

# Child Care Application

## Household Information

Parent Name \_\_\_\_\_ Tribe \_\_\_\_\_

Parent Name \_\_\_\_\_ Tribe \_\_\_\_\_

Residence Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Message \_\_\_\_\_

### List of adults in home

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### List all children in home

Name	Birthdate	Age	Cared Needed	Special Issue
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____
_____	_____	_____	<input type="radio"/> Yes <input type="radio"/> No	_____

### List all Amounts of Monthly income for all persons in household

Name	Amount	Source
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

### Complete for school, training/TANF activates

Name \_\_\_\_\_

Location \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person (if applicable) \_\_\_\_\_

## PROVIDER INFORMATION

Provider Name \_\_\_\_\_ SS# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

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

If out of home care is being provided, please state address at which care is being provided:

Address \_\_\_\_\_

1. I have read and understand the policies and procedures manual and agree to all conditions as set forth in the policies and procedures.
2. I agree to allow parents unrestricted access to their child (ren) in care.
3. I understand and agree to all health and safety requirements including CPR certification within 6 months, maintaining a smoke alarm and fire extinguisher on the premises, obtaining tuberculosis test, and applying for Trustline.
4. I have a right to ask questions and have all aspects of the program clearly explained to me.
5. I understand if I have a disability, including illiteracy; I will be accommodated by the program to ensure that I understand the program and its requirements.
6. I understand that any co-payments are the responsibility of the parent.
7. I understand that the tribal subsidy is based on family size and income and is therefore subject to change.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date



### EXEMPT PROVIDERS

Great-Grandparents, Grandparents, Aunts, Uncles, and siblings living in a spate residence are exempt from all health and safety requirements.

I am exempt for all health and safety requirements because I am a relative of the child (ren) in care.

Circle One

Great-grandparent      grandparent      aunt      uncle      sibling

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

### Parent Acknowledgement

Parents(s)

1. I have read and understand the policies and procedures manual which details my rights and responsibilities under this program.
2. I agree to all the conditions as set forth in the program policies and procedures manual.
3. I understand that failure to abide by program rules may result in termination from the program.
4. I will report all changes which may affect my eligibility before payment is issued to a provider for the period in which such changes occurred.
5. I understand that any co-payments are my responsibility.
6. I understand I have a right to ask questions and have all aspects of the program clearly explained to me.
7. I understand that if I have a disability, including illiteracy, I will be accommodated by the program to ensure that I understand the program and its requirements.
8. I understand I have unrestricted access to my children while they are in care.
9. I understand and agree to all health and safety requirements that I, and my provider must meet.

## **CHILD CARE RELEASE**

I/We, \_\_\_\_\_, the parent (s), understand and agree that Pinoleville Indian Reservation requires parents to perform background checks for individual providers. The Tribe's only role is to assist with the cost of child care. I/We, hereby, release Pinoleville Pomo Nation from any lawsuit brought against the tribe, arising from my/our selection of the Child Care Provider.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date