

## C.T.S.I. Child Care Assistance Program (CCAP) PROVIDER APPLICATION

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Your Telephone Number

\_\_\_\_\_  
Your Street Address

\_\_\_\_\_  
Your Mailing Address

**Please indicate the type of care you provide:**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> In-Home Care (in your home)</li> <li><input type="radio"/> In the Child's Home</li> <li><input type="radio"/> Relative Care (you are related to the child)</li> </ul> | <ul style="list-style-type: none"> <li><input type="radio"/> Day Care Center (more than 12 children)</li> <li><input type="radio"/> Group Home (no more than 12 children)</li> </ul> |
|--|--|

Please indicate who you are providing childcare for: \_\_\_\_\_

Are you currently registered or certified with the Child Care Division?      Yes       No

If yes, please write your Provider Number here: \_\_\_\_\_

**And, attach a copy of your State Childcare Certification Sheet**

If you provide care in your home, list you and all adults age eighteen (18) and older who live in your home. If you provide care in the child(ren)'s home, list yourself only. Person's named below will be checked through the Oregon State Police and Children's Service Division records. Under Oregon law, persons convicted of child abuse and certain other crimes may not be listed or live with a listed provider (OAR 412-10-565).

<u>Name of Adults (List yourself first)</u>	<u>Male</u>	<u>Female</u>	<u>Birth date</u>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

Check **Yes** or **No** to tell us if the home or center where you provide child care meets these standards:

**QUESTIONS:**

- |   | <u>Yes</u>               | <u>No</u>                |
|---|--------------------------|--------------------------|
| Each area the child(ren) use has two (2) usable exits, or there is an evacuation plan for emergencies?  | <input type="checkbox"/> | <input type="checkbox"/> |
| The place has running water that is safe to drink?  | <input type="checkbox"/> | <input type="checkbox"/> |
| The place has a working smoke detector on each level and each area where child(ren) nap?  | <input type="checkbox"/> | <input type="checkbox"/> |
| The grounds, toys, equipment and furniture are kept clean, sanitary and hazard free?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Firearms, ammunition and dangerous items like medicine, drugs, poisons, cleaning supplies, paint and plastic bags are kept out of the child(ren)'s reach? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you checked <b>No</b> to any item above, would you like help meeting the standards?  | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you attended the free Oregon Child Care Basics training courses?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you provide care to more than three (3) children at any one time who are from more than one family? (For Program Use: State Registration required?)    | <input type="checkbox"/> | <input type="checkbox"/> |

**Give the following information for the child(ren) you will be caring for:**

Child's Name	Hourly Rate	Related to You?		If related, How?
		Yes	No	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

**Provider Agreement**

CTSI Child Care Assistance Program requires that you agree to certain condition before you get your payments. The requirements are as follows:

- If required, I will participate in all scheduled provider training;
- I will obtain the basic safety equipment required and understand that the CTSI Child Care Assistance Program can assist me with the purchase of this equipment;
- I will keep accurate records and submit payment claims on a timely basis;
- I understand claims must be submitted within ninety (90) days from the date child care was provided or they will not be paid;
- I will allow CTSI Child Care Assistance Program to review my records upon request;
- I will give parents information about immunizations;
- I will take steps to prevent the spread of infectious disease;
- I will let parents of the child(ren) in my care have access to their child(ren) at all times;
- I will inform CTSI Child Care Assistance of any arrests or convictions of myself or any person living with me;
- I will inform CTSI Child Care Assistance of name and address changes, or changes of who lives with me;
- I will supervise the child(ren) in my care at all times;
- I will not use physical punishment or threats to manage any child's behavior;
- I will not indulge in or be under the influence of any alcohol or drugs while providing child care;
- I understand that I am employed by the parent whose children I care for, and I am not an employee of the Confederated Tribes of Siletz Indians of Oregon or the CTSI Childcare Assistance Program;
- I understand that if care is provided in the child's home that the parent is responsible for meeting any minimum wage requirements; and
- I understand that CTSI Childcare Assistance Program will conduct **unannounced** inspections of my home to sure that I meet health and safety standards for care.

I agree to ALL the above requirements. By signing this form, I state the information I have given is true and complete. I understand caregivers must be age eighteen (18) and older. I understand that if I do not meet the provider requirements, my listing may close or be denied.

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date

Please check "Yes" if we have your permission to refer clients to you:      Yes       No

Please return entire application with all required documents to:  
C.T.S.I. Attn: Childcare Assistance Program PO Box 549 Siletz, OR 97380

**Note: The client is responsible to pay for childcare until you are certified. Until certified, you are not eligible to receive payments from CTSI Childcare 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 a child age birth to thirteen (13) who is an enrolled member of a federally recognized tribe and resides in the county of Lincoln, Marion, or Multnomah; and residing with a family whose household income is below eighty-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 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; Complete training offered by the Childcare Assistance Program; and if required, register with the State of Oregon Childcare Division.**

Some providers are required to register with 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 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+
0 - 903		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
904 – 1214		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
1215 – 1526		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
1527 – 1838		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
1839 – 2149		2.25/2.00	2.50/2.25	2.75/2.50	3.00/2.75	3.00/2.75	3.00/2.75	3.00/2.75
2150 – 2461		2.00/1.75	2.25/2.00	2.50/2.25	2.75/2.50	3.00/2.75	3.00/2.75	3.00/2.75
2462 – 2773		1.75/1.50	2.00/1.75	2.25/2.00	2.50/2.25	2.75/2.50	3.00/2.75	3.00/2.75
2774 – 3084		1.50/1.25	1.75/1.50	2.00/1.75	2.25/2.00	2.50/2.25	2.75/2.50	3.00/2.75
3085 – 3256		1.00/.75	1.50/1.25	1.75/1.50	2.00/1.75	2.25/2.00	2.50/2.25	2.75/2.50
3257 – 4022			1.00/.75	1.50/1.25	1.75/1.50	2.00/1.75	2.25/2.00	2.50/2.25
4023 – 4788				1.00/.75	1.50/1.25	1.75/1.50	2.00/1.75	2.25/2.00
4789 – 5554					1.00/.75	1.50/1.25	1.75/1.50	2.00/1.75
5555 – 6321						1.00/.75	1.50/1.25	1.75/1.50
6322 – 6464							1.00/.75	1.50/1.25
6465 - 6608								1.00/.75

\*Monthly Family income cannot exceed 85% of GMI

Updated 2/9/2010

**Maximum Day Rates Apply:** No matter what a provider charges, the CTSI Child Care Assistance Program cannot pay over these rates: \$27.50 per day for 1 child; \$55.00 per day for 2 children; \$82.50 per day for 3 children; \$110.00 per day for 4 children; \$137.50 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.