		Full-Time Part-Time (Please circle)		
If unemployed, please check here _____	*If unemployed, reason for needing care: School Job Training Job Search Other _____				

HOUSEHOLD INFORMATION

Family Size:	Number of Adults:	Number of Children:	Single Parent: Yes No
Name of Child:	DOB:	Gender:	Hours of Care Needed: _____ per day / week
Name of Child:	DOB:	Gender:	Hours of Care Needed: _____ per day / week
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Name of Child:	DOB:	Gender:	Hours of Care Needed: _____ per day / week

PROVIDER INFORMATION

Provider Type:	Licensed Center	Group Home	Family Home	Grandparent	Other _____
Name of Provider:					(Attach Copy of License)
Provider Address:			City:	State:	Zip Code:
Provider Phone:					
Tax ID or SSN:			Provider Rates: (Please attach rate sheet)		

Applicant's Rights & Responsibilities

Initial

- _____ It is the applicant's responsibility to notify ITCN CCDF program of any changes that may affect eligibility.
- _____ The applicant must also notify CCDF, in advance, if the applicant requests to change providers.
- _____ CCDF is a parental choice program. The applicant determines the child care that is best for their family.
- _____ Because of this, Inter-Tribal Council of Nevada, Inc. is not responsible for any accidents or liabilities.
- _____ Once approved for child care subsidies, no reimbursements for child care costs will be made until CCDF has received a contract, signed by the provider and parent, and the parent has participated in an intake interview, and completed the Parent Survey acknowledging all rules, regulations and parent responsibilities.
- _____ The applicant will notify CCDF if their child needs, or needs to receive protective services, and/or
- _____ Must submit supporting documentation that substantiates any special needs the child may have.
- _____ It is the applicant's responsibility to make arrangements with the child care provider for any and all fees related the care of their child. CCDF reimburses for direct services only.
- _____ The applicant is responsible for all other costs, including, but not limited to; tuition, activity, registration or late fees, etc.
- _____ The applicant must allow sufficient time for CCDF to verify that all information is correct, determine eligibility and process the application. Assistance will not begin until all necessary documentation has been received and all forms have been signed and submitted.
- _____ In some instances, the application will be placed on hold and/or the applicant will be placed on the waiting list.
- _____ CCDF will re-determine the status of your eligibility every 12-months, or will re-determine the status of your eligibility based on any changes reported by the Applicant, as needed.
- _____ The Applicant must notify ITCN CCDF, if at any time during their eligibility contract assets exceed \$1,000,000.

By initialing and signing this document, the applicant agrees that all information provided is true and accurate to the best of their ability. Any attempt to falsify information can result in denial of subsidized child care or immediate termination from the ITCN CCDF program. All information provided, can and will be verified with any, or all, tribal county, state, and federal agencies, to ensure accuracy of information, and to prevent duplication of services. ITCN CCDF also has the right to verify required information with applicant's employers or child care providers. If at any time, the applicant requests to terminate their child care assistance with the ITCN CCDF program, the applicant must notify their Case Manager, immediately, and must fulfill all outstanding balances with their current child care provider.

APPLICANT SIGNATURE: _____ **DATE:** _____

CO-APPLICANT SIGNATURE: _____ **DATE:** _____

OFFICIAL USE ONLY BY CHILD CARE DEVELOPMENT FUND PROGRAM

TOTAL MONTHLY NET INCOME OF APPLICANT: \$ _____ FAMILY SIZE: _____

PERCENTAGE: _____ % LEVEL: _____ ESTIMATED MONTHLY CO-PAYMENT: \$ _____

APPROVED BY: _____ DATE: _____

COMMENTS: _____



INTER TRIBAL COUNCIL OF NEVADA, INC.

PROTECTIVE SERVICES

On a case-by-case basis, ITCN CCDF can provide services to families who fit ITCN CCDF’s definition of “protective services”. Under protective services ITCN CCDF can reimburse the child care costs for children who:

- Have been abused/neglected, or at risk of abuse or neglect (this includes two parent families where one parent is unable to care for the child due to an addiction to a controlled substance, that may put the child at risk,
- Are Homeless
- Are children of teen parents
- Are in transition,
- And/or live with a parent/guardian who is unable to provide adequate care due to age, disability, physical/mental health condition, or financially incapable of care.

All cases must be referred and documented by protective services, and/or other appropriate agencies (i.e., law enforcement, courts, ICWA, case workers, etc.). If you are unable to acquire supporting documentation, an ITCN CCDF Case Manager can assist you. The family will be eligible for services for a period of 90 days. At that time, the family must re-apply for services, and include any changes in their status.

Does your family qualify based on the definitions above? (Circle one) YES NO

Under what definition does your family qualify?

APPLICANT SIGNATURE: _____ **DATE:** _____

By initialing and signing this document, the applicant agrees that all information provided is true and accurate to the best of their ability. Any attempt to falsify information can result in denial of subsidized child care or immediate termination from the ITCN CCDF program. All information provided, can and will be verified with any, or all, tribal county, state, and federal agencies, to ensure accuracy of information, and to prevent duplication of services. ITCN CCDF also has the right to verify required information with applicant’s employers or child care providers. If at any time, the applicant requests to terminate their child care assistance with the ITCN CCDF program, the applicant must notify their Case Manager, immediately, and must fulfill all outstanding balances with their current child care provider.



CHILD CARE DEVELOPMENT FUND
After School Program

Parent Agreement Form

I, _____, understand that:

- Homework help is provided, but it is not the responsibility of the staff, nor is it the purpose for the program. My child is responsible for his/her own homework.
- The program operates from: **M T W T F** From: _____ p.m. to _____ p.m.
- My child must sign-in and sign-out everyday my child attends in order to participate in the weekly program activities.
- I must complete all forms, i.e., Application, Registration, Child Expectation Contract, etc., including required signatures in order for my child to attend the program.
- For safety reasons, unless stated on the registration form I will be responsible for dropping off and/or picking up my child during the program's operating hours, or I will designate an authorized person to drop off or pick-up my child.
- No electronics are allowed during program hours; electronics include, but are not limited to; cell phones, Ipods, video games, Ipads, etc.

Child's Name: _____ Date: _____
(Please Print)

Parent's Name: _____ Parent's Signature: _____
(Please Print)

Please sign and return with completed registration forms. Your child will not be able to attend the After School Program, until signed copies of all forms are received.

Inter-Tribal Council of Nevada, Inc.



**P. O. Box 7440
Reno, Nevada 89510
Telephone: (775) 355-0600
Fax: (775) 355-5211**

TRIBAL APPROVAL FOR USE OF CCDF FUNDS

Dear Tribal Chairperson:

The Inter-Tribal Council of Nevada, Inc., Child Care Development Fund, has received an application for assistance from a current tribal member who is seeking to use tribal CCDF funding for child care services. We need your approval to use the CCDF funds for this tribal member.

We are seeking the approval to use tribal CCDF certificate funds for:

Name of Child: _____ **Parent Name:** _____

Name of Tribe: _____ **Tribal I.D.:** _____

If you have any questions or concerns regarding this matter, please call the number listed above.

Approved: **Yes** **No**

Please print: _____ _____
 Tribal Representative Name Title

Signature: _____ _____
 Tribal Representative Date

Please fax or email to the ITCN CCDF program A.S.A.P., so parent's eligibility can be processed in a timely manner, as well as, send the original in the mail. Form can be faxed to 775-355-0600, or emailed to abobb@itcn.org. Please send originals to PO Box 7440 Reno, NV 89510 C/O ITCN CCDF.



CHILD CARE EMERGENCY CONTACT INFORMATION

Child(ren) Name: _____ Date of Birth: _____

Legal Guardian #1 Name: _____

Telephone Numbers: Home: _____ Work: _____

Legal Guardian #2 Name: _____

Telephone Numbers: Home: _____ Work: _____

Emergency Contacts (to whom child(ren) may be released if guardian is unavailable)

Name #1: _____

Telephone Numbers: Home: _____ Work: _____

Name #2: _____

Telephone Numbers: Home: _____ Work: _____

Child's Usual Source of Medical Care

Name: _____

Address: _____

Telephone Number: _____

Child's Health Insurance

Name of Insurance Plan: _____ ID# _____

Subscriber's Name (on insurance card): _____

Special Conditions, Disabilities, Allergies, or medical Information for Emergency Situations

Transport Arrangement in an Emergency Situation

Ambulance service: _____ Child will be taken to: _____

(Parents/guardians are responsible for all emergency transportation charges)

Parent/Guardian Consent and Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by the home provider, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for emergency contact person listed above **to act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Date: _____ Parent/Guardian Signature _____

Date: _____ Parent/Guardian Signature _____

Date: _____ Provider Signature _____



After School Program

Child Expectation Contract

This document serves as a child expectation contract between the After School Program and your child. While in the program, students must follow all after school program rules.

Expectation of Students:

1. Attend the program regularly, unless sick, family emergency, or approved absence. (Poor attendance can result in being withdrawn from the program.)
2. If student will not be attending the After School Program, Parents/Guardians must notify the After School Provider.
3. Actively participate in the program.
4. Have respect for all Providers, Tutors, Elders, Volunteers, and other participants in the program.
5. Follow instructions and do what is asked of you.

Discipline Steps are as follows:

- A. Verbal Warning {Letter to Parent/Guardian}
- B. Written Warning (Letter to Parent/Guardian)
- C. 3-day suspension from program
- D. Removal from program

No electronics are allowed during program hours; electronics include, but are not limited to; cell phones, Ipods, video games, Ipads, etc.

Child's Name: _____
(Please Print)

Child's Signature: _____

Parent's Name: _____
(Please Print)

Parent's Signature: _____

Media Consent and Release

The After School Program, as well as, the Inter-Tribal Council of Nevada, Inc., Child Care Development Fund program, is seeking your approval to have you and/or your child photographed and/or videotaped for educational, advertising, or outreach purposes.

I (the undersigned), _____,
(Please Print)

CCDF, to photograph and/or videotape my child, _____,
(Please Print)

stated above. By signing, I give consent to use the photos and/or video in the matter listed above.

(Date)

Please sign and return with completed registration forms. Your child will not be able to attend the After School Program, until signed copies of all forms are received.