ANISHNAABEK COMMUNITY AND FAMILY SERVICES
CHILD CARE DEVELOPMENT FUND APPLICATION
2218 Shunk Rd. Sault Ste. Marie, MI 49783
1-800-726-0093 or 906-632-5250
FAX: 906-632-5266



1. **CCDF ELIGIBILITY-**Parent(s) must be working, attending school or participating in an approved job training program. Families must meet income guidelines that include assets less than $1,000,000. Child in need of care must be a Sault Tribe member or eligible to be a member and between the ages of newborn and no older than 12 years. Family requesting care must live in the Sault Tribe 7 County Service Area. Care must be provided in the Sault Tribe 7 County Service Area.

2. **COMPLETE THE APPLICATION FOR SERVICES** - Complete **all** sections of the application which apply to you. If a section does not apply to your family, please write N/A. Do not forget to sign and date the application. Your qualified provider will also need to complete and sign a portion of the application.

3. **VERIFICATION OF TRIBAL MEMBERSHIP** - You must provide proof of Sault Tribe membership for your child. Please make sure your child's card is not expired.

4. **HOUSEHOLD INCOME** – Please be sure to report **all** household earned and unearned income. Earned income is: wages, tips, salaries, self-employment, contract payments, and payment for service on boards and/or committees. Unearned income is unemployment benefits, adoption subsidies, per capita, lottery winnings, rental property income, Supplemental Security Income (SSI), Social Security Benefits, Survivor Benefits and Military/Veteran Pay/Disability/Allotment.

5. **EMPLOYMENT VERIFICATION OF INCOME** – An Employer Verification form is attached to this application for your employer to complete. We also need a copy of your most recent income for the past 30 days and any and all of the following that apply:
   - If you are self-employed, please submit the most recent years Schedule C and completed Employer Verification Form. If a schedule C is unavailable, please request a Self-Employment Verification Form.

   Total gross income will be used to determine eligibility. Please submit verification of all other household income.

6. **EDUCATION VERIFICATION** – If you need child care assistance while you are attending an educational program, (GED, college, trade, on-line) please submit a copy of your school schedule. All schedules must provide the following information; educational program logo, days & times, when and where the class will meet, and the beginning and end date of the term or semester. Online courses are also covered by the CCDF Program. Internet school schedules do not have a logo; please do not submit an internet version.

7. **SPECIAL NEEDS VERIFICATION (Children 13 and up)** - If you have a child with special needs who is in need of child care, documentation from a Licensed Physician is required, stating the condition or circumstances.

8. **FOSTER PARENTS OR FAMILIES INVOLVED IN CHILD PROTECTIVE SERVICE** – If you are a Foster Parent(s), who is working, attending an educational institution, or participating in a qualified job training or job search program, you can choose a Licensed Center or Home or a Relative Care Provider. The Relative Care Provider must be a relative of the child, be at least 18 years of age, not reside with the child needing care, and follow the ACFS CCDF Relative Care Provider Rules and Regulations.

9. **SELECTING A CHILD CARE PROVIDER** – Each family has the right to choose the type of high-quality child care that best suits their child care needs. You can choose from a State or Tribal Licensed Child Care Center, State or Tribal Licensed Family/Group Home, Tribal Certified Relative Care Provider or a Tribal Certified In-Home Aide.

10. **ELIGIBILITY BEGINS THE DAY YOUR APPLICATION IS DETERMINED TO BE COMPLETE**

-Please do not engage the services of a child care provider unless you have received an Eligibility Determination from the CCDF Program. You are responsible for all child care charges until you receive an effective date of eligibility for child care assistance from the CCDF Program.

-All completed applications will be processed, audited, approved or denied and a letter will be sent to the Parent(s) within 10 working days. If approved, Certificates will be issued to the parent and provider indicating date CCDF Payments begin, etc.
-**Incomplete applications:** Applications will be dated upon initial submission, and will only be kept on file for **45 calendar days** after it is received. Parents will receive letters, emails and phone calls for missing required documents.
-Certified Relative Care Providers and Certified In-Home Aides must be certified before they can begin caring for children.
-Child Care Subsidy payments are made according to the Reimbursement Schedule.

11. **RE DETERMINIATION ELIGIBILITY** - All approvals are re-determined every twelve (12) months or more frequently if you are a student. However, if there has been a change in circumstances in your household such as change in provider, loss or increase of income, address, telephone number, etc., please report this information within **ten business days**, as this may affect your Reason for Care, and by reporting these changes, you will allow us to help you plan for an Exit Strategy, Phase Out, budgeting, etc.

12. **ASSISTANCE** – If you need assistance filling out this application, please contact the CCDF Program at 1-906-632-5250 or 1-800-726-0093, or stop by Anishnaabek Community and Family Services, 2218 Shunk Rd., Sault Ste. Marie, MI 49783.

13. **PLEASE SUBMIT THE FOLLOWING INFORMATION WITH YOUR COMPLETED APPLICATION. Do not leave blanks on the application:**

CHECKLIST

- ☐ Employer Verification Form(s) AND
- ☐ All Earned/Unearned Income
- ☐ Social Security Cards for all Household Members
- ☐ Child Care Provider/Parent Contract
- ☐ Most Recent Pay Stubs for Past 30 Days
- ☐ Tribal Cards for all Household Members
- ☐ Certified School Schedule, if Applicable
- ☐ Provider Paperwork

You may send information electronically to ACFSCCDF@saulttribe.net . The documents must be easily read and printable, or they will not be accepted.

Sault Ste. Marie Tribe of Chippewa Indians
Anishnaabek Community and Family Services
CCDF Program

Dear CCDF Parent(s),

You have the right to choose from high quality child care services that best meets your child care needs.

You can choose from the following types of providers:

1. Licensed Child Care Center that is located on or off the reservation;
2. Licensed Family/Group Child Care Home Providers on or off of the reservation;
3. Relative Care Provider
4. In-Home Aide.

If you are choosing a **Relative Care Provider,** they must meet the following criteria **before** they can provide care:

-must be a relative of the child(ren) needing care (Grandparent, Great Grandparent, Uncle, Aunt, Sibling)
-be of at least 18 years of age;
-live in a residence separate from the child(ren) in care;
-must care only for children they are related to;
-obtain a clear MDHHS Clearance;
-obtain a clear ICHAT (ACFS runs this report);
-obtain a clear Tribal Registry Clearance (ACFS runs this report);
-provide a signed Open-Door Policy, Provider Registration Form, and a signed Client/Provider Agreement;
-follow the CCDF Payment schedule and payment paperwork requirements
-complete an initial Home Visit with an ACFS Staff Member

Our payment rates for a Relative Care Provider are $3.00 per hour for children 0-2 ½ years and $2.75 per hour for children over 2 ½ years. Payment rate will change as the child's age changes.

We offer an incentive rate for care during non-traditional hours of pay i.e., overnight, weekends.

If you are choosing and **In-Home Aide,** they must meet the following criteria **before** they can provide care:

-must be 18 years or older;
-live in a residence separate from the child(ren) in care;
-obtain clear MDHHS Clearance, ICHAT and Tribal Clearance;
-obtain clear FBI fingerprint background check;
-interview with CCDF Coordinator;
-complete online training and CPR and 1st Aid and Orientation;
-all other required paperwork
-complete an initial Home Visit with the ACFS Regulatory Specialist at the child's home where the care is being given

If you have any further questions regarding your choices, please feel free to contact CCDF at 906-632-5250.

SAULT TRIBE OF CHIPPEWA INDIANS
CHILD CARE ASSISTANCE APPLICATION
2218 Shunk Rd., Sault Ste. Marie, MI 49783
906-632-5250 or 1-800-726-0093
FAX:906-632-5266

SECTION I – APPLICATION INFORMATION

Full Name of Applicant:		**Former/Maiden Name:**	
Mailing Address: (Number & Street):		**Marital Status:** ☐ Never Married ☐ Married ☐ Divorced ☐ Separated ☐ Widowed	
City:	**State:** MI	**Zip Code:**	**County:**
Home Phone:		**Work Phone:**	
Email Address:		**Seasonal Employment:** ☐ YES ☐ NO	
Social Security Number:		**Date of Birth:**	
Sex: ☐ Male ☐ Female		**In what Tribal Unit do you reside?** **Unit:** ☐ I ☐ II ☐ III ☐ IV ☐ V	
Family Size: _____		**Are you a foster parent?** ☐ YES ☐ NO **If yes, who is your Case Manager?** _____	

Why do you need child care services (Check all that apply)
☐ To Work ☐ To Attend an Educational Program ☐ Other _____
Classes Begin: _____ **Classes End:** _____.

How many miles do you travel from (one way) your place of employment and/or educational program? _____	**Are you receiving child care assistance through DHS?** ☐ Yes ☐ No **What percentage is covered?** _____. **Provide a copy of your award letter.**
Are you self-employed? ☐ Yes ☐ No **If YES you MUST provide the most recent Schedule C.** _____ **I certify family assets do not exceed $1,000,000** ☐ (Does not guarantee approval. Client must still meet program income guidelines.)	**Do you have a Licensed or Registered Child care Provider** ☐ Yes ☐ No

SPOUSE OR 2nd ADULT IN THE HOME INFORMATION

Full Name of Spouse or 2nd Adult in the Home:		
Social Security Number:	**Date of Birth:**	**Work Phone:**
Sex: ☐ Male ☐ Female	**How many miles do you travel from your place of employment (one way) and/or educational program?** _____	

For Office Use Only: **Date Received:**	
Approved ☐ **Denied** ☐	**CCDF Max Allowable:** _____. **TOTAL HOUSEHOLD INCOME:** _____.
Application: ☐ New ☐ Renewal	**Family Case #:** _____.

SECTION II – INFORMATION ABOUT ALL PERSONS WITH INCOME LIVING IN YOUR HOME (Include yourself)

Names of Household Members ▶	Your Name		Other		Other		Other	
INCOME TYPE	List below the gross amount and how often income is received by yourself and other household members.							
	Amount	How Often	Amount	How Often	Amount	How Often	Amount	How Often
Wages, Salaries, Tips								
Self-Employment								
Contract Payments								
Service on Board/Committee								
Unemployment Benefits								
Adoption Subsidies								
Per Capita								
Lottery Winnings								
Rental Property Income								
Supplemental Security Income								
Social Security Benefits								
Survivor Benefits								
Military/Veterans								
Other_____								

SECTION III – LIST CHILDREN WHOM ARE IN NEED OF CHILD CARE SERVICES:

Name of ST Child(ren) who need care:	Age:	Date of Birth:	Days & Times Care is Needed (excluding school)	Name of Child Care Provider:	Is Care Provided in Child's Home?		Is Provider Related to Child?	
					No	Yes	N/Y	How?

SECTION IV – LIST ALL PERSONS LIVING IN YOUR HOME (Use additional paper if needed)

NAME (Last, First, Middle)	Sex M/F	Date of Birth:	Relation to You	Social Security Number	Does this person work/attend school?	List where, address, days and times
			SELF		☐ No ☐ Yes ►	
					☐ No ☐ Yes ►	
					☐ No ☐ Yes ►	
					☐ No ☐ Yes ►	
					☐ No ☐ Yes ►	
					☐ No ☐ Yes ►	
					☐ No ☐ Yes ►	
					☐ No ☐ Yes ►	

SECTION V – INFORMATION ABOUT ALL CHILDREN UNDER AGE 18 WHO LIVE IN YOUR HOME:

List the full name of all children under the age of 18 who live in your home. *(Last, First, Middle)*	List the full name of each child's mother and father. Write "Unknown" if you do not know who the mother or father is.	Parent lives in the home?		If not in home ☒ proper box.						Parents' Mailing Address if Different from the Applicant
		YES	NO	Divorced	Separated	Prison	Deceased	In the Military	Absent for Other Reason	
	Mother									
	Father									
	Mother									
	Father									
	Mother									
	Father									
	Mother									
	Father									
	Mother									
	Father									

SECTION VI – APPLICANTS RIGHTS, CERTIFICATION, AND SIGNATURE

1. You have the right to apply for child care services.
2. Your application will be reviewed within 10 days upon completion of all application requirements and you will be notified in writing of your approval or denial. Eligibility will begin the day you submit your application.
3. You should be treated fairly and with dignity in all dealings with the Sault Tribe Child Care and Development Fund.

Read the following statement, sign your name and date the application below. If you have any questions, please ask for an explanation.

I wish to apply for child care services. I certify that the information I have given is true and complete to the best of my knowledge. I understand my rights as described above.

I understand that I must report any changes (i.e. address, telephone number, reason for care, substantial increase in pay, child care provider, loss of employment, change in educational facility, and changes in household composition) in my situation to the Sault Tribe Child Care assistance Program within 10 business days of the change. Failure to comply may result in denial of payment of services.

I understand that I will need to renew my application at least every twelve (12) months.

I certify that all the above information is true and correct and that total household income is reported. I understand that this information is being given for the receipt of Federal Funds and that the CCDF Program may investigate any family on a random basis. I also fully understand that deliberate misrepresentation of the information may be grounds for denial of my application and may subject my family to criminal prosecution.

As a recipient of child care funds, you have full rights to choose any eligible child care provider to best suit your families needs. However, all providers must be approved by the CCDF Program.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Significant Other Date

ANISHNAABEK COMMUNITY AND FAMILY SERVICES
CHILD CARE ASSISTANCE PROGRAM
2218 Shunk Rd., Sault Ste. Marie, MI 49783
1-800-726-0093 or 906-632-5250

RELEASE OF INFORMATION

I _____ authorize the Child Care Assistance Program to contact my Employer/Educational Institution, Child Support Agency and/or local Department of Human Services (DHS), or other agency as requested.

1. **Name of organization to which disclosure is to be made to:**
   Anishnaabek Community and Family Services
   2218 Shunk Rd.
   Sault Ste. Marie, MI 49783
   Phone: 906-632-5250

2. **Type of information to be disclosed:**
   a. To determine if client is income eligible for assistance through CCDF.
   b. To determine if client is enrolled or eligible to be enrolled member of Sault Tribe.
   c. Attendance at work or school when child and/or children are in child care.
   d. To determine is client is eligible for Job Search or Job Training.
   e. To determine if client/family is in need of/or participating in Protective Services Program.

The purpose and need for such disclosure:
Parents can only receive Child Care Assistance if working, attending school, participating in an approved job search or job training program or involved in child protective services. Parents must meet program requirements.

This consent will expire for the following reason:

Client is no longer eligible for the child care assistance.

_____ _____
Head of Household Signature Date

_____ _____
2nd Adult Signature Date

_____ _____
CCDF Representative Date

ANISHNAABEK COMMUNITY AND FAMILY SERVICES
CHILD CARE DEVELOPMENT FUND PROGRAM
2218 Shunk Rd., Sault Ste. Marie, MI 49783
906-632-5250 or 1-800-726-0093

PROVIDER INFORMATION/REGISTRATION FORM

(To be completed by PROVIDER)

PROVIDER: Print full name: _____ D.O.B. _____

Email Address: _____

Address: _____ City & Zip: _____

County: _____ Telephone: _____

Child Care License Number: _____ License Expires: _____

Social Security Number: _____

Child's Name	Age	Days and Times of Care S M T W Th F S	Rate Charged Per Hour

Type of Provider:
☐ Center (Licensed) ☐ Family Home (Licensed) ☐ Group Home (Licensed)
☐ Relative (Grandparent, Great Grandparent, Aunt, Uncle or Sibling not living in the child's home)
☐ In-Home Aide (Care in Family's Home)

☐ **Child Care Provider/Parent Contract Attached**

RELATIVE CARE PROVIDERS ONLY (Grandparent, Great Grandparent, Aunt, Uncle or Sibling not living in the child's home)

Are you related to the children in need of child care? If so, what is your relation?

_____

Do you have any other employment sources in addition to providing child care?
☐ Yes ☐ No

If yes, what are hours are you employed?

_____

Do you have a valid driver's license? ☐ Yes ☐ No

Are you a Sault Tribe member? ☐ Yes ☐ No

Have you had CPR training? ☐ Yes ☐ No

I certify the above information is complete and true to the best of my knowledge. If I knowingly provide false information, I understand that payment may be withheld. I also understand that as an approved provider of CCDF funds, I am the only provider authorized to receive payment for the above-named children. I understand that these services cannot be contracted out unless prior approval is received from the CCDF Program. CCDF has the authority to conduct any/all criminal history checks necessary to allow for child care to be provided.

_____ _____

Child Care Provider Date

ANISHNAABEK COMMUNITY A ND FAMILY SERVICES
CHILD CARE DEVELOPMENT PROGRAM
2218 Shunk Rd.
Sault Ste. Marie, MI 49783
906-632-5250 or 1-800-726-0093

CLIENT/PROVIDER DISCLOSURE AGREEMENT

I _____ understand as a client of Anishnaabek Community and Family

(Parent/Guardian Name)

Services Child Care and Development Fund Program, that CCDF is not responsible for any care that is provided to my child(ren). The CCDF Program may not get involved in disputes regarding parent co-pays or any other related matter. The Child Care and Development Fund is committed to its tribal families. Each family has the right to choose the type of high quality child care that best suits their needs without regard to cost. Any barriers the client or provider may have, they are encouraged to contact the CCDF Program for possible assistance with their needs.

____ I/this center charges when a child is absent.

____ I/this center charges when we are closed for vacation/holidays.

____ I/this center **does not** charge when a child is absent.

____ I/this center **does not** charge when we are closed for vacation/holidays.

CCDF clients are encouraged to report any provider complaints they may encounter. The CCDF program will keep substantiated parental complaints on file for all CCDF clients.

_____ _____
Head of Household Signature Date

_____ _____
Child Care Provider Date

_____ _____
CCDF SECRETARY DATE

ANISHNAABEK COMMUNITY AND FAMILY SERVICES

CHILD CARE ASSISTANCE PROGRAM

2218 Shunk Rd.

SAULT STE. MARIE, MI 49783

1-800-726-0093 OR 906-632-5250

PROVIDER OPEN DOOR POLICY

As a participating child care provider under the Child Care Development Fund, I agree to offer an open-door policy to any CCDF client during the hours of operation while providing child care in my home/center. **Unlimited access to a CCDF child is required by this program.** I understand that failure to comply with these requirements as set forth by the Child Care and Development Fund (CFR 98.32), I will not only jeopardize my reimbursement for child care but also terminate my privilege to be a participating provider under said program without further notice.

The Child Care and Development Fund is interested in hearing any comments that you may have. Feel free to use the space below to list any barriers, limitations or information that you would like to share with us.

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

By signing below, I agree to provide the applicant of this program with unlimited access to my home or center, while their child(ren) is in my care, as required by Federal Law.

_____ _____

Provider Signature **Date**

Anishnaabek Community & Family Services
Child Care and Development Fund
Employer Verification Form

Employer Name: _____

Address: _____

City/State/Zip: _____

Employee Name		Social Security Number	
Street Address	City	State: MI	Zip

I authorize the above employer to release this information to the Child Care Development Fund Program.

_____ _____

Employee Signature **Date**

EMPLOYMENT VERIFICATION

Current Employment Status ☐ Employed ☐Previously Employed ☐Never Employed	Date Employment Began:	Date Employment Ended
Type of Employment ☐ Permanent ☐Temporary If Temporary →	Date Employment Expected to End	
Pay Schedule ☐ Weekly ☐ 2 Weeks ☐Twice a Month ☐Monthly ☐Other (explain)	Day of Week Paid	
Daily Work Schedule M T W TH F S S Days & Times/Shift: **If shift varies, verification of hours may be required.**	Rate of Pay $ ☐ Hourly ☐ Salary ☐ Other (explain) Is this person considered a **full** or **part-time** employee?	
Are tips, holiday or vacation bonus or commission received? Y N If yes, are they included in gross income? Please list below:	Average amount of bonuses? $ _____ Per Hour $ _____ Per Week	
Reason for Termination ☐ Quit ☐Laid Off ☐Fired ☐Off Temporarily ☐ Other (explain) →	Explain termination here	

Period Begins	Period Ends	Date Received	Gross Amount	Tip Amount – if not included in gross	Hours Worked this period	Comments

_____ _____ _____

Employer Signature Date Telephone

Please return completed form to: CCDF, 2218 Shunk Rd., Sault Ste. Marie, MI 49783, ATTN: Angel

Anishnaabek Community & Family Services
Child Care and Development Fund
Employer Verification Form

Employer Name: _____

Address: _____

City/State/Zip: _____

Employee Name		Social Security Number	
Street Address	City	State: MI	Zip

I authorize the above employer to release this information to the Child Care Development Fund Program.

_____ _____

Employee Signature **Date**

EMPLOYMENT VERIFICATION

Current Employment Status ☐ Employed ☐Previously Employed ☐Never Employed	Date Employment Began:	Date Employment Ended
Type of Employment ☐ Permanent ☐Temporary If Temporary →	Date Employment Expected to End	
Pay Schedule ☐ Weekly ☐ 2 Weeks ☐Twice a Month ☐Monthly ☐Other (explain)	Day of Week Paid	
Daily Work Schedule M T W TH F S S Days & Times/Shift: **If shift varies, verification of hours may be required.**	Rate of Pay $ ☐ Hourly ☐ Salary ☐ Other (explain) Is this person considered a **full** or **part-time** employee?	
Are tips, holiday or vacation bonus or commission received? Y N If yes, are they included in gross income? Please list below:	Average amount of bonuses? $ _____ Per Hour $ _____ Per Week	
Reason for Termination ☐ Quit ☐Laid Off ☐Fired ☐Off Temporarily ☐ Other (explain) →	Explain termination here	

Period Begins	Period Ends	Date Received	Gross Amount	Tip Amount – if not included in gross	Hours Worked this period	Comments

_____ _____ _____

Employer Signature Date Telephone

Please return completed form to: CCDF, 2218 Shunk Rd., Sault Ste. Marie, MI 49783, ATTN: Angel