

**WIYOT TRIBE**  
**CHILD CARE APPLICATION FORM**

Applicant (Parent/Guardian) Mother Name:	Applicant (Parent/Guardian) Father Name:
Tribal Affiliation:	Tribal Affiliation:
Applicant SSN:	Applicant SSN:
State:	County:

Street Address: City: State, Zip:	Phone: Cell: Work:
Gross Annual Income	Parental Status: One Two Foster Relative/Guardian
Mother's Employer: Status: F/T P/T Temporary Seasonal	Father's Employer: Status: F/T P/T Temporary Seasonal
Employer's Address and Telephone:	Employer's Address and Telephone:
Number in Household: Number in Family:	Names and Ages of Siblings:
Does child have special needs?	If yes, please list providers child is working with:

Mother's Income(please attach verification)  TOTAL_____	Father's Income (please attach verification)  TOTAL_____
Please list days and hours requested for care:  M____T____W____TH____F_____	Please list Care Provider's Name, Address and Phone:  Hourly Rate:_____

**WIYOT TRIBE**  
**CHILD CARE APPLICATION FORM**

Name of Higher Education Institution:	Name of Higher Education Institution:
Continuing Education: Please list Courses + # of units (attach verification)	Continuing Education: Please list courses + # of units (attach verification)

I/We the undersigned parent(s) of \_\_\_\_\_ do hereby certify that all the above information is correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

<u>FOR OFFICE USE ONLY</u>		
<input type="checkbox"/> Provider list	Income: _____	Intake processed by: _____
<input type="checkbox"/> Certification/Training	Income: _____	_____
<input type="checkbox"/> 5 Day notification	Income: _____	_____
<input type="checkbox"/> Attendance Sheet	Income: _____	Approval/Denial
<input type="checkbox"/> Income Verification	Income: _____	Reason: _____
<input type="checkbox"/> H/E Verification	TOTAL: _____	_____
<input type="checkbox"/> Policies		



## Parent Program Agreement

**(Read and initial next to each item listed below, then sign that you have read and agree to the program rules and responsibilities)**

1.  Payment for child care can be made only for the time authorized by the child care certificate, the parent is responsible for additional hours and co-payments as determined by a sliding scale.
2.  This is a subsidized child care program, you are employing the child care provider, you are responsible for childcare payments, and for paying Federal Social Security, Federal and California state unemployment, and California SDI on behalf of a child care worker employed in your home.
3.  Time sheets need to be received by the office two (2) days after the 15<sup>th</sup> and the 31<sup>st</sup> and payment can be expected in five (5) to seven (7) days.
4.  Any changes in a family's eligibility for subsidized child care and/or number of hours needed for child care, income changes must be reported to the Wiyot Tribe office immediately.
5.  An attendance sheet must be kept for each child. The parent must sign the child in and out each day that the child is in attendance and a complete signature is required by the provider at the end of the month. The hours of attendance recorded must accurately reflect the time the child care was provided. If the recording of attendance is not done on a daily basis, it may be grounds for non-payment. It is both the parent and provider's responsibility to be sure attendance sheets are submitted by the specified due date.
6.  A separate provider intake and agreement for services must be completed in the event of a provider change or in the case of multiple providers prior the change or addition. Timesheets will not be accepted for dates prior to the submission of these forms.
7.  The provider must remain in compliance with all applicable licensing laws and regulations. Providers that are not required to be licensed or regulated, under State or local, are required to be registered with the Wiyot Tribe prior to payment being made.
8.
9.  Terminations initiated by the Wiyot Tribe, the parent and provider will be given a two week notice.
10.  False statements or representation to obtain child care. If it is determined that a client had made or provided false information to receive services the child care case may be closed and the client will be charged with an overpayment. If any statement is false and results in the receipt of benefits for which the client would not have been otherwise entitled, the client may be prosecuted for fraud. The Wiyot tribe is mandated by federal law 45 CFR Part 98 and 99 to recover child care payments that are the result of an improper payment or fraud.
11.  Timesheets must be completed legibly.





This form is only an agreement for services. The Wiyot Tribe assumes no responsibility for injury or damage arising from the performance of this agreement. The provider and parent hereby waive and release the Wiyot Tribe, its officers, agents, or employees from any and all liability arising in any manner out of this agreement for the provision of services by the provider and agree to indemnify, defend and hold the Wiyot Tribe, its officers and employee's harmless from costs of suit or liability allegedly arising from the provision of child care services hereunder.

We have read and do agree to abide by the above stated policies, and are aware that willfully and knowingly falsifying information may lead to criminal prosecution.

Parent\_\_\_\_\_ Provider\_\_\_\_\_





## **Child Care & Development Services**

### **Provider Intake**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

SSN: \_\_\_\_\_

**Payment Information:**

- Licensed/Regulated? Yes  No
- License Number (provide copy): \_\_\_\_\_
- Unlicensed Family in-home: \_\_\_\_\_ Home Day care: \_\_\_\_\_
- Full time: \_\_\_\_\_ Part time: \_\_\_\_\_
- Number of children: \_\_\_\_\_ Age(s): \_\_\_\_\_
- Parent pay a fee: \_\_\_\_\_ YES  NO
- Amount of parent fee: \_\_\_\_\_ Daily \_\_\_\_\_ Hourly \_\_\_\_\_

**Parents (S):**

Working  
 Training  
 Education Program  
 Seeking Work  
(20 hour week for 60 days)





## **Child Care Provider Program Agreement**

**(Read and initial next to each item listed below, then sign that you have read and agree to the program rules and responsibilities)**

1.  False statements or representation to obtain payments. If it is determined that a provider made or provided false information to receive payment for services termination of the child care contract may be recommended and the provider will be charged with an overpayment. If any statement is false and results in the receipt of payment for which the provider would not have been otherwise entitled, the provider may be prosecuted for fraud. The Wiyot tribe is mandated by federal law 45 CFR Part 98 and 99 to recover child care payments that are the result of an improper payment or fraud.
2.  Licensed childcare providers are required to have a copy of their license on file with the CCDF program. Unlicensed childcare providers are required to complete a certificate of clearance (fingerprints), and TB/medical clearance prior to starting work. Additionally, unlicensed childcare providers are required to be CPR and First Aid certified within three months of receiving subsided child care funds. In order to receive CCDF funds all providers must complete the child care intake and sign an agreement.
3.  I understand that I am an independent contractor, under contract with the parents of the children I provide services to. I am not employed by the Wiyot Tribe. The Wiyot Tribe offers a childcare subsidy program which provides subsidizes childcare to make childcare more affordable for parents.

