Inter-Tribal Council of California, Inc.
Child Care and Development Fund (CCDF) Application

Eligibility Application:

1st Parent/Guardian Name_____ Telephone: _____

Address: _____Email Address: _____

City: _____State: _____ Zip: _____ DOB: _____

2nd Parent/Guardian Name: _____ Telephone: _____

Address: _____ Email Address:_____

City: _____ State: _____ Zip: _____ DOB: _____

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.

List all members living in the Household with the exception of Applicant):

Name:	**DOB**	**Disability?**	**Income:**
1: _____	_____	**Yes___ No___**	_____
2: _____	_____	**Yes___ No___**	_____
3: _____	_____	**Yes___ No___**	_____
4: _____	_____	**Yes___ No___**	_____
5: _____	_____	**Yes___ No___**	_____

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 3 months 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 ITCC CCDF program.

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**

School/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 ITCC program has the right to contact your employer and/or school to verify employment/attendance along with income verification. **Any changes to your income level must be reported within 10 days to CCDF ITCC program.**

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: _____

Has your child(ren) have been diagnosed with a Special Needs? __Yes; __No

Please list child(ren) Name(s): _____

***If yes please submit the IEP/IFSP**

Emergency Contact:

Name of Person: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Relationship to Applicant: _____

I give ITCC/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 ITCC staff 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; ___ Copy of Child's (ren) immunization record

____Parent's Work/school; ___App missing signatures;

__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 each child's immunization record
3. ___ A copy of each child's(ren) IEP/IFSP (if applicable)
4. ___A copy of your Social Security Card
5. ___A copy of your State Issued Driver's license or Identification Card
6. ___A copy of Divorce Judgment and/or Custody Award (if applicable)
7. ___A copy 3 months current pay stubs
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

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. ITCC CCDF program 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 an ITCC CCDF contract detailing out the rate, hours of care and time frame. You must return the contract signed by both parties (parents and provider) in order to have ITCC CCDF program send the child care subsidy payment to your child care provider.

Providing false information is grounds for termination from the Inter-Tribal Council of California, Inc.'s Child Care & Development Fund program. If approved for child care subsidy, parents/guardians are required to submit proof of income every year and are eligible for up to 3 years of service so long as they remain eligible. Eligibility is determined by income, family size and qualified work/in school/training activity. Therefore, any changes to your eligibility must be reported immediately. You have the right to an appeal if you do not agree with your eligibility determination.

_____ _____

1st Parent/Guardian Signature **Date**

_____ _____

2nd Parent/Guardian Signature **Date**

Inter-Tribal Council of California Inc.
Child Care & Development Fund (CCDF) Services

Parent/Guardian Name:_____ **Provider Name:**_____
Child(ren) Name:_____

Date of Enrollment: _____

CCDF Enrollment Checklist

Correspondence	
CCDF Enrollment Checklist (FORM)	
ITCC Contact Log	
Resource Tracking Form	
CCDF Family Assessment	

Family Information	Date
Contract (With both Provider and Parent/Guardian Signature as well ITCC CCDF Director and ITCC Executive Director) will be sent upon acceptance	
CCDF Eligibility Application	
Eligibility Verification (Income/Work, Schooling, Job Seeking)	
Proof of Tribal Membership (Parent or Children)	
Receipt of Age Verification	
Certificate for Child Care &Development Fund (CCDF) Services	

Non-Licensed Providers	Date
Verification of 18 and over (Picture I.D. Card or CDL)	
Copy of Social Security Card	
Proof of TB test	
Self-Certification Form	
Family Care Home visit	
Trust line Background Check (CCDF will complete)	
W-9 Request for Tax Payer ID number and Certification	

State Licensed Providers	Date
Copy of Day Care License	
Copy of Current Rate Sheet	
Copy of Provider Policies and Procedures	
Site visit	
W-9 Request for Tax Payer ID number and Certification	

Inter-Tribal Council of California Inc.
Payment Rates Effective October 1, 2016

Child Care Centers

Age Group	Hourly	Full-Time Daily	Full-time Weekly	Full-Time Monthly	Part-Time Hourly	Part-Time Weekly	Part-Time Monthly
Birth to 24 Months	8.32	64.24	315.79	1134.65	12.87	232.51	723.68
Preschool 2 -5 years	6.12	49.07	274.63	791.36	10.62	184.11	642.16
School age 6-13 years	4.93	37.98	186.67	607.05	9.78	126.95	394.92

Family Child Care Homes

Age Group	Hourly	Full-Time Daily	Full-time Weekly	Full-Time Monthly	Part-Time Hourly	Part-Time Weekly	Part-Time Monthly
Birth to 24 Months	5.19	41.53	179.50	708.96	9.16	149.81	581.53
Preschool 2-5 years	4.92	39.38	168.30	659.39	8.00	142.71	536.28
School age 6-13 years	4.25	33.98	141.59	586.30	7.13	122.98	462.69

Trust Lined/Relative

Age Group	Hourly	Full-Time Daily	Full-time Weekly	Full-Time Monthly	Part-Time Hourly
Birth to 24 Months	3.37	26.99	116.61	460.00	2.59
Preschool 2-5 years	3.20	25.60	109.98	411.94	2.44
School age 6-13 years	2.76	22.09	91.63	377.09	2.13

Form **W-9**
(Rev. October 2007)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,