

Grandview Early Learning Center SUBSIDIZED CHILD CARE APPLICATION



PUYALLUP TRIBE OF INDIANS
3580 E Grandview Ave
Tacoma, WA 98404
253-680-5515 office 253-680-5517 fax

GRANDVIEW EARLY LEARNING CENTER
Subsidized Child Care Application

FAMILY CHECK OFF LIST

The following must be attached to this application:

- Tribal Identification for the child.
 - The child must be a member of a Federally Recognized Tribe
- Immunization Records for the child.
- Current paystub for parent/guardian OR school enrollment for parent/guardian.
- Completed criminal background authorization for provider. (form attached)
- Copy of CPR and First Aid Certification for the provider.
- Copy of Driver's License for the provider.
- Proof of Insurance for the provider.
- Licensed Daycares: Copy of License
- Foster Families: Legal Documentation from Children's Services/State.

Should you have any questions completing this packet, please call the GELC office at 253-680-5516.

Applications cannot be processed without all of the above information attached to this application.

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PROGRAM GUIDELINES AND FAMILY AGREEMENT

The Puyallup Tribe Subsidized Child Care Program pays childcare costs to approved providers for qualified Native American Families.

Providers may be a licensed daycare facility, a family care center, a licensed home, or a family member who does not live with the family. All providers must pass a criminal background check, have CPR and First Aid certification, and have a valid driver's license with proof of insurance.

All applicants must meet income guidelines and be employed or attending school. This program is federally funded and services low to moderate income families. Both parents (if living together) must provide documented proof of working or attending school.

All payments for child care services are paid directly to the childcare provider, less a co-payment due to the provider from the approved family. Co-payments are based on the income and family member count in the home. All income paid from this program is taxable, and providers and parents will receive a 1099 tax form at the end of each year on the program.

Changes in family circumstances must be reported immediately to Grandview Early Learning Center at 253-680-5516. Changes include loss of employment, quitting school, or change in family member count living in the household.

Knowingly and willingly giving false or fraudulent information on the application for the Puyallup Tribe's Subsidized Child Care Program will be grounds for immediate termination. If terminated from this program, you will not be eligible to re-apply for one year from the date of termination. All fraudulent files will be turned over to the Puyallup Tribal Law Enforcement for further action.

Possible reimbursement of childcare expenses or legal action may occur.

Upon signing below, I certify that I have read, understand, and agree to all the rules of the Puyallup Tribe Subsidized Child Care Program.

Parent/Guardian

Date

Parent/Guardian

Date

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FAMILY INFORMATION

Date: _____

Guardians Information:

Mother: _____ Father: _____ Relative Placement: _____ Foster Parent: _____

Name: _____

Address: _____

City, St, Zip: _____

Contact#: Cell#: _____ Work#: _____ Home#: _____

Birthdate: _____

Tribe: _____ ID #: _____

Employer/School: _____

Title/Position: _____

Phone: _____

Schedule: _____

Guardians Information:

Mother: _____ Father: _____ Relative Placement: _____ Foster Parent: _____

Name: _____

Address: _____

City, St, Zip: _____

Contact#: Cell#: _____ Work#: _____ Home#: _____

Birthdate: _____

Tribe: _____ ID #: _____

Employer/School: _____

Title/Position: _____

Phone: _____

Schedule: _____

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FAMILY INFORMATION

Please identify ALL persons in your household, including yourself:

Full Name:

Income:

In signing below, I certify that the above named persons are living in my household, and I have not excluded anyone.

Parent/Guardian

Date

Are you receiving any other subsidy for childcare? Yes No

If yes, please identify which program helps you with your childcare needs:

Tribal Services

Tribe: _____

Monthly Amount: _____

Contact Information:

Name: _____

Phone Number: _____

DSHS

Monthly Amount: _____

Name: _____

Phone Number: _____

Other: _____

Monthly Amount: _____

Name: _____

Phone Number: _____

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FAMILY INFORMATION

Please list all children who are in need of childcare services:

Name of Child: _____

Date of Birth: _____

Foster Child?: _____

If this is a Foster Child, please provide legal documentation.

Name of Child: _____

Date of Birth: _____

Foster Child?: _____

If this is a Foster Child, please provide legal documentation.

Name of Child: _____

Date of Birth: _____

Foster Child?: _____

If this is a Foster Child, please provide legal documentation.

Name of Child: _____

Date of Birth: _____

Foster Child?: _____

If this is a Foster Child, please provide legal documentation.

Name of Child: _____

Date of Birth: _____

Foster Child?: _____

If this is a Foster Child, please provide legal documentation.

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RELEASE OF INFORMATION

I hereby release the Puyallup Tribe of Indians, D.b.a. Grandview Early Learning Center, to verify all information submitted for enrollment. This includes, but not limited to calling employers, school officials and other parties deemed necessary by staff to obtain verification of employment, hours or employment, verifying school attendance, and income eligibility for this childcare program.

I certify by signing below that all information I have provided in this packet is true, accurate, and complete to the best of my knowledge. I further agree and understand that such information found false, or misleading will be grounds for immediate denial of childcare benefits from this program.

Parent/Guardian Date

Parent/Guardian Date

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TUITION AGREEMENT

TUITION:

The tuition structure is based upon a sliding scale that considers each family's total gross income per year. Tuition may be adjusted if changes in family count or income occur. Providers must submit a completed payment calendar to GELC on the first of every month following service. Payments will be processed and turned in to the accounting department. Payments cannot exceed 22 days in a month. Payments will be issued to providers two weeks after receipt of the completed payment calendars. Calendars must be signed by the parents and providers. Each family must pay a co-payment towards the cost of childcare services. Co-payments are based on income and family count. Co-payments will be deducted from the monthly amount paid to the provider. The parent must pay the co-payment directly to the provider.

ABSENCES:

Program pays up to five days absent to licensed childcare providers due to illness. Absent days are not covered for in-home child care providers. Program does not pay childcare expenses for holiday or vacation days.

TERMINATION:

A family has the right to terminate childcare services at any time, provided a two-week notice is given to Grandview Early Learning Center and the provider. Grandview Early Learning Center has the right to terminate child care services at any time with the same two-week notice, with a written explanation as to why services are terminated.

In signing below, I verify that I have read, understand, and agree with the GELC Tuition Policy.

Parent/Guardian Date

Parent/Guardian Date

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care Application

CHILDCARE PROVIDER

Welcome to the Puyallup Tribe's Subsidized Child Care Program. This program is funded through the Child Care Development Fund (CCDF). We thank you for your interest in applying as a provider for this program. Because we are funded through a federal grant, we have requirements of all of our providers on this program. Each requirement must be met before approval and payment can begin.

We require all staff to have:

- A Criminal Background Check
- CPR Certification
- First Aid Certification
- Licensed Daycare: Copy of License
- Copy of Driver's License
- Proof of Insurance

We allow parental access at all times the children are in our care, which means, you, as a provider, must offer access to the parents at all times that the child is in your care.

Please complete the attached forms to complete this application for child care services. Turn in the forms to the parent requesting the information and they will turn in the completed packet to the Tribe for processing.

If all paperwork is submitted with the application, the approval process can take up to two weeks.

If approved, you will be sent a welcome letter, certificate of child care services, and a payment calendar. Each month, a payment calendar will need to be submitted for payment after services are completed. You will need to submit a separate payment calendar for each child approved for services each month. Failure to submit payment calendars will result in late payment for services.

Again, thank you for your interest in offering child care services to our families.

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CHILDCARE PROVIDER INFORMATION

CHILDCARE SETTING:

The child(ren) will be cared for in the following setting:

- 1. Licensed Daycare Center _____
- 2. Group Home Setting _____
 - a. 2 or more adults in home caring for children _____
- 3. Family Home Setting _____
 - a. 1 adult caring for children _____
- 4. In-Home Setting _____
 - a. Childcare in Child's Home _____

PLEASE ANSWER THE FOLLOWING:

Do you have a history of negative CPS involvement? _____

Have children ever been removed from your care? _____

Have you ever been convicted of crimes that would preclude you from providing childcare? _____

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CHILDCARE PROVIDER INFORMATION

Please have provider read and sign the following statements:

STATEMENT OF GOOD MORAL CHARACTER

As a childcare services provider, I certify that I am of good character. I do not engage in illegal use of drugs or excessive use of alcohol. I have the understanding, ability, physical health, emotional stability, and personality suited to meet the physical, mental, emotional, and social needs of the children in my care. I have not been convicted of child abuse and/or any crime involving physical harm to another person. I have not been a perpetrator of substantiated child abuse.

Provider Signature

Date

CHILDCARE PAYMENTS ARE TAXABLE INCOME

Please be advised that any money paid to you by the Puyallup Tribe of Indians for childcare services is taxable income. You will receive a tax form called a 1099 at the end of the year.

Upon signing below, I understand that all income received by me from the Puyallup Tribe of Indians for childcare services over the amount of \$600 is taxable income and may need to be reported by me to the Internal Revenue Service when I do my personal yearly taxes.

Provider Signature

Date

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CHILDCARE PROVIDER INFORMATION

SAFETY AND HEALTH CHECKLIST FOR CHILDCARE FACILITY

An inspection must be done on the premises where the child(ren) will be cared for. A representative from the Puyallup Tribe's Children's Services will be setting up a time to inspect the property and complete a report regarding the health and safety requirements of this grant funded program.

Please complete the following contact information for that representative:

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Contact Phone: _____

Best Time to Call: _____

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CHILDCARE PROVIDER INFORMATION

CRIMINAL BACKGROUND CHECK

Attached is the Criminal Background Check paperwork that must be completed by the provider and returned with this application.

Should you have any questions about completing the form, please call the GELC office at 253-680-5516.