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**California Rural Indian Health Board, Inc.**

**Child Care and Development Fund**

**Tribal Family Program**

4400 Auburn Blvd., 2nd Floor, Sacramento, CA 95841 (916) 929-9761, Fax (916) 929-7246

Ann.Bonnitto@crihb.org or Shelley.Whitebear@crihb.org or Valerie.camargo@crihb.org

**To:** Child Care and Development Fund (CCDF) Applicants

**From:** AnnLouise Bonnitto, JD –Tribal Child Care Development Director

**Re:** Introduction Letter for CCDF Application

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Dear Applicant:

CCDF is a federal program created to assist tribal families with their child care costs. Priority is given to tribal families whose annual income is below the Federal Poverty Guidelines; or on the TANF program; or have children with physical/mental or emotional disabilities. All other applications, that do not meet the above criteria, will be considered on a “first-come-first-serve” basis. The CCDF program provides child care subsidies on a case-by-case basis. The CCDF monies are subject to availability and need.

Applicant’s whose income is above the poverty level, but less than 85% of the State Median Income level is still eligible for CCDF benefits. All are encouraged to apply. If you think you may not qualify, call the CCDF program at our office to get clarification. Alimony, child support and per capita earnings are not calculated into a family’s income when assessing an application for CCDF.

Attached you will find the CCDF application that you requested. The application contains several forms that you and your provider must review and sign. Please review the application **thoroughly** with your provider, sign and/or initial in the areas indicated, and return the **completed** application to shelley.whitebear@crihb.org and valerie.camargo@crihb.org. Acceptance to the CCDF program is not automatic. You must complete the application, in order to determine eligibility.

Completion of the CCDF application will not automatically afford you CCDF coverage and benefits. Your application must meet all the federal requirements and include all documents requested. CCDF coverage begins once a CCDF Agreement is created indicating dates of service. No payment for services rendered by a child care provider will be paid if worked outside the specified CCDF Agreement. No exceptions.

**Incomplete applications will be returned without processing.**

**The following describes parts of the application:**

**Application form:** all questions must be answered. All parties requested to sign this form must sign. Please include the name of the biological parents. You must include your annual income, along with a copy of your W-2 form or check stub verifying employment. If you attend school and/or a training program you must provide a copy of your registration form and acceptance to the school attended and/or training program.

**You must include the names of all persons living with you and your children under the same household.**

**Documentation:** submit all required documentation that applies to you, your children and your child care provider. If any documentation is missing, your application will be returned to you.

**General Information:** Read carefully, initial and sign where indicated.

**General Requirements & Definitions:** Read carefully, sign where indicated.

**Parent Rights:** Explains your parental rights, sign where indicated.

**Certification of Registration:** Must be completed by your provider with all the required information. Provider must sign this form.

**Tuberculosis Test Certification:** All providers must submit this form to his/her physician. Federal Health and Safety Standards require this test.

**Health and Safety Self Certification Packet:** This form must be completed by both you and your child care provider. This only applies to families whose child care provider is a **relative and/or license-exempt.** Licensed centers do not need to complete this section.

**W-9 Form:** This must be completed and signed by **child care provider**. Failure to provide a W-9 form will deem your application incomplete and will not be processed. A W-9 form is required so that subsidy payments made to your child care provider will be properly recorded with the State of California’s Franchise Tax Board and the IRS. No subsidy payment will be made to your child care provider without a completed W-9 form. No exceptions.

If accepted, the CCDF program will pay your child care costs, as indicated through the CCDF Agreement that you will receive after your acceptance letter. CCDF **will not** pay for child care costs incurred by you during the application process retro-actively.

***Giving fraudulent information on your application will result in denial to the program and/or termination from the CCDF Agreement if already accepted to the program. According to the federal rules that govern the CCDF program, if fraudulent information is given to the CCDF program, resulting in acceptance to the program, monies gained by the parent due to the false information will have to***

***be repaid to the Lead Agency and/or to the tribe by the parent. Criminal charges may also result from misappropriating federal funds.***

If you have any questions, please feel free to call the department at (916) 929- 9761. Thank you!

I have read, acknowledge and understand the above information.

**Applicant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Tribe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Children:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Names of Children & their date of birth:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Telephone Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Alternate Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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