

**BIG SANDY RANCHERIA
 CCDF PROGRAM**

**CONFIDENTIAL APPLICATION FOR ASSISTANCE
 AND CERTIFICATION OF ELIGIBILITY**

This program is funded through the U.S. Department of Health and Human Services, Administration for Children and Families, Child Care Bureau under the federal Child Care & Development Fund (CCDF) program. The program is further regulated by policy of the Big Sandy Rancheria, a federally recognized Indian Tribe. A formal application process is required to certify eligibility according to family income by family size and the reason for needing service and to determine (if any) the family share of cost. Written notice of your eligibility will be mailed to you no later than 30 days from the date of receipt of this application.

PART I. FAMILY IDENTIFICATION - If you are a single parent/caretaker, check this box

Name of Parent/Caretaker A.	Sex	S.S.N	Home Phone No.	Work/School Phone No.	
Name of Parent/Caretaker B.	Sex	S.S.N	Home Phone No.	Work/School Phone No.	
Mailing Address		City	County	State	Zip
Residence Address (if different from mailing)		City	County	State	Zip

PART II. FAMILY ELIGIBILITY AND REASON FOR NEEDING SERVICE

By statute, all eligible children must be under the age of 13 and reside with a family whose income does not exceed 85% of the Grantee Median Income (GMI) for a family of the same size and whose parent(s) are working or attending a job training or educational program.

A. Are your children, or children in your care, currently receiving or in need of receiving protective services? (Check one) No Yes (please attach documentation)

B. Indicate below all reasons for needing care for each adult listed in PART I. Enter "A" or "B" referring to parent/caretaker listed above or "C" for child(ren). (Please attach documentation)

Parent/ Caretaker	Reason for Needing Service	Parent/ Caretaker	Reason for Needing Service
	Working		Child referred for protective services because of neglect, abuse, exploitation, or risk thereof
	Attending a job training or educational program		Parent/Caretaker incapacitated due to medical (Or) psychiatric special needs.
	Actively seeking employment		Homeless seeking permanent housing

**BIG SANDY RANCHERIA
 CCDF PROGRAM**

**CONFIDENTIAL APPLICATION FOR ASSISTANCE
 AND CERTIFICATION OF ELIGIBILITY**

C. Employment and/or Training information must be verified for each adult listed in PART I to document need on the basis of employment and/or training. Please complete the information requested below:

Parent/ Caretaker	Employer/School	Street Address					City	Zip
A								
A								
Days and Working/Training Hours:	From: To:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

Parent/ Caretaker	Employer/School	Street Address					City	Zip
B								
B								
Days and Working/Training Hours:	From: To:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

PART III. FAMILY GROSS INCOME AND SIZE

A. Please enter the Family size: (number of adults and children in your household) _____

B. Please enter the Family's Gross Monthly Income from all sources: \$ _____
 (Attach Employment verification and documentation of income)

C. Family Income Sources: (Check all that apply)

<input type="checkbox"/>	Employment including self-employment	<input type="checkbox"/>	Unemployment Compensation Insurance
<input type="checkbox"/>	Child Support	<input type="checkbox"/>	Cash or other assistance under Title IV of the Social Security Act (TANF)
<input type="checkbox"/>	Social Security	<input type="checkbox"/>	Revenue Sharing Trust Fund
<input type="checkbox"/>	Other:	<input type="checkbox"/>	Food Stamps

**BIG SANDY RANCHERIA
CCDF PROGRAM**

FORM BSR-1002

Page 3 of 3

Created 03-13

**CONFIDENTIAL APPLICATION FOR ASSISTANCE
AND CERTIFICATION OF ELIGIBILITY**

PART IV.

DATA ON CHILDREN (Please list all children residing in the home and counted in the family size. Under hours of care please provide hours of care required during school periods and vacation periods.)

Name and SS # of Child	Sex		Birth date MM/DD/YY	Type of Care	Hours of Care Per Day								
	M	F			S	M	T	W	TH	F	SA	SU	
1.					S								
SSN	Provider Name				V								
2.					S								
SSN	Provider Name				V								
3.					S								
SSN	Provider Name				V								
4.					S								
SSN	Provider Name				V								
5.					S								
SSN	Provider Name				V								

PART V. CERTIFICATION AND SIGNATURE OF PARENT/CARETAKER

<p>1. I declare under penalty of perjury that the above information is true and correct to the best of my knowledge.</p> <p>2. I will notify the Tribe immediately if there is any change in my income, family size, residence, employment, or reason for needing childcare services.</p> <p>3. I understand the information about my eligibility may be reviewed by representatives of the Tribal Government, Federal Government, independent auditors, or others as necessary for the administration of the program.</p>	<p>4. I understand that if the Childcare Administrator denies this application for services, I have the right to appeal.</p> <p>5. I understand that I will receive a notice of approval or disapproval on my application within thirty (30) days from the date I sign this form.</p> <p>6. I understand that this certification is not complete until all documentation is submitted and this form has been reviewed, signed, and dated by a Tribal representative and signed and dated by me.</p>
<p>Signature: _____ Date: _____</p>	<p>Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Other: Please Describe: _____</p>

FOR OFFICE USE ONLY (Certification is not complete until eligibility is reviewed, signed and dated by authorized Tribal representative)

Eligibility Determination: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		First Date of Enrollment:	Last Date of Enrollment:
Signature of Authorized Representative _____		Date _____	Eligibility verified by: _____ Date _____