

**CONFEDERATED TRIBE OF SILETZ INDIANS OF OREGON
 CHILDCARE ASSISTANCE PROGRAM
 CHILDCARE APPLICATION**

APPLICANT'S NAME		SPOUSE'S NAME (IF ANY)	
RESIDENT ADDRESS (WHERE YOU LIVE)			
MAILING ADDRESS (IF DIFFERENT THAN RESIDENT ADDRESS)			
COUNTY	HOME TELEPHONE	MESSAGE TELEPHONE	

I NEED CHILD CARE SERVICES FOR:

- EMPLOYMENT TRAINING EDUCATION
 *RESPITE CARE

(*A physician, counselor or agency must recommend RESPITE CARE before care can be approved)

I AM (check the box below that applies to your circumstances):

<input type="checkbox"/> EMPLOYED AT (EMPLOYER'S NAME)	Employer's phone number
<input type="checkbox"/> IN TRAINING OR CLASSES (COURSE OR TRAINING TITLE)	Contact Person and phone number

PLEASE LIST THE DATES AND HOURS YOU NEED CHILD CARE FOR:

DATES	HOURS

ARE YOU PARTICIPATING IN ANY OTHER CHILDCARE ASSISTANCE PROGRAMS: YES NO

If **YES**, please list the program(s) assisting you: _____

If you pay a copay, please list the amount here: _____

PROVIDE THE FOLLOWING INFORMATION ON THE CHILD CARE PROVIDER YOU INTEND TO USE:

CHILD CARE PROVIDER'S NAME	HOME PHONE NUMBER	MESSAGE PHONE NUMBER (if any)
CHILD CARE PROVIDER'S ADDRESS		

Note: You are responsible to pay for your childcare until your Provider is certified.

LIST CHILD(REN) WHO REQUIRE CHILD CARE:

CHILD'S NAME	DATE OF BIRTH	AGE	ENROLLED CTSI	ELIGIBLE TO ENROLL CTSI
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST ALL OTHER HOUSEHOLD MEMBERS:








HOUSEHOLD MEMBER'S NAME	DATE OF BIRTH	AGE	RELATIONSHIP TO APPLICANT

PLEASE DESCRIBE ANY SPECIAL NEEDS OR DISABILITIES OF ANY CHILD LISTED ABOVE: _____

PLEASE READ AND INITIAL BY EACH OF THE FOLLOWING TO SIGNIFY YOUR UNDERSTANDING AND ACCEPTANCE. THANKS.

If required, I agree to pay the co-payment listed on the sliding fee scale.

I understand it is my responsibility to:

-  Seek approval each time funds are requested, unless on-going care has been approved;
-  Locate and select a child care provider;
-  Advise my provider of the allowable rates for child care;
-  Advise my provider as to the number hours I am approved for child care;
-  Advise my provider that payment cannot be authorized unless the provider registration process is complete within thirty (30) days;
-  Advise my provider as to any special circumstances for the care of my child(ren) such as diet, allergies, medication, toilet training, etc. to resolve all issues with my provider regarding scheduling and fees.
-  If care is provided in my home, I am responsible for meeting any minimum wage requirements.

APPLICANT'S SIGNATURE	DATE

FOR OFFICE USE ONLY:

APPROVED YES NO* _____ HOUR(S) _____ DATE(S) APPROVED TIME

BEGINS _____ AND ENDS _____

ON-GOING CARE APPROVED? YES NO HIGHER RATE APPROVED? YES \$ _____ PER HOUR

*NOT APPROVED FOR THE FOLLOWING REASON: _____

ELIGIBILITY WORKS INITIALS: _____

DATE: _____

CONFEDERATED TRIBE OF SILETZ INDIANS OF OREGON
CHILD CARE ASSISTANCE PROGRAM

PROGRAM INFORMATION SHEET

The Child Care Assistance Program is funded to assist Siletz Native families living in the eleven (11) county service area with finding and paying for child care services that are necessary while parents work, attend training, attend classes, or for respite care. The program is also dedicated towards improving the availability and quality of child care in the eleven (11) county service area and will provide training to parents and providers on developmentally appropriate practice, selecting quality care and will work towards establishing a provider referral list.

Funding under this program can be used only to supplement and not to supplant the child care service and related programs offered within the State. Families must disclose participation in any other childcare assistance programs and staff may contact other agencies to verify and coordinate delivery of service.

POLICIES AND PROCEDURES

Childcare is allowed for any child age birth to thirteen (13)* who is an enrolled member or eligible to enroll in the Confederated Tribes of Siletz Indians (CTSI); living in the eleven (11) county service area which are the following: **Lincoln, Tillamook, Linn, Lane, Benton, Yamhill, Polk, Marion, Multnomah, Clackamas, and Washington**; or for any child age birth to thirteen who is an enrolled member of a federally recognized tribe residing in Lincoln; Marion; or Multnomah county; and residing with a family whose household income is below seventy-five percent (85%) of GMI; and whose family is participating in paid employment, volunteer employment, job training, educational programs or for *respite care. (*Respite care - under special circumstances childcare can be allowed for children up to the age of eighteen (18))

A family must complete the application process and receive approval BEFORE childcare is provided. Eligibility for assistance begins the day a complete application is received by CTSI. To be complete, an application must verify the following: **Income, Residency, Age(s) of Child(ren), Need, Enrollment, and any participation with other childcare assistance programs**. Applications are available at all CTSI Area Offices and by mail. If a family appears eligible for the State of Oregon's Employment Related Day Care (ERDC) they are required to apply for that program.

If approved for assistance, a Childcare Certificate is completed and given to the family. The certificate specifies the child(ren) for whom care is approved; the number of hours and dates the care is approved for; and any co-payment that may be required. A family must receive approval each time they wish to use funds from the program unless on-going care has been approved.

A family chooses their own provider or asks for a list of provider names from the CTSI Childcare Assistance Program where a list is available. The provider, if not from our list, must be willing to sign an agreement form that states they will perform under certain specifications required by the Childcare Assistance Program.

PROVIDER REGISTRATION PROCESS

All child care providers involved with the Childcare Assistance Program who are not subject to State licensing or regulatory requirements must complete and submit a Provider Agreement agreeing to the following: **Allow CTSI Childcare Assistance Program staff to inspect their home for compliance with health and safety standards; Agree to a State of Oregon Criminal History Check (the results of criminal history checks must be received and reviewed, before a provider can be certified and eligible to receive payment); and if required, Complete training offered by the Childcare Assistance Program.**

Some providers are required to register with the State of Oregon Child Care Division. If you provide care to more than 3 children from more than one family at any one time, and the care is not provided in the child's home, and if you unrelated to the children by blood, marriage or adoption; then you are required to register. A 30-day temporary registration can be granted during which you must complete the registration process with the Child Care Division.

All providers who register with the Childcare Assistance Program will be given opportunities to enhance their professionalism and the quality of the care they provide through training sessions offered on an ongoing basis. Stipends are available for taking courses on the health and safety practices; social and emotional development of children, records keeping for childcare providers; developmentally appropriate practice; enhanced learning activities for motor, literacy, concepts; and first aid/CPR. All training events must be prior authorized by CTSI Childcare Assistance Program and a certificate of completion must be submitted before a stipend will be issued.

In addition, providers who agree to provide on-going child care for the Childcare Assistance Program or providers who provide on-call or drop-in care for the program are eligible for assistance in purchasing safety equipment if:

- ✓ The provider has signed an agreement with the Childcare Assistance Program and provides average or more than four (4) hours of care a week for the program; or
- ✓ The provider has signed an agreement with the Childcare Assistance Program and provides less than four (4) hours of childcare per week for the program and at least four (4) hours of care a week for other clients.

RATES AND RECEIVING PAYMENT

To receive payment, a provider must submit a Claim Form for the approved dates and times they provided child care. Only hours that have been pre-approved will be paid for by the program. Claim forms must be received in the CTSI Area Office within ninety (90) days of the date childcare was provided to receive payment. Payment is made directly to the provider within two (2) to three (3) weeks after receiving a claim form. Co-payments or payment for services that exceed the approved time are the responsibility of the family to pay directly to the provider.

PAYMENT RATES FOR CHILD CARE

The CTSI Childcare Assistance Program sliding scale fee. The maximum hourly rates for childcare providers:

CTSI Child Care Assistance Program Sliding Scale Fee								
Maximum Hourly Rate CTSI Pays Per Child; Per # in Family (Rate for Infant Care / Rate for ages 2 – 13)								
Monthly Income	1	2	3	4	5	6	7	8+
Monthly Income	1	2	3	4	5	6	7	8+
0 - 851	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75
852 - 1141	2.75/2.50	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75
1142 - 1431	2.50/2.25	2.75/2.50	2.75/2.50	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75
1432 - 1721	2.00/1.75	2.50/2.25	2.75/2.50	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75
1722 - 2011	1.50/1.25	2.00/1.75	2.50/2.25	2.75/2.50	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75
2012 - 2282	1.00/.75	1.50/1.25	2.00/1.75	2.50/2.25	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75
2283 - 2301		1.25/1.00	1.75/1.50	2.25/2.00	2.75/2.50	3.00/2.75	3.00/2.75	3.00/2.75
2302 - 2591		1.00/.75	1.50/1.25	2.00/1.75	2.50/2.25	2.75/2.50	3.00/2.75	3.00/2.75
2592 - 2881		.75/.50	1.00/.75	1.50/1.25	2.00/1.75	2.50/2.25	2.75/2.50	3.00/2.75
2882 - 2984		.50/.25	.75/.50	1.00/.75	1.50/1.25	2.00/1.75	2.50/2.25	2.75/2.50
2985 - 3686			.50/.25	.75/.50	1.00/.75	1.50/1.25	2.00/1.75	2.50/2.25
3687 - 4388				.50/.25	.75/.50	1.00/.75	1.50/1.25	2.00/1.75
4398 - 5090					.50/.25	.75/.50	1.00/.75	1.50/1.25
5091 - 5792						.50/.25	.75/.50	1.00/.75
5793 - 6494							.50/.25	.75/.50
6495 – 7196								.50/.25

*Monthly Family income cannot exceed 85% of GMI

Updated 2/7/2000

Maximum Day Rates Apply: **No matter what a provider charges, the CTSI Child Care Assistance Program cannot pay over these rates: \$20.00 per day for 1-2 children; \$40.00 per day for 3-4 children; \$50.00 per day for 5 or more children.**

CLIENT RESPONSIBILITY

The CTSI Childcare Assistance Program cannot recommend providers to clients. the program can only refer names and telephone numbers of providers who have responded to our request for providing childcare and who have signed agreements with the Childcare Assistance Program. It is the responsibility of the client to meet with and discuss issues of safety and quality with their potential provider. Information on choosing quality care is available at the Childcare Assistance Program office.