Snoqualmie Indian Tribe-CCDF

Childcare-Early Learning Application

Application

The Snoqualmie Indian Tribe operates a Childcare and Early Development grant which provides financial assistance to help qualified applicants obtain high quality childcare and early learning. Additional eligibility guidelines are below. Program is based on available grant funding, funding priorities do exist based on applicant need, when all funding is accounted for a waitlist will be put into effective.

Applicant eligibility determination includes:

1. The applicant and child must reside in the Tribe's service area of King, Pierce, Island, Mason, and Snohomish counties.
2. The minor for which services are being provided must be: enrolled in a U.S. Federally recognized Tribe or be pending enrollment in a U.S Federally recognized tribe.
3. Funding priority will be given to applicants who fall under the grant definition of protective services or have an assistance need including (not required to apply): ICW placement, homelessness, child with special needs, victims of domestic violence, applicants on disability or FML, first responders, active duty military, single parent households, applicants that have full time or part-time employment, applicants who are full-time or part-time enrolled in education or job training.
4. Applicants must submit a completed application with all required supporting documents every 16 months. Any changes to income or residency must be reported to the program within 7 days of change.

Provider eligibility determination includes:

1. Providers must:
    a. For childcare: a state licensed facility or state licensed family home or a faith-based providers, including programs sponsored by houses of worship if they are overseen by the state school-board.
    b. For early learning: the program/center/school must be state licensed a faith-based providers, including programs sponsored by houses of worship if they are overseen by the state school-board.
2. Providers must complete the Provider application and submit all supporting documents, every 12 months.
3. Providers must be submit a monthly time sheet or log that shows number of days and/or hours that the child was provided services. Provider must be willing to accept 3rd party payments directly from the program.

Program Requirements

1. All payments for services are paid directly the provider.
2. Program funding **cannot** be combined with another set of similar funding (Tribal, State, or Federal)
3. Changes in circumstance must be reported to the Tribal Lead Agency within 7 days including the following:
    a. Change in parent or guardian qualifying activities such as employment, education, or training.
    b. Change in residency: this may change your eligibility status.
    c. Change in provider: all providers must be applied and approved prior to a child starting services.
    d. Change in household size.
    e. Change in amount of care needed: full-time, part-time, before/after school

Application Requirements:

1. Completed Application
2. Birth Certificate for the child for which services are being requested.
3. Tribal ID for the Tribal applicant.
    a. If the applicant is not the Tribal parent, a letter from the Tribe's enrollment office or ICW department is needed in place of a Tribal ID, confirming that the child is enrolled or pending enrollment in a U.S Federally recognized tribe.
4. Proof of Residence: Lease or Mortgage statement to verify service area eligibility.
5. Qualifying Activity. Applicants may qualify through employment, self-employment, education, job training, volunteer work, elder care responsibilities, or by providing care for an individual with a disability or an incapacitated person.

Please fill in completely, for items not applicable please write in N/A.

Applicant Information

Primary Applicant:_____

Tribal Affiliation:_____ Enrollment #:_____

Mailing Address: _____

Phone (or best contact number):_____

Email (if one is available) : _____

Preferred form of contact (circle one): MAIL PHONE EMAIL

Co-Applicant:_____

Tribal Affiliation:_____Enrollment #:_____

Phone (or best contact number):_____Email:_____

Emergency Contact (cannot be list above):

Name and Phone:_____

Household

How many people live in the household? :_____

Please list how many in your household in each of the following age categories:

0-17_____ 18-54_____ 55-61_____ 62+_____

Are there any minors with special needs in the household? YES NO

Is anyone in the household considered permanently disabled? YES NO

Assistance Need: (circle all that apply to applicant or co-applicant, if none apply skip to next section)

Minor ICW Placement *Homeless/Shelter* *Teen Parent* *Single Parent Household*

Victim of DV *First Responder* *Active Duty Military* *VA Disability* *Providing care to someone with a disability or an incapacitated person*

Short/Long Term Disability *FMLA* *Full time working* *Part time working*

Full time school *Part time school* *Job training* *Job searching* *Providing elder care*

Working non-traditional hours(outside of 5am-7pm) *Collecting Hazard Pay* *Volunteer work*

(Please indicate the qualifying activity that requires assistance, such as employment, education, or training. (Full-time is defined as 24 hours or more per week or more, and part-time is defined as less than 24 hours per week)

Qualifying Activity for Primary Applicant: _____

Full-time or Part-time

Qualifying Activity for Co-Applicant: _____

Full-time or Part-time

CHILD INFORMATION:

Child #1

Name:_____

DOB:_____Tribal Affiliation:_____Enrollment# (if applicable)_____

Relationship to applicant:_____

Type of Service Requested: Childcare Early Learning

Type of Provider: Licensed Facility/School Licensed Family Home

Schedule Type: Full Time Part Time Before/After School Summer Program

Name of Facility:_____

Child #2

Name:_____

DOB:_____Tribal Affiliation:_____Enrollment# (if applicable)_____

Relationship to applicant:_____

Type of Service Requested: Childcare Early Learning

Type of Provider: Licensed Facility/School Licensed Family Home

Schedule Type: Full Time Part Time Before/After School Summer Program

Name of Facility:_____

Child #3

Name:_____

DOB:_____Tribal Affiliation:_____Enrollment# (if applicable)_____

Relationship to applicant:_____

Type of Service Requested: Childcare Early Learning

Type of Provider: Licensed Facility/School Licensed Family Home

Schedule Type: Full Time Part Time Before/After School Summer Program

Name of Facility :_____

I hereby release the Snoqualmie Tribe, to verify all information submitted for enrollment. This includes, but is not limited to contacting parties deemed necessary by staff to obtain verification of eligibility for this child care program. By signing, I agree that the CCDF Program may contact other tribal programs for pertinent information as it applies to this application.

I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I can only receive assistance from one entity (Tribe, State, etc.) and cannot combine these funds with any other program . I understand I am signing this application under penalty of criminal prosecution if I knowing provide false information that results in a payment for which I am not eligible for. And payments that are a result of false information or a failure to provide update information will require the applicant to repay the funds to the grant and may result in additional disciplinary measures.

Signature: _____ Date: _____

Send Applications to the CCDF program at:

Mail: PO Box 969 Snoqualmie WA 98065

Questions Regarding Food Assistance please contact childcare@snoqualmietribe.us