



Inter-Tribal Council of California, Inc.
An Association Designed For The Unity of All California Indians

Dear Applicant:

Per your request, we are sending you a Child Care pre-qualifying application along with a pre-addressed, stamped envelope. Please be informed that in order to be approved for this particular service it is necessary to provide proof of tribal affiliation and income. We accept either the parent or child's tribal membership of any of the tribes listed below.

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Blue Lake Rancheria
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Chemehuevi Indian Tribe
Cortina Rancheria
Elem Indian Colony

Grindstone Rancheria
Laytonville Rancheria
Middletown
Paskenta Band of Nomlaki Indians
Redwood Valley Rancheria
Trinidad Rancheria
Woodfords Community of Washoe

Please complete your pre-qualifying application packet by submitting the following items in the envelope provided.

1. Four-page Eligibility Application.
2. Voucher For Child Care & Development Fund (CCDF) Services.
3. Proof of gross monthly income for **parents/guardians** living in the household, or proof of enrollment in college or an employment training program, or a paystub within the last year if looking for work.
4. Proof of Tribal Membership.

Questions pertaining to the Child Care program may be directed to the Child Care Eligibility Department at (916) 973-9581.

Thank you,
Child Care Development Fund (CCDF) Program

Kayla Hilario, Program Coordinator
Reola Parks, Assistant Program Coordinator



DATE: _____

NAME OF RESERVATION/RANCHERIA:



INTER-TRIBAL COUNCIL OF CALIFORNIA INC.
AN ASSOCIATION DESIGNED FOR THE UNITY OF ALL CALIFORNIA INDIANS

ELIGIBILITY APPLICATION FOR VOUCHER PROGRAM

Please complete all categories A-D.

A.) FAMILY IDENTIFICATION

1st Parent/Guardian Marital Status Birth Date Email Address

2nd Parent/Guardian Marital Status Birth Date Email Address

ARE BOTH PARENTS/GUARDIANS IN THE HOME? YES__ NO__ IF NO, NAME OF ABSENT PARENT _____

NUMBER IN HOUSEHOLD _____

LIST EVERYONE IN THE HOUSEHOLD-ADULTS AND CHILDREN EXCLUDING PARENTS/GUARDIANS

NAME	BIRTHDATE	AGE	DISABILITY? YES__ NO__	SOCIAL SECURITY #
1. _____	_____	_____	YES__ NO__	_____
2. _____	_____	_____	YES__ NO__	_____
3. _____	_____	_____	YES__ NO__	_____
4. _____	_____	_____	YES__ NO__	_____
5. _____	_____	_____	YES__ NO__	_____

PARENTS/GUARDIANS MAILING ADDRESS:

ADDRESS CITY CA ZIP

PARENTS/GUARDIANS PHYSICAL ADDRESS:

ADDRESS CITY CA ZIP

HM PHONE: (____) _____

EMERGENCY PHONE: (____) _____

B.) FAMILY NEED CATEGORY: I hereby apply for child care services for the reason:

1. Employed

1ST PARENT/GUARDIAN

2ND PARENT/GUARDIAN

EMPLOYER _____ ()
PHONE _____

EMPLOYER _____ ()
PHONE _____

PHYSICAL ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ CA _____
ZIP _____

CITY _____ CA _____
ZIP _____

Days and Hours of employment:

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1st Parent/ Guardian	From							
	To							
2 nd Parent/ Guardian	From							
	To							

2. In School/Training

1ST PARENT/GUARDIAN

2ND PARENT/GUARDIAN

NAME OF SCHOOL _____

NAME OF SCHOOL _____

PHYSICAL ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ CA _____
ZIP _____

CITY _____ CA _____
ZIP _____

Term Begins _____ Ends _____

Term Begins _____ Ends _____

Expected Graduation Date _____

Expected Graduation Date _____

Days and Hours of training:

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1st Parent/ Guardian	From							
	To							
2 nd Parent/ Guardian	From							
	To							

3. Protective Custody: referred to prevent neglect or child abuse

NAMES OF CHILDREN LIVING WITH YOU THAT NEED PROTECTIVE CUSTODY (I.E. FOSTER CARE):

NAME	LENGTH OF TIME IN HOME	CASH AID Y/N	AGENCY PROVIDING CASH AID
NAME	LENGTH OF TIME IN HOME	CASH AID Y/N	AGENCY PROVIDING CASH AID

4. Actively Seeking Employment

This category only applies to parents/guardians who have been employed within the last 12 months. This category allows parents/guardians to receive a child care subsidy for up to 6 hours week and up to 3 months only. Parents/Guardians are eligible for this category once every 2 years.

1st Parent/Guardian:

NAME OF LAST EMPLOYER	CITY & STATE	LAST DATE WORKED
NAME OF SUPERVISOR	() PHONE NUMBER	() FAX NUMBER

DOES ITCC STAFF HAVE PERMISSION TO VERIFY THIS INFORMATION: _____
YES OR NO

IF YES, PLEASE SIGN AND DATE HERE: _____
SIGNATURE DATE

2nd Parent/Guardian:

NAME OF LAST EMPLOYER	CITY & STATE	LAST DATE WORKED
NAME OF SUPERVISOR	() PHONE NUMBER	() FAX NUMBER

DOES ITCC STAFF HAVE PERMISSION TO VERIFY THIS INFORMATION: _____
YES OR NO

IF YES, PLEASE SIGN AND DATE HERE: _____
SIGNATURE DATE

C.) HOURS OF CHILD CARE NEEDED EACH DAY

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1st Child Name							
2nd Child Name							
3rd Child Name							
4th Child Name							
5th Child Name							

Number of Hours Children are in School

		Mon	Tues	Wed	Thurs	Fri
1ST CHILD	From					
	To					
2ND CHILD	From					
	To					
3RD CHILD	From					
	To					

******Is school is year round:**

Circle one: yes / no

If so, what months will child(ren) be off track? _____ _____ _____

D.) Sources of Income

1st Parent/Guardian:

Monthly wages/salary \$ _____

Social Security \$ _____

Spousal/Child Support \$ _____

Veteran's pension \$ _____

TANF \$ _____

Gross Monthly Income \$ _____

2nd Parent/Guardian:

Monthly wages/salary \$ _____

Social Security \$ _____

Spousal/Child Support \$ _____

Veteran's pension \$ _____

TANF \$ _____

Gross Monthly Income \$ _____

****Please include proof of all income sources for both parents/guardians with this application.
 *Financial Aid from school and Per Capita are not considered income.***

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 6 months and are eligible for up to 2 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 BLOCK GRANT

VOUCHER FOR CHILD CARE & DEVELOPMENT FUND (CCDF) SERVICES

State-Licensed Providers

I, _____ (provider name), am a California State-licensed provider seeking registration through ITCC's Child Care Program. ITCC has set maximum payment rates which allow family's equal access to different types of child care settings. ITCC does not guarantee payment above the child care market survey conducted on June 27, 2013. Eligible families are low-income, working or in training, and belong to ITCC's Child Care Consortium. This program only services children until their 13th birthday. Providers in this category provide care in center-based or family home settings. ITCC reserves the right to final decision of payment rates following the rules set forth by the Department of Health and Human Services, 45 CFR Parts 98 and 99.

I agree to provide child care services for _____
(Print parent/guardian name) (Date)

- ✓ Please attach rate sheet (include additional fees for special needs, enrollment, transportation, etc.),
- ✓ Please attach a copy of your state-license.

Non State-Licensed Providers

I, _____ (provider name), am a provider seeking registration through ITCC's Child Care Program and will comply with State laws regarding adult/child ratios and ITCC's Non State-Licensed Policies and other rules. ITCC has set maximum payment rates which allow family's equal access to different types of child care settings. For children 0-24 months, ITCC will pay \$3.69/hour. The first child over 24 months will be provided care at a rate of \$3.17/hour, the next three children will be paid at the rate of \$2.05/hour, for any additional children in the family, ITCC will pay \$1.86/hour. This program only services children until their 13th birthday. Eligible families are low-income, working or in training, and belong to ITCC's Child Care Consortium. ITCC reserves the right to final decision of payment rates following the rules set forth by the Department of Health and Human Services, 45 CFR Parts 98 and 99.

I Agree to provide child care services for _____
(Print parent/guardian name) (Date)

Documents Required Upon Approval:

- ✓ Copy of Driver's License or Other Identification card.
- ✓ Copy of Social Security Card.
- ✓ TB Test Results,
- ✓ W-9 Form, Non State-Licensed Policies Form, Non State-Licensed Intake Form.

Notes: The Application process becomes effective on the date ITCC CCDF approves a completed application from the parents/guardians. **NO EXCEPTIONS. ITCC WILL NOT BE RESPONSIBLE FOR ANY SERVICES PRIOR TO THE APPROVAL DATE.**

The parent is the employer and conducts business directly with the provider; ITCC subsidizes payments to the provider who is an independent contractor. ITCC Child Care Program IS NOT AN EMPLOYER.

1st Parent/Guardian Print Name _____ Provider Print Name _____

Signature _____ Date _____ Provider Signature _____

Email Address _____ Date _____

2nd Parent/Guardian Print Name _____ Email Address _____

Signature _____ Date _____ Phone Number _____

Email Address _____