CHILD CARE DEVELOPMENT FUND

INTER TRIBAL COUNCIL OF NEVADA, INC.

APPLICATION FOR ASSISTANCE

Parent Name:	Tribal Affiliation:	How did you hear about CCDF?:
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):*		Co-Applicant Phone Number:

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)*

All forms and information regarding the ITCN CCDF program can be found at: www.itcnccdf.org

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 24-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: _____

LEVEL: _____ ESTIMATED MONTHLY CO-PAYMENT: $ _____

APPROVED BY: _____ DATE: _____

COMMENTS:_____