



Flandreau Santee Sioux Tribe

Tribal Child Care Program

207 East 2nd Ave.
Flandreau, SD 57028

Phone: 605-997-2311
Fax: 605-997-2267

Tribal Child Care Program Application

Please print your answers. Read all instructions carefully and answer each question fully, please attach another sheet if needed. Failure to answer each question will delay receiving assistance. If you have any questions about completing this application please contact 605-997-2311. **All incomplete applications will be returned to the applicants.**

All applicants are required to provide:

1. **Birth certificates of HOUSEHOLD MEMBERS:** parents/legal guardian's & children.
2. **Proof of income:** (2-most recent pay-stubs).
3. **Class schedule & advisor contact information.**
4. **Proof of tribal enrollment in a Federally Recognized Tribe:** of child or children needing child care or biological parents, or biological grandparents.
5. **Proof of residency in Moody County:** rent/lease agreement copy and utility bill.
6. **Household members.** List all members of household names (applicant/self), other parent and child/children.

Personal Information

Full Name	Date of Birth	Last 4 Social Security

Address	City	State	ZIP	Telephone Number

Child Care Assistance

Does your household need financial help with Child Care in order to work? Yes () No ()

Place of Work	Name of Supervisor	Telephone Number	Work Schedule <i>(attach work schedule)</i>

Does your household need financial help with Child Care in order to go to school? Yes () No ()

Place of training: High School, College, University, Vo-Tech Institute, Skills Training Program or job training.

Contact Person: Person who can be contacted to verify your enrollment/attendance in school or training program.

Place of Training	Credit Hrs.	Contact Person	Telephone Number	School Schedule <i>(attach work schedule)</i>

Child Care Needs

List the Child’s full name, weekly hours needed for child care services and hourly or day rate for child care for each child. The amount charged per child each week is the total weekly child care cost for the child. Child care expenses for each child under age 13 who needs child care while parents/guardians are working or attending school.

Child’s Name	Rate per day/week	Child’s total weekly/day rate
1.		
2.		
3.		
4.		

Child Care Provider

Full Name:	Telephone Number:
Childcare Provider Address:	Provider ID:

Classification of Provider for Child Care Program

In Home Care (care in child’s home) (4 children or less)

Provider Name: _____
 State Relationship: _____
 DOB: _____

Is your provider in the registration process with the Tribal Child Care Program? Yes () No ()

- Family Care** (12 children or less, regulated with state standards or tribal authorized).
- Group Care** (up to 20 children, stated licensed).
- Center Care** (21 children or more, state licensed).

State Licensed/Registered – Your child care must contact the Tribal Child Care Program and provide copy of State License. A Tribal Child Care Program Providers Guidebook copy will be given to your child care provider.

In Home Provider – Provides care in the applicants home and must maintain separate residence from the family receiving assistance. Care is provided for whom the assistance is being requested. In-Home providers must be 18 years age and complete certification requirements as established by the TCCP, including provider training and a background check and a National Registry of Child Abuse/Neglect.

Household Information

List All Members including you, spouse/significant other (both parents when residing together) and child/children. Individuals who are not counted as household members include: a roomer/boarder, or an individual over 18 who is not a dependent child of the household. A person exercising parental control must provide documentation of legal custody from either a State Court or Tribal Court. This person must be at least 18 years old and is neither the child’s parent nor legal guardian living with the child’s parents. **Failure to list all household members will result in fraud, fines, penalties and suspension/termination from child care services.**

Full Name	Tribe (attach documentation)	Sex	Date of Birth	Relationship
1				Applicant
2				
3				
4				
5				
6				
7				

**Back page of application to list additional household members if needed.*

Household Income

Attach copies of your last two paystubs or written verification from your employer of current wages and hours. If you are self-employed Please include a copy of last year’s income tax or proof of quarterly income.

List the total monthly GROSS INCOME (amount before deductions) of parents, legal guardians or adults exercising parental control in the household where the child lives the majority of time.

Do not include income of minors under age 18.

Give your employers name and or source of income.

Income includes: Earned income, salary, wages, tips and work study.

Failure to list all household income will result in fraud, fines, penalties and suspension/termination of child care services.

Employer Name	Other income	Hourly wage	Monthly income	Weekly Hrs.	Paid how often

IF NOT EMPLOYED PUT NOT APPLICABLE OR NA IN SELECTED BOXES

Please check if receiving services with the following agencies:			
<input type="checkbox"/> SNAP(food stamps)	<input type="checkbox"/> MEDICAID	<input type="checkbox"/> TANF	<input type="checkbox"/> ENERGY ASSISTANCE
<input type="checkbox"/> WIC	<input type="checkbox"/> CHILD SUPPORT	<input type="checkbox"/> SUBSIDIZED HOUSING	<input type="checkbox"/> ICAP

Program Requirements

INITIAL BELOW

- ___ Assistance CAN NOT be provided to you if your child care provider refuses to become registered or has not begun the registration process.
- ___ Child care payments for eligible parents will be sent directly to your provider.
- ___ Please make sure your providers address is correct.
- ___ Eligible families must pay their share/co-payment of the child care costs to their provider.
- ___ I understand that the amount of child care assistance I receive will be based of the information I have provided on this form.
- ___ I understand that the Tribal Child Care Program will verify the information I have provided and the Federal, State and Tribal laws provide fine and imprisonment of any person who fraudulently receives, or attempt to receive public assistance to which that person is not entitled.
- ___ I understand that my child care provider will bill the Flandreau Santee Sioux Tribe Child Care Program only for the hours of care I actually use.
- ___ I understand that I'm responsible for my payment of my share of child care costs and that my failure to do so may mean loss of my child care benefits.
- ___ I declare and affirm under penalty that, to the best of my knowledge, the information provided herein is true and correct.

Applicant Signature Date

Child Care Administrator Signature Date

Authorization to Furnish/Release Information

Please read and sign the authorization to furnish or release information for verification of wages, student status and child care costs. THIS AUTHORIZATION MUST BE SIGNED IN ORDER TO PROCESS YOUR APPLICATION.

INITIAL BELOW

___ I hereby authorize any person, agency or institution to supply information concerning me or my family requested by the Tribal Child Care Program and to allow inspection and reproduction of records in their possession by any duly authorized representative of the Tribal Child Care Program.

___ I further authorize the Tribal Child Care Program Services to release such information to cooperating Federal or State agencies.

___ I herewith release any person, agency or institution from any or all liability to me or my family for the supplying such information.

___ I hereby authorize the Tribal Child Care Program Services to contact me on Social Media Platforms if other avenues of communication are resulting no response. We will only contact you on Social Media if absolutely necessary.

___ **This authorization is given only concerning its use by the Tribal Child Care Program in its administration of Child Care Services and for no other purposes.**

Applicant Signature

Date:

Email Address _____