**Child Care and Development Fund (CCDF) Application**

 ****

**Applicant Information:**

**Father’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who is the Applicant? \_\_\_\_ Mother \_\_\_\_ Father; \_\_\_\_Grandparent; or \_\_\_\_\_Legally appointed guardian.**

Marital Status: Are you married? (Circle one): Yes/No

Are you disabled? \_\_\_ Yes; \_\_\_No. Provide legal documents regarding disability.

Please use your legal name on this application. If you recently had a name change, include supporting documents with this application.

**Names of all Adults living in the Household with the exception of Applicant):**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Income Information: *Must provide this information (Include all persons’ income living in the house over the age of 18 years old and everyone living at the house.)***

Household Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Household Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per Year

 (Gross Income)

**Attach last year’s W-2 and last 3 pay stubs or Current School Schedule. Application will not be accepted without these documents. Any changes to your income level must be reported within 10 days to CCDF.**

**Tribal Affiliation**

Are you a tribal member? (Circle One): Yes / No Spouse? Yes / No Children?: Yes / No

Tribe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Office Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ State: ­­­­­­­­­­\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment/Training Documentation for Applicant:**

***Employer*** (Name / Contact Person): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_, CA \_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_

Work Schedule: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you normally work Holidays? Yes/No Do you normally work weekends?: Yes/No**

***Training Program*** (Name / Contact Person): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training/School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, CA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Training/School Schedule:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You must provide a current work schedule and/or school schedule when applying. CCDF has the right to contact your employer and/or school to verify employment/attendance along with income verification. You must provide this information 4 times a year. **Any changes to your income level must be reported within 10 days to CCDF.**

**Children’s Information:**

Please list all children needing care, their birth date and number of hours per day of care needed:

Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_

Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_ Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_

Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B:\_\_\_\_/\_\_\_\_/\_\_\_\_ Number of Hours:\_\_\_\_\_\_\_\_\_\_\_\_\_

Birth Certificates for each child are required and must accompany application.

**Custody of Children:**

If divorced/separated or never married to biological mother or father of children, do you have legal custody of your child(ren)? Yes/ No

If you have legal custody, include a copy of the Custodial Agreement issued by either a state court or tribal court.

**Do the children live with you? \_\_Yes; \_\_No. Do you share custody? \_\_Yes; \_\_ No.**

**If you share custody what percentage of time does the child reside with you: \_\_\_\_%**

**Is the child under the ICWA process? \_\_Yes; \_\_No**

**Foster Care/Adoptive Care or Emergency Family Care:**

Are you applying for a child under Foster Care/Adoptive Care or Emergency Care? Yes/No.

If so, please provide all supporting legal documents. List type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A current schedule from your child(ren)’s school is required to process your application for CCDF. **New policy requires that when a parent is receiving funding from the federal government for child care, the parent must give a detailed school schedule for each child that will be on the CCDF program.** If a schedule is not provided, it will delay payment for your child care provider. If your child is less than 5 years old, no schedule is required. Children from 5 years and up are required to show school attendance, along with hours of operation and holidays for school attended. No current schedule provided, no processing of your application. No exceptions.

**Emergency Contact:**

Name of Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give CRIHB/CCDF authority to contact this person on my behalf regarding the program, if the program cannot

contact me. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Signature Required Above***

**By signing below, I give CRIHB permission to contact my employer/training program, child’s school and other county/State programs to verify the information given in this application is accurate.**

**Signature of Parents:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Official Use ONLY:**

***Missing Documents:***

\_\_\_\_Birth Certs; \_\_\_Income Verification; \_\_\_ Child’s school schedule;

\_\_\_\_Parent’s Work/school; \_\_\_App missing signatures; \_\_\_W-9;

\_\_Other legal docs (\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) list the name of doc missing.

**Letter sent to Applicant regarding missing documents on**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date missing documents were finally tuned into CCDF program**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rec’d by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approved by**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family fee:\_\_\_\_\_\_\_\_\_\_\_\_; Time Period approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Hourly Rate approved:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PR done: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; PO Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; Agreement Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Check List of Required Documents:

Make sure you attach the following documents with this application:

1. \_\_\_A Completed and signed application.
2. \_\_\_A copy of a current utility bill in your name
3. \_\_\_A copy of your Social Security Card
4. \_\_\_A copy of your State Issued Driver’s license or Identification Card
5. \_\_\_A copy of Divorce Judgment and/or Custody Award (if applicable)
6. \_\_\_A copy of your prior year’s W-2 and 3 current pay stubs
7. \_\_\_A copy of your work schedule – it must detail your days and hours of work – it must be on company letterhead.
8. \_\_\_A copy of your school schedule – please send each semester’s registration and class schedule
9. \_\_\_A copy of your Tribal Card or letter from the Tribe supporting Tribal Membership
10. \_\_\_A copy of each child’s birth certificate who need child care
11. \_\_\_A copy of court documents regarding Foster/Adoption of child
12. \_\_\_A copy of each child’s school schedule and list of holidays

Provider’s Check List of Required Documents:

Make sure you attach the following documents with this application:

1. \_\_\_Submission of all parts of this application that apply to the child care provider
2. \_\_\_A copy of the Provider’s SSN Card, with the exception of Corporate Licensed Care;
3. \_\_\_A copy of the Provider’s State-Issued Driver’s License or Identification
4. \_\_\_A copy of the Provider’s State-Issued Child Care License (only for licensed providers)
5. \_\_\_A copy of the Provider’s W-9 Form. (Sole Proprietors MUST include their SSN and EIN on form)
6. \_\_\_A current TB Test for non-licensed Providers
7. \_\_\_A signed Independent Contractor Form

Please make sure that you include all the documents listed above with this application. This includes documents from you and your child care provider. Application not completed will be returned.

Completion of this application does not guarantee acceptance to the program. CRIHB will not pay for your child care provider while you await approval of you CCDF application. You will be responsible to pay your child care provider during this period.

Longer approval times will occur if there is limited or no funding for CCDF or your application is incomplete.

If accepted to the program, you will receive a CCDF Agreement detailing out the rate, hours of care and time frame. You must return the CCDF Agreement back to the Contract Specialist in order to have CRIHB send the child care subsidy payment to your child care provider.