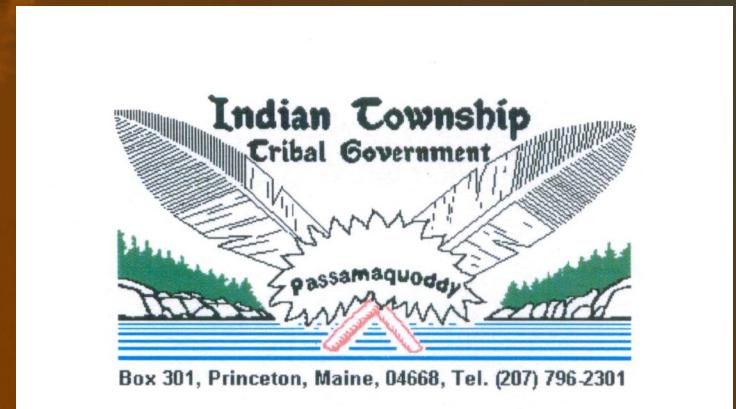


Indian Township Child Care Block Grant Certificate Program Application

INDIAN TOWNSHIP- CCDF/CCDBG
CHILD CARE & DEVELOPMENT PROGRAM



EVERY CHILD MATTERS



Indian Township Child Care Certificate Program- Parent Checklist:

All our forms can be found @ <https://itccpass.com/>

The following forms/documents must be submitted with application.

* Applicants are required to exhaust all other available funding for child care services. TANF recipients are expected to utilize FEDCAP child care funding for the time that they are involved in FEDCAP activities for as long as that service is available.

*Applications are not considered complete unless ALL FORMS/DOCUMENTS are in. It is YOUR responsibility to submit all completed forms and required documents to our office.

*All information listed is mandatory and will be required before any payments by the Tribe are authorized. All required documents must be with this packet to be considered a completed application. All forms must be filled out completely. Forms that are not properly and completely filled out will not be accepted.

*Please initial beside each section if you have attached required form/document with your application.

*If all the proper documents are not enclosed with this application prior to the cut-off date of September 30th; an email, requesting the missing information will be sent as your only reminder. Your eligibility will be held as pending for up to 10 business days from date application is received. On the 11th day your child care application will be destroyed if the required documents/forms are not turned in. You will have to wait 30 days before you can Re-Apply and may be put on our wait list!

*If additional forms are required please request them as soon as possible. They can also be found on our website @ link above.

(Additional Forms: Provider agreements, Self-Employment forms, Work from home declaration form.)

Parent/Guardian: _____

Date: _____

1. Completed application **(Only initial after everything has been submitted and all forms are completed correctly)**
2. Self employed: Signed Self-employment Statement & copy of tax return, and or, Signed Self-employment Declaration and record showing the date of payment/receipts. Spouse/other parent (if applicable)
3. Income Verification Form **(4 weeks/ 2 weeks if Re-Enrolling per adult listed)**
4. Employment Verification **(Work Schedule)** Spouse/other parent Work from home Employment Form
5. School/Job Training Verification **(Class/Training Schedule)** Spouse/other parent *(if applicable)*
6. Proof of legal Guardianship- ***If applicable**
7. Proof that child is in tribal custody- ***If applicable**
8. Signed Parent's responsibility agreement-**Annually**
9. Proof of special needs- ***If applicable**
10. Copy of Child's **current** Immunization records, a copy of **SS Card** (per child) and you must also include each Child's school schedule-**Annually**

Child _____ Child _____

Child _____ Child _____

Child _____ Child _____

11. Tribal enrollment/census verification-if child's not on the census a copy of their birth certificate along with parent/s or grandparent verification **(per child/ parent or decedent of)* If child is not on the census we require a copy of their birth certificate**

Child _____ Child _____ Parent _____

Child _____ Child _____ Parent _____

Child _____ Child _____ Other _____

Child Care Providers: (Providers will be given a separate checklist for their records-This section is to be completed after you've finished your packet entirely.)

It's the parents/guardians responsibility to make sure their chosen provider/s have all the required documents submitted!

Provider agreement and Provider statement (per provider- **Annually**)

Copy of Contract (**Annually**)

Background Check (**In-home/Family Care providers this includes anyone in the household who is 18 and older**) _____

Providers **CURRENT** licenses and certifications.

WCB-267& W9: _____ **(WCB-267 In-home/Family Care providers-)**

Other: _____

Staff Reviewed by: _____ Date: _____

Indian Township Child Care - CCDF/CCDBG

Mailing Address: P.O Box 301 Princeton, ME 04668

Phone Number: 207-796-2301/ Direct ext: 6610 Fax

Number: 207-796-0822 Email: ccdf@ITCCpass.com



Indian Township Child Care -CCDBG/CCDF CERTIFICATE PROGRAM APPLICATION

HOUSEHOLD MEMBERS: List ONLY those in the home supported by your income. Must list both parents.			
PARENT/GUARDIAN NAME (Last, First)		PARENT/GUARDIAN NAME (Last, First)	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
NAME (Last, First)	DOB	Is this person re-enrolling in the program ? Yes No #hrs _____	
TOTAL IN HOUSEHOLD: _____			
Family Composition: <input type="checkbox"/> Single Parent <input type="checkbox"/> Two Parent <input type="checkbox"/> Tribal custody (Provide current court documentation)			

ADDRESS/PHONE NUMBER		
HOME ADDRESS (NO, STREET, CITY ZIP)		
MAILING ADDRESS, IF DIFFERENT FROM ABOVE (P.O. BOX, STREET, CITY,STATE, ZIP)		
PARENT #1: PARENT #2:	PHONE: PHONE:	EMAIL ADDRESS: EMAIL ADDRESS:

Documentation NEEDED to determine Income Eligibility: Any income earned by the parent(s) or any other adult in the home supporting the child/ren. For children in tribal custody and guardianships, please provide current court documents. Income verification is not required for children in tribal custody.

Are you or any other adult in the home currently working (part time/full time)?		If YES: Please submit LAST 4 pay stubs If you recently gained new employment and do not have at least 2 pay stubs, please contact program staff to verify an employment Verification Form is on file.
No	Yes	
Are you or any other adult in the home currently enrolled in a college/university or a education program?		If YES: Please submit financial aid award letter along with school schedule.
No	Yes	
Are you or any other adult in the home currently enrolled in a job training program?		If YES: Please submit documentation to support that you are currently enrolled and meeting the requirements of the program
No	Yes	

*If you receive any additional income from the following listed please submit a copy of the letter and/or statement

*If you work from home your employer must specify that on the employment verification form and you must complete a work from home employment declaration form.

I am currently unemployed.

Child Support

Supplemental Security Income (SSI) or Death benefits

Receiving unemployment

Self employed. Signed Self-Employment Statement Provide a copy of tax income, Payments/receipts

Public assistance TANF

Other in-come

DECLARATION AND CONSENT

I understand that I/we have completed the enrollment application and declare that all the information provided to the best of my knowledge is true and accurate. If any information provided on the application is found to be falsified, I/we understand that my application will not be considered for enrollment.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

Email/ Messenger- Note: Email is our preferred method.

I wish to receive Emails or Messenger messages. By checking this box and signing below, I authorize Indian Township Child Care Certificate Program to contact me by messenger or email message related to ITCC/CCDF enrollment and eligibility information related to children under my guardianship.

I know that I am under no obligation to authorize ITCC/CCDF to send me messages or emails. I may elect to opt-out of receiving these communications at any time by contacting ITCC/CCDF coordinator.

PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE

Certificate Program Staff

CCDF Program Coordinator:

Tracy Dore

(207) 796-6110

t.d@itccpass.com

If you are not the legal Guardian of the child/ren you are not required to submit financial information- If your child/ren is in tribal custody please provide official court documentation and SS #

List Family Members (including yourself) who are supported by your income (all SS#s are required):				
Self- Second parent-	NAME	DOB	SS#	RELATIONSHIP TO CHILD/REN

Total number in family (including yourself) supported by the income of the parents or guardians of the child enrolling or participating in the program and related to the parents or guardians by blood, marriage or adoption _____

INCOME - GROSS/ NET can be used for self-employed seasonal work/Contract work: Clamming, Wrinkling, Wreaths, Tipping -

I RECEIVE INCOME FROM THE FOLLOWING SOURCES AT THIS TIME (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Employment Wages- _____	<input type="checkbox"/> Supplemental Security (SSI)- _____
<input type="checkbox"/> Public Assistance TANF- _____	<input type="checkbox"/> Self Employed _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Child Support _____
<input type="checkbox"/> Unemployment Compensation - _____	Total income _____

Please check one box and provide documents verifying income for all.

<input type="checkbox"/> One household member	<input type="checkbox"/> Two household members
<input type="checkbox"/> Zero Income – I currently have zero income – A Zero Income statement must be submitted.	

* Please provide copies of pay stubs, or notice (s) from income source to document monthly income.

DECLARATION AND CONSENTS

I understand that I/we have completed this application and declare that all the information provided to the best of my knowledge is true and accurate. If any information provided on the application is found to be falsified, I/we understand that my application will not be considered for enrollment.

PARENT/GUARDIAN SIGNATURE	PRINT NAME	DATE
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<input type="checkbox"/> Tracy Dore CCDF Program Coordinator t.d@itccpass.com	Indian Township Child Care - CCDF/CCDBG Mailing Address: P.O Box 301 Princeton, ME 04668 Phone Number: 207-796-2301/ Direct ext: 6110 Fax Number: 207-796- 0822	
Program Coordinator Signature:	PRINT NAME	DATE

Reason for needing child care (check all that apply)

Office Use Only

Today's Date: _____

Adding a child-Name: _____ DOB: _____

Entered by: _____

Parent 1:

Employment: F/T P/T
 School: F/T P/T
 Training: F/T P/T

Name of Employer: _____

Name of School: _____

Dates of Training: _____

Job Search: #of Hrs per Week: _____ Name of Job Search agency: _____

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday**Actual Work hours:****Parent 2:**

Name of Employer: _____

Employment: F/T P/T
 School: F/T P/T
 Training: F/T P/T

Name of School: _____

Dates of Training: _____

Job Search: #of Hrs per Week: _____ Name of Job Search agency: _____

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday**Actual Work hours:** _____

* If you are adding a newborn child we will need a copy of the child's current Immunization records, and SS#. If they are in tribal custody we will need a copy of the official court order and the contact information for the child/s case worker.

Child Care Needs:

When Needed: _____ Example: summer/school, all year

Days Child Care Needed: _____ Example: M-T-W-Th-F/Weekend

Number of hours per child:

1. Number of hours per day, _____, Number of hours per week, _____
2. Number of hours per day, _____, Number of hours per week, _____
3. Number of hours per day, _____, Number of hours per week, _____
4. Number of hours per day, _____, Number of hours per week, _____

(Please initial for acknowledgment)

The information provided is used to determine whether you are eligible for childcare subsidies; to enable us to collect federal or state funds for the services provided to you and/or family.

Most of the information we collect about you will be classified as private- That means you and the government/state/Tribal agencies who need the information can see it, others cannot.

____ I certify that the information provided is true to the best of my knowledge.

____ I am also aware that the information I have provided is subject to review and I have to provide documents to support this application.

____ I am also aware that I am subject to immediate termination if I am found negligent after enrollment and Indian Township Child Care Program may bring formal charges of fraud against me.

____ I allow release of this information for review purposes and understand that it will be used to determine if I will be eligible for the program.

____ Data you give to ITCC program may be shared with appropriate staff of the Federal Government/State/Tribal agencies under existing contractual agreements.



I, _____, (Participant/Parent) give permission to ITCC CCDF/CCDBG staff to verify pertinent information regarding my employment, schooling/training from the below stated agencies or organizations for the purposes of determining eligibility and compliance with Child Care and Development Program.

I, _____, (Participant/Parent) also give permission ITCC CCDF/CCDBG staff to obtain pertinent information regarding my child's tribal enrollment, the descendant parent(s) tribal enrollment, the descendant grandparent(s) tribal enrollment, if I am unable of accessing the documents in a timely manner.

Child's Name: _____ DOB: _____

***It is the parents/guardians responsibility to obtain and submit all required documents.**

***All information provided will be kept confidential.**

The following proof of information may be requested from the agencies/organizations listed below via email or phone:

- School-college/program enrollment.
- Employment/income verification.
- Immunization records.
- Provider time sheet.
- CW/CPS- court document.
- Other

*Please provide names, contact information and initial in front of each agency/organization you give ITCC permission to verify submitted documents.

Initials

Name and contact information:

**This form may be mailed/mailed, or faxed to any of the listed agencies /organizations for the purpose of determining eligibility and/or to verify the information/documents submitted for compliance with the Child Care subsidy Program.*

Participants Signature:

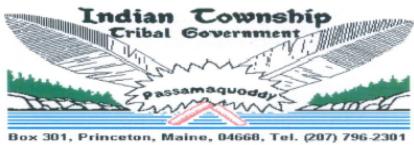
Date:



PARENT RESPONSIBILITY FORM

To qualify for the CCDF Certificate Program (CP), both parents (one if a single parent household) or a licensed foster parent for Passamaquoddy tribe at Indian Township you must meet the following requirements and submit the required proof of employment and/or school/job training status.

- Employed (working a minimum of 20 hours per week or more)
- Attending school or job training: Enrolled in classes or job readiness program- traditional trade and meeting the program's enrollment requirements, and official class schedule.
- I must notify the ITCC staff of the following changes within ten (10) calendar days of any changes in child custody/guardianship, address, email, or phone numbers. If I fail to provide current phone numbers/addresses/emails, I may lose eligibility if the program staff cannot contact me to request eligibility information.
- I am required to notify program staff within 10 calendar days if my family's total income rises above 85% of the Maine State Median Income. I may also choose to notify program staff if there is any change in my family's income or family size that could potentially benefit me in the form of a lower co-payment. (**Licensed foster parents are exempt**)
- If I am self-employed, I must submit a Self Employment Statement form, along with proof of income, or a self employment declaration of income form, if I do not have the previous years federal tax returns yet.
- If I work from home I must have an employment verification form filled out and signed by my employer and I must also have completed a work from home employment declaration form.
- I am responsible for choosing a state licensed or ITCC approved child care provider who accepts CCDF/CCDBG funds. I have signed the Child Care Release of information form. After selecting a child care provider, it is my responsibility to submit to the provider the necessary forms and to confirm that the ITCC staff has received the forms from the provider. I understand that it may take up to two weeks for my services to be authorized after the ITCC staff receives all required forms. I am responsible for all child care fees prior to authorization.
- I must notify the ITCC staff if I wish to change child care providers. Payment will not be made for child care services if the provider is not state licensed or ITCC approved child care and has not been authorized by the CCDF program and if a provider agreement is not signed by both parent and provider. I am responsible for paying any child care provider balance in full before receiving authorization for services at another child care provider. I understand that after selecting a new provider, it may take 2-4 weeks for my services to be authorized after the ITCC staff receives all required forms. Once approved, I will receive a new approval letter stating the approval date and new provider name.
- I am responsible for paying a co-payment to the provider which is based upon my income and household size. I am also responsible for any remaining balance that the ITCC does not cover, including, but not limited to, recreation fees, late fees. The provider determines how often I am required to pay my co-payment.



PARENT RESPONSIBILITY PAGE 2

This program offers service hours in increments shown below- Your hours will be determined after review of your completed application.

Age	Description	Hours Monthly (up to)
Infant/Toddler	Full 30+hrs/Part 20-29hrs	120/160/80/116
Infant/Toddler	Half 10-19hrs	40/76
Infant/Toddler	Quarter-0-9	36
Preschool	Full 30+hrs/Part 20-29hrs	120/160/80/116
Preschool	Half 10-19hrs	40/76
Preschool	Quarter 0-9	36
School Age	Full 30+hrs/Part 11-29hrs	120/160/11/116
School Age	Half 6-10hrs	24/40
School Age	Quarter 0-5	20

1. I will be held responsible for repaying any over payments incurred for services as a result of fraud.
2. I understand that payment will not be made on my behalf until I have received a Child Care Approval letter from ITCC with the date issued and the eligibility period indicated.
3. I am responsible for paying any child care charges incurred before or after the eligibility period stated on the certificate.
4. It is my responsibility to reapply to the program annually if I wish to continue services in subsequent years.
5. My certificate does not automatically renew.
6. The deadline to reapply annually is 09/30. There is no guarantee that I will remain eligible for the program.
7. The re-enrollment forms can be found at our Website, Facebook page, picked up in person, or requested by email.

❖ This program is contingent upon federal funding through the Child Care Development Fund- Certificates are valid through December 31.

❖ During the determination process, a priority list will be utilized and you may be placed on a wait list.

❖ By signing this form, I agree to abide by all statements on this form. I authorize the ITCC CCDF Certificate Program to verify any eligibility information through employers, schools, or other persons or institutions.

❖ Any applicant who knowingly submits false information or knowingly conceals requested information will be withdrawn from the program and may be charged with fraud.

Parent/Guardian Signature: _____ Date: _____

*** The ITCC CCDF Certificate Program payments will be determined after your complete application and required documents are reviewed.**

Indian Township Child Care - CCDF/CCDBG Mailing Address: P.O Box 301 Princeton, ME 04668 Phone Number: 207--796-2301/ Direct ext: 6110 Fax Number: 207-796- 0822		Tracy Dore CCDF Program coordinator (207) 796-6110 t.d@itccpass.com
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PRINT

CLEAR

EMPLOYMENT VERIFICATION FOR CHILD CARE SUBSIDY- CCDF/CCDBG (ITCC)

RELEASE OF INFORMATION IS REQUIRED BY ALL APPLICANTS!



Applicant, you are to fill in the top portion including RE, only.
Have your employer fill out the bottom half of this form sign and return with your application.

(Company Name) _____

(Manager/Supervisor) _____

(Representative name) _____

(Street Address) _____ Phone: _____ Fax: _____

(City, State Zip) _____ Email Address: _____

(Representative Email) _____

RE: _____
(Applicant)

Dear Company Representative,

This form serves as an official document to collect the below information for the above named participant, as part of the required information needed for eligibility into our program. This information will assist us in matching reported information from the client and to help prevent fraud.

Does Employee work remotely/from home?

Yes No

Start Date: _____ Estimated Length of job: _____ Is employee working full time? Yes No

What days and hours of the week did/does this employee work?

(Please specify start and end times per day)

Sun/ _____ Mon/ _____ Tues/ _____ Wed / _____ Thurs/ _____ Fri / _____ Sat/ _____ Total hours _____

If a work schedule is available, please send back with this form.

Does this employee cover on-call shifts, is so how many hours? _____ Yes No

Estimated monthly gross income? _____

Employer Signature: _____ Title: _____

Date: _____



Applicant, you are to fill in the top portion, TO, RE, your Social Security# and Student I.D. # only, have the school/program representative fill out the bottom half of this form sign and return with your application.

To: _____
(Representative name)

Student I.D.# _____

School/Program: _____

(Mailing Address) _____ **Phone:** _____ **Fax:** _____

(City, State Zip) _____ **Email Address:** _____
(Representative Email)

RE: _____
(Applicant)

Dear School/Program Representative,

This form serves as an official document to collect the below information for the above named participant, as part of the required information needed for eligibility into our program. This information will assist us in matching reported information from the applicant and to help prevent fraud.

Applicants start Date: _____ **Graduation/Completion Date:** _____
(Expected)

The student is enrolled in: Full time Part time **Does this student attend in person** or on-line

What is the students schedule? (Please specify # of hours per day)

Sun/ _____ **Mon/** _____ **Tues/** _____ **Wed /** _____ **Thurs/** _____ **Fri /** _____ **Sat/** _____ **Total hours:** _____

(*Please submit a current school enrollment schedule or registration with this form-if available.)

Represenative Signature: _____ **Title:** _____ **Date:** _____

ITCC FINANCIAL FORM



Parent/Guardian #1

Parent/Guardian #2

Family Income:

Employment-

TANF-

Child Support/ Alimony-

Unemployment/Disability-

Social Security/SSI-

Other-

Total Income:

Total Income:

Parent Co-pay:

Approved by: _____

Date:

Denied By: _____

Date:

Reason for denial

Initials: