



# SNOQUALMIE INDIAN TRIBE

## GENERAL WELFARE

### CHILD CARE ASSISTANCE APPLICATION

The Snoqualmie Indian Tribe ("Tribe") provides a monthly child care assistance benefit to offset the cost of child care for eligible enrolled Snoqualmie Minors. The child care assistance benefit is subject to change at any time based on market rate surveys and availability of funds, as may be determined by the Tribe.

## ELIGIBILITY

- A. To receive this benefit, you must be either a Tribal Member or in loco parentis with legal guardianship and/or majority physical custody of an enrolled Snoqualmie minor(s) from age birth up to 12. Only one benefit per eligible child is permitted. A child is eligible up to month that they turn 12.
- B. Your household must meet the following thresholds:
  - i. Your household must demonstrate an **Assistance Need**, which is established when each adult living your home can show the need for child care by providing proof of participation in one or more of the following: employment/active job search, education/training, and/or if the child is a SICW placement in dependence status.
- C. You must choose an eligible care provider(s) who meets the provider criteria and has completed the Provider Check-Off Sheet.
- D. Your household must not be receiving or be eligible to receive a childcare subsidy through the Child Care and Development Fund ("CCDF") or any other governmental entity. If you qualify for CCDF, you must use available CCDF funds instead of this benefit.

## BENEFIT USES AND LIMITATIONS

- A. This benefit may be used toward the cost of part-time or full-time child care for children aged birth-12, depending on your **Assistance Need**. You will be approved for a maximum of part-time care if any adult in the household works part-time or is a part-time student or have a school age child during school year.
- B. This benefit must be used toward the following:
  - i. To pay a licensed facility, licensed group/family home, or approved in-home or relative care provider for care provider for eligible child(ren).
  - ii. Or, if funds received by the benefit exceed the actual cost of child care for a given month and the provider has already been paid, the excess funds may either be returned to the Department or used toward any of the following:
    1. To purchase educational supplies to be used by the child at the place of care;
    2. To purchase cultural items/crafts to be used by the child at the place of care;
    3. For extracurricular classes or instruction for the child to participate in after child-care hours. (e.g., gymnastics, dance lessons, swim lessons, etc.).
- C. This assistance cannot be used towards summer camps, summer school, or early education tuition.
- D. Child care paid for by this benefit may not exceed 10 hours per day and 50 hours per week.
- E. Care Provider Options:
  - i. Licensed facility – Nonresidential center-based facility licensed by the appropriate governmental department (usually the State) to provide child care.
  - ii. Licensed Family/Group Home – Care provider's home licensed by the appropriate governmental department to provide child care.
  - iii. In-Home Care – Care in the child(ren)'s home by a provider who is 18 years of age or older and does not live in the home.



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## GENERAL WELFARE

### CHILD CARE ASSISTANCE APPLICATION

- iv. Relative Care – Care in the home of a child’s relative who is 18 years of age or older, which is not the child’s residence.
- F. Types of Care:
  - i. If **Assistance Need** is full-time and eligibility is maintained:
    - 1. Full-time care for children aged birth to 5 years.
    - 2. Part-time care during the school year for school-aged children (aged 5-12 years) for before/after-school care.
    - 3. Full-time care during the off-school season (from June 1 to August 31) for school-aged children (aged 5-12 years).
  - ii. If **Assistance Need** is part-time and eligibility is maintained:
    - 1. Part-time care for children aged birth to 5 years.
    - 2. Part-time care year-round (including the off-school season) for school-aged children (aged 5-12 years) for before/after-school care and summer care.

## APPLYING FOR ASSISTANCE

- A. Pre-Application Steps:
  - i. If you live in the CCDF Service Area (King, Snohomish, or Pierce counties), please complete the Child Care Pre-Assessment Form first. If the Child Care Pre-Assessment deems you eligible for the Child Care and Development Fund, you will be directed to fill out the CCDF application.
  - ii. If you do not live in the CCDF Service Area, please continue with this application.
- B. Along with this application, you will need to include the following information:
  - i. Documents showing proof of **Assistance Need** for each adult in the household, which may include: employee timesheet, letter from employer HR department confirming employment and work schedule, copy of school schedule, note from school or training program verifying dates of enrollment and school schedule;
  - ii. Provider Check-Off Sheet filled out and signed by your chosen care provider; and
  - iii. (If care provider is a licensed facility or licensed family/group home) A copy of provider’s licensing information.
  - iv. (If care provider is In-Home or Relative Care and they are requesting to waive specific safety requirements) Written statement of approval from the applicant.
- C. Applications must be submitted by the 10<sup>th</sup> of the month to be considered for eligibility for that current month of care. Submissions after the 10<sup>th</sup> of the month will be eligible for a child care benefit starting the following month.
- D. Payments will be made to the applicant and either mailed in paper form or direct deposited on the last Friday of each month. Applicants are responsible for paying their care provider.
- E. Application Update Requirements:
  - i. If there is a long-term change in care providers from the one listed on the approved application, you must report it to the Department within 5 days of the change. The new care provider must submit a new Provider Check-Off Sheet and be approved before the next month’s benefit payment is issued.
  - ii. Without exception, all applicants must reapply:
    - 1. Annually;
    - 2. Anytime there is a change in your residency;



# SNOQUALMIE INDIAN TRIBE

## GENERAL WELFARE

### CHILD CARE ASSISTANCE APPLICATION

3. Anytime there is a change in the Assistance Need for any adult in the household. If any adult in the household goes on FMLA, extended leave from work, or takes a leave of absence from school, you will not be eligible to receive child care assistance during that time;
  4. Anytime benefits were previously suspended for misuse.
- F. Approved applicants will receive an approval letter indicating the type of care they are approved for and the assistance rate they are eligible to receive.
- G. Recordkeeping Responsibility:
- i. For a provider that is a Licensed Facility or Licensed Family or Group Home, it is the responsibility of the Applicant to maintain proper records of invoices and payments made to the facility.
  - ii. For an In-Home Care or Relative Care provider, it is recommended that the applicant use the timesheets provided at time of application approval to ensure proper recordkeeping of childcare hours and payments.
- H. Benefit Suspension:
- i. If the applicant's circumstances change so as to prevent this child care assistance benefit from being used in accordance with program policy, payment(s) must be returned in full to the Tribe within 30 days of the payment's issuance.
  - ii. Failure to return funds as required will result in the Applicant's suspension from accessing the Benefit until the misused funds are repaid.
  - iii. Any payments that the Tribe becomes aware of that are not used in accordance with this Policy and have not been paid back will result in a 1099 being issued to the Head of Household as taxable income.
  - iv. The Applicant must reapply to the Program once funds are returned in full or a 1099 issued (dependent on the time of year)
  - v. The Tribe reserves the right to pursue other available remedies at law and/or equity to recover misused funds.
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**APPLICATIONS CAN BE SCANNED, FAXED, MAILED OR HAND DELIVERED TO  
THE SNOQUALMIE TRIBAL OFFICE AT:**

ATTN: GENERAL RESOURCES DEPARTMENT—CHILDCARE  
MAIL: P.O. 969, SNOQUALMIE, WA 98065

FAX: (206) 202-4535  
EMAIL: [CHILDCARE@SNOQUALMIETRIBE.US](mailto:CHILDCARE@SNOQUALMIETRIBE.US)



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### CHILD CARE ASSISTANCE APPLICATION

Date: \_\_\_\_\_

#### PERSONAL INFORMATION-----

Parent/Guardian Name: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

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

Mailing Address (if different): \_\_\_\_\_

Phone (Primary contact number): \_\_\_\_\_ Enrollment # \_\_\_\_\_

Email: \_\_\_\_\_

#### ASSISTANCE NEED:

To establish Assistance Need, all individuals over the age of 18 in the household must meet at least one of the criteria listed below, and attach at least one supporting document for each criterion (e.g., an employee timesheet, letter from employer HR department confirming employment and work schedule, copy of school schedule, pay stub, court documents, etc.)

*(check all that apply)*

Employment		Education/Training		Supportive Services	
	Employment (full time)		Schooling		Fostering Assistance
	Employment (part-time)		Vocational Training		
	On-the-Job Training		Career Development		

#### HOUSEHOLD MEMBERS:

Please list all persons residing in the household:

Name:	Relationship to Applicant:	DOB:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**CHILDREN IN NEED OF CHILD CARE:**

Please list all children for whom you are seeking child care assistance with this application:

Child Name: \_\_\_\_\_ Minor Enrollment #: \_\_\_\_\_

- Type of Care:
- Nonresidential Center-Based Facility or Family/Group Home
  - In-Home Care or Relative Care
  - Before/after-school care and full-time summer care
  - Before/after-school care and part-time summer care

Name of Care Facility/Provider: \_\_\_\_\_

Child Name: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

- Type of Care:
- Nonresidential Center-Based Facility or Family/Group Home
  - In-Home Care or Relative Care
  - Before/after-school care and full-time summer care
  - Before/after-school care and part-time summer care

Name of Care Facility/Provider: \_\_\_\_\_

Child Name: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

- Type of Care:
- Nonresidential Center-Based Facility or Family/Group Home
  - In-Home Care or Relative Care
  - Before/after-school care and full-time summer care
  - Before/after-school care and part-time summer care

Name of Care Facility/Provider: \_\_\_\_\_

Child Name: \_\_\_\_\_ Enrollment #: \_\_\_\_\_

- Type of Care:
- Nonresidential Center-Based Facility or Family/Group Home
  - In-Home Care or Relative Care
  - Before/after-school care and full-time summer care
  - Before/after-school care and part-time summer care

Name of Care Facility/Provider: \_\_\_\_\_

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_

- Type of Care:
- Nonresidential Center-Based Facility or Family/Group Home
  - In-Home Care or Relative Care
  - Before/after-school care and full-time summer care
  - Before/after-school care and part-time summer care

Name of Care Facility/Provider: \_\_\_\_\_



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#### CERTIFICATIONS:

Please read and initial the following:

\_\_\_\_\_ I understand it is my responsibility to pay the child care provider(s) listed in this application.

\_\_\_\_\_ I understand that it is my responsibility to keep proper records of hours and payments.

\_\_\_\_\_ I understand I must report within 5 days any long-term change in the child care provider(s) listed herein and submit new Provider Check-Off List(s) for each new provider.

\_\_\_\_\_ I understand that I can only receive child care assistance from one governmental entity, whether it is CCDF, State, federal, this General Welfare benefit, etc.

\_\_\_\_\_ I understand that the Tribe does not make payments to providers and will not be responsible or liable for actions that arise out of the child care referenced herein.

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This program is intended to fall under the Tribe's General Welfare Policy. It is the intent of the Tribal Council that the Child Care Assistance Program be funded from the Tribe's general fund and that payments issued under the Program will not be subject to state or federal taxation and will not reduce fixed income or other benefits of the recipients. However, recipients should consult with their own tax and/or legal professionals to determine actual tax and benefit consequences and recommended uses.

By signing, I certify the information contained in this application is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information that results in benefits to which I am not entitled. I agree that the General Resources Department may contact other tribal programs for pertinent information as it applies to this application. I agree to repay any funds that the Tribe deems to have been misused, and that the Tribe may pursue any available remedies at law and/or equity to recover misused funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### DOCUMENTS CHECKLIST:

All items will need to be provided before review:

\_\_\_\_\_ Application

\_\_\_\_\_ Proof of Assistance Need for each adult (e.g., employment, school)

\_\_\_\_\_ Minor Child's Enrollment # or ID

\_\_\_\_\_ Provider Check-Off Sheet for each provider

\_\_\_\_\_ Care Provider license (if nonresidential facility or family/group home)