



# SNOQUALMIE INDIAN TRIBE

## IN-HOME CARE APPLICATION

### APPLICATION

The Snoqualmie Indian Tribe's Child Care and Development Program provides financial assistance to help qualified Native American families who reside within the Snoqualmie Tribe CCDF service area with securing childcare and access to early learning through grant funds.

Providers may be a non-licensed relative home provider. The definition of relative for the purposes of this program are limited to (*great-grandparent, grand parent, aunt, uncle, or an adult sibling who does not reside in the same home as the child(ren) being provided care*). For the purposes of this program all providers must be over the age of 18. All providers must be able pass a criminal background check if one is requested by the Tribe. It is recommended that all relative providers complete a CPR/First Aid Training, any cost associated with this training can be paid for by the Tribal Program.

All payments for child care service are paid directly to the child care provider, unless there is an overage or a co-payment is due to the provider from the approved family. Co-payments are based on income and household size and are to be paid by the family directly to the provider. Any payments issued to the provider for child services may be considered taxable income and result in a 1099-MISC form being issued. Timesheets must be submitted at the end of each month in order to be eligible to receive payment.

Any changes in provider circumstances must be reported immediately to Tribe. Changes include:

1. Change of residence – new member of household that could have access to Tribal child or a change in payment address.
2. Any criminal charges.
3. Change in care provided - changes from full time to part time and vice versa.
4. Change in provider rate.

**TO OBTAIN PROVIDER CERTIFICATION SUBMIT THE FOLLOWING:**

-APPLICATION

-W9

-BACKGROUND SELF-ATTESTATION

-HEALTH & SAFETY STANDARDS

-HEALTH & SAFETY ITEM REQUEST FORM (OPTIONAL)



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**PROVIDER INFORMATION**-----Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

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

Address where care is taking place (if different): \_\_\_\_\_

Best Phone: \_\_\_\_\_ Alt. Phone (Primary contact number): \_\_\_\_\_

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

Relationship to child(ren) for which care is provided: \_\_\_\_\_

List of all Adult Members of the Household (over 18)

NAME	DOB	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**RATES AND FEES**-----

Relative care providers are able to set their own per hour rate for care. The Tribe will pay the rate set by the provider up to the Tribe's maximum grant allowance. Any amount over the maximum grant allowance will be the responsible of the approved family applicant.

Relative provider rate: \$ \_\_\_\_\_ per hour.

I, the applicant, understand that knowingly and willingly giving false or fraudulent information on the application for the Snoqualmie Tribe CCDF Program will be grounds for immediate termination of my eligibility under the program. If terminated from this program, I understand that I will not be eligible to re-apply. All fraudulent files will be turned over to the Snoqualmie Indian Tribe's legal department for further disciplinary action including repayment of any incorrectly issued payments and up to criminal prosecution.

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



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## SAFETY & HEALTH STANDARDS & STATEMENT-----

Initial next to each safety standard. Signature of provider and the child's parent/guardian is required once completed.

\_\_\_\_ Provider will not apply, nor allow anyone else in the household apply, corporal punishment to any child in their care.

\_\_\_\_ Provider ensures that all medications, cleaners, and other harmful chemicals are stored in a locked cabinet and are inaccessible to children.

\_\_\_\_ Provider will ensure that all medications to children are administered solely based on prescribed dosages and will remain in a locked cabinet throughout the childcare coverage.

\_\_\_\_ Provider will practice proper hand washing habits before feeding a child.

\_\_\_\_ Provider will not smoke nor allow others to smoke in a location accessible to the child(ren).

\_\_\_\_ Provider has fully operating smoke detector, a carbon monoxide detector and at least one fully charged (dry chemical) fire extinguisher on the premises.

\_\_\_\_ Provider has at least two unobstructed exits to outside of the building.

\_\_\_\_ Provider has home that is in good repair and free of pest infestations.

\_\_\_\_ Provider has a working telephone on premises.

\_\_\_\_ Provider ensures that any weapons/firearms on the premises are properly secured and locked on a safe that remains locked at all times when children are being cared for.

\_\_\_\_ Provider has a stocked first aid kit and supplies on the premises.

\_\_\_\_ Provider has emergency plan and fire evacuation plan

\_\_\_\_ Provider has completed or plans to complete CPR-First Aid Training

If you, the provider applicant needs assistance with accessing any of the outlined items listed above, please fill out the item request form.

Provider Signature: \_\_\_\_\_ Applicant Signature; \_\_\_\_\_



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## BACKGROUND SELF-ATTESTATION-----

Provider initial and fill in information below. Signature of provider and parent/guardian applicant signature needed at bottom of page.

\_\_\_\_\_, I, \_\_\_\_\_ (provider name), who is providing care to the minor (s) listed below have not been convicted of a disqualifying crime (a felony, drug related offense committed in the last 5 years, or a violent misdemeanor)

\_\_\_\_\_, I, \_\_\_\_\_ have never been required to be registered on the state or National Sex Offender Registry.

If care is being provided in the relative's home (not in child's home), please initial below.

\_\_\_\_\_, I, \_\_\_\_\_ confirm that no adults in my household with access to the same common areas as the child in my care have been convicted of a disqualifying crime nor have they been required to be registered on the state or National Sex Offender Registry.

\*If a member of the household has been convicted of a disqualifying crime that individual will need to submit a background check form and it will need to be reviewed by Tribal Police for approval.

Provider Signature: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

### COMPLETED APPLICATIONS AND FORMS CAN BE SENT TO:

Snoqualmie Indian Tribe  
ATTN: General Resources Dept.-CCDF  
Mail: P.O. 969, Snoqualmie, WA 98065  
or  
Email: [childcare@snoqualmientribe.us](mailto:childcare@snoqualmientribe.us)



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### HEALTH & SAFETY ITEM REQUEST FORM (OPTIONAL)

In order to ensure that all relative provider's are able to comply with the Tribe's Health & Safety Standards, the follow items are available at no cost to the provider. Please mark any needed items and provide the quantity. Items will be shipped to the mailing address provided on the provider's application.

#### Available Items:

1. \_\_\_\_\_ Carbon Monoxide Detector(s)
2. \_\_\_\_\_ Fire Alarm
3. \_\_\_\_\_ Fire Extinguisher
4. \_\_\_\_\_ Cabinet Locks
5. \_\_\_\_\_ Firearm Locks
6. \_\_\_\_\_ Baby Gate(s)
7. \_\_\_\_\_ First Aid Kit
8. \_\_\_\_\_ Hand Washing Signs
9. \_\_\_\_\_ Emergency Exit Signs
10. \_\_\_\_\_ Household Cleaning Supplies
11. \_\_\_\_\_ First Aid/CPR Training Course
12. \_\_\_\_\_ Other: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Date: \_\_\_\_\_

*Office Use:*

Approved By: \_\_\_\_\_ Date Ordered: \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_