



# PINOLEVILLE POMO NATION

500 B. Pinoleville Ukiah, CA 95482  
 phone: 707-463-1454 fax: 707-463-6601

## Child Care and Development Block Grant Program

### Application for Services

Complete all areas that apply to you. Complete the application in ink only. Corrections are not allowed to areas verified by another course. Complete applications include the following as they relate to your situation:

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| Membership Certification             | Special Needs Documentation        |
| Letter/Certification from tribe      | Medical records, school records,   |
| Immunization Verification            | Psychiatric, Psychological records |
| Copies of child(ren)'s records       | Pictures of obvious disabilities   |
| Proof of Income                      | Proof of Age (Children)            |
| Paystubs, notice of action           | Birth Certificate, school records, |
| Award letters, any written           | medical records, baptism records,  |
| Verification from source of          | any reasonable documentation       |
| income.                              | School Verification (Children)     |
| Employment/Job Training Verification | Class Schedule or registration     |
| Employer statement of schedule       | Tribal Verification form           |
| If flexible, state minimum and       | School Verification (Adult)        |
| Hours a week.                        | Class Schedule                     |

Upon approval of an application, a parent may select a provider. The following is required before a provider is certified for payment:

- |   |  |
|---|--|
| Unlicensed Providers                      | Trustline Background check, fingerprints |
| Sign all required forms in parents packet | Meet all health and safety requirements  |
| Clean Tuberculosis test                   | *some exemptions for relatives           |
| Licensed Providers                        |  |
| Copy of license                           |  |

Parents and Providers should read carefully. Determinations are made according to information given in the application. PROVIDERS MUST BE CERTIFIED BEFORE PAYMENT IS ISSUED. All child care services should begin after a provider becomes tribally certified. The Tribe will not issue payment if a provider is ineligible for certification.

### Applicant Checklist

	Yes	No	N/A		Yes	No	N/A
Completed application	___	___	___	Citizenship Certification	___	___	___
Employment Verification	___	___	___	School/Training Verification	___	___	___
Proof of Income	___	___	___	Immunization Records	___	___	___
Special Needs Verification	___	___	___	Proof of Age	___	___	___
School Verification	___	___	___				

### Provider Checklist

	Yes	No		Yes	No
Required forms in Parent packet	___	___	Clean Tuberculosis test	___	___
Meet required health & safety Items	___	___	Trust line check, fingerprints	___	___

Application date \_\_\_/\_\_\_/\_\_\_ Approval date \_\_\_/\_\_\_/\_\_\_ Recert date \_\_\_/\_\_\_/\_\_\_  
 Eligible \_\_\_  
 Ineligible \_\_\_ Comments \_\_\_\_\_

PRINT CLEARLY