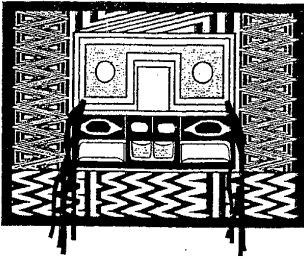


"Yee gu.aa yax x'wan."



## CHILKAT INDIAN VILLAGE

AN INDIAN REORGANIZATION ACT VILLAGE UNDER ACT OF CONGRESS JUNE 15, 1935

32 Chilkat Ave, Klukwan, Alaska

P.O. Box 210, Haines, AK 99827

PHONE: 907-767-5505

FAX: 907-767-5518

email: klukwan@wytbear.com

### Child Care & Development Fund Program (CCDF)

#### Parent Application: Check List

- Income:** Paystubs; Unemployment Stubs; GA/Public Assistance Letter(s); Native Distributions; Bank Loans; Pawning Receipts; Bingo/Pulltab Receipts; Personal Sales Receipts; Longevity; PFD; SSI; Social Security; Tax Return
- Identification:** Parent(s) I.D.; Childrens Birth Certificates; All Family Members Enrollment;
- Schedule:** Written Working/Training Schedule; Study Schedule; Written Notice of possible overtime; Copies of Timesheets/Paystubs

Please Read the checklist make sure everything is included, if not this WILL Delay YOUR application process & assistance benefits.

#### Provider Application: Checklist

- Licensing:** Business License
- Medical Testing:** TB Testing
- CPR & 1<sup>st</sup> Aide:** Aquire CPR/1<sup>st</sup> Aide Card
- Background Check:** Aquire Background Check From Trooper/Haines Police
- Have Rates & Responsibilities Available to Parents
- Have Medical Release From Parents For Medical Treatment

Please Make sure ALL paperwork for provider is included or this will delay payment to them, if assistance is needed for them to aquire business license, cpr/1<sup>st</sup> aide, background, or TB testing, they may get assistance from this program also! Notify Tribal Services.

**THE PROCESS FOR CALCULATING FUNDS FOR CHILDCARE**  
**October 1, 2003**

**THE PARENTS RESPONSIBILITY:**

- 1. THE PARENTS MUST PROVIDE PROOF OF INCOME FOR THE PREVIOUS 12 MONTHS AT TIME OF APPLICATION.**
- 2. THE CIV TAKES THE PREVIOUS TWELVE MONTHS INCOME PLUS THE SIZE OF THAT FAMILY AND COMPARE TO A HOUSEHOLD MEDIAN INCOME SLIDING SCALE. THE SLIDING SCALE IS AN INCOME RANGE WHICH TELLS US OF HOW MUCH PARENTS ARE RESPONSIBLE FOR AND CIV IS RESPONSIBLE FOR.**
- 3. WE WILL REVIEW THE FAMILY INCOME ON AN ANNUAL BASIS. AT THAT TIME, WE WILL AGAIN ASK FOR PROOF OF INCOME DOCUMENTATION FOR THE PREVIOUS 12 MONTHS.**

**THE DAY CARE PROVIDERS RESPONSIBILITIES:**

- 1. ALL PAPERWORK MUST BE SUBMITTED TO THE CIV OFFICE BY THE 5<sup>TH</sup> OF MONTH FOR THE PREVIOUS MONTH EXPENSES. TIME SHEETS FROM THE PROVIDERS FOR TIMES THEY CARED FOR THE CHILD OR CHILDREN.**
- 2. THE CIV HAS TEN DAYS AFTER RECEIVING ALL PAPERWORK IN WHICH TO DETERMINE HOW MUCH CIV IS RESPONSIBLE FOR AND HOW MUCH THE PARENTS ARE RESPONSIBLE FOR, BEFORE WE DISTRIBUTE PAYMENT.**

**Child Care& Development Fund Program (CCDF)**

**Regulations and Policies;**

**All required information must be turned into CIV before any funds are distributed.**

**If parents and providers do not turn in all required paperwork and do not cooperate with what paperwork is needed to calculate payment, we have the obligation and right to refuse any services. It will be the responsibility of the parents to pay full cost for childcare services.**

**We are not obligated or responsible for the parents portion of cost to the provider. This is the responsibility of the parents and the provider to obtain that portion of the cost and not of the CIV.**

**We have the right to make on site and unannounced visits to child care providers facility during business hours. This is to verify that childcare provider has a safe, clean, healthy, educational, comfortable and happy environment for our children we providing funds for.**

**Provider must provide a mailing address, a physical address, phone number. Parents also must provide a mailing address, a physical address, phone number. And all that is asked of you when you fill out the application, which states a list of all required information.**

**IF YOU DON'T COMPLY TO THE RULINGS WE UNDER NO OBLIGATION TO PROVIDE FUNDS TO DAYCARE PROVIDERS OR SERVICE TO PARENTS THAT HAVE APPLIED FOR CHILD CARE DEVELOPMENT FUNDS.**

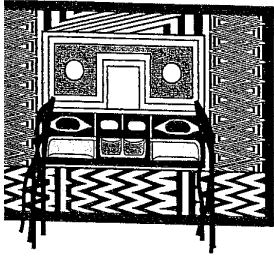
\_\_\_\_\_  
**Parents signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Providers signature**

\_\_\_\_\_  
**Date**

"Yee gu.aa yax x'wan."



# CHILKAT INDIAN VILLAGE

AN INDIAN REORGANIZATION ACT VILLAGE UNDER ACT OF CONGRESS JUNE 15, 1935

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P.O. Box 210, Haines, AK 99827

PHONE: 907-767-5505

FAX: 907-767-5518

## CHILD CARE POLICY

CIV Policy is that a child care provider must turn in Their time sheet by the 5<sup>th</sup> of the month. For the previous Month service for caring for a child or children. CIV does not take taxes out of the child care provider's payment. But, you must report your income on the 1099 tax form for self service, at tax time.

CIV Has a total of 10 days from the date of providing us with the time sheet to process and calculate what is owed to providers and what is owed by the parents to the provider. CIV office will mail or contact the provider (if they are in village) of their check.

CIV has many other businesses going on beside the childcare program, and constant Calling and stopping by for a check is disruptive in the processing of timesheets and trying to get checks done. As well as the process includes several persons to process a Check request- it includes signatures of two people and they are not always available at the same time. So the process is not just one person processing the time sheet, there is steps in the process.

I the provider and parent understand this policy and will not expect payment on the same day, when a time sheet is turned in. Also I will not call daily or stop in the office for payment, when just have turned in a timesheet. I also understand that it is my responsibility not the CIV office's, to report my income to IRS, when tax time arrives.

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

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





How much did you earn in the past 12 months? \$ \_\_\_\_\_ (Attach a copy of earnings statement and/or check stubs.) If you are able to work, but don't have a job, please have the potential employers you have seen in the last two weeks, sign the employer verification form. (Three signatures required)

**Source Of Income Last 30 Days**

WAGES	\$	STATE WELFARE	\$	LONGEVITY	\$
VETERANS ADM.	\$	UNEMPLOYMENT	\$	BINGO/PULLTABS	\$
SOCIAL SECURITY	\$	INCOME TAX RETURN	\$	CHILD SUPPORT	\$
ALASKA PFD	\$	REGIONAL CORP.	\$	OTHER	\$
VILLAGE DIVIDEND	\$	SELF EMPLOYED	\$	OTHER	\$

TOTAL INCOME RESOURCES \$ \_\_\_\_\_

If you are disabled or unable to work, please include a statement from your doctor.

Have you applied for AFDC ( ) Yes ( ) No When? \_\_\_\_\_ Have you applied for Food Stamps ( ) Yes ( ) No

When \_\_\_\_\_ Do you receive Child Support? ( ) Yes ( ) No Monthly Payments \$ \_\_\_\_\_

Does anyone in the household need other types of services to become self-sufficient? (training, counseling, etc.)

\_\_\_\_\_  
 \_\_\_\_\_

Explain fully the reason for application:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please Read Carefully Before Signing

I hereby apply for financial assistance for myself and immediate family. I certify that they are at home and in need. I have stated my situation honestly and agree to provide any other information that will help establish my need and eligibility. I authorize Chilkat Indian Village Tribal Services to Verify all information pertaining to my application for assistance. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE TO WILLINGLY CONCEAL ANY INFORMATION IN ORDER TO OBTAIN FINANCIAL ASSISTANCE.

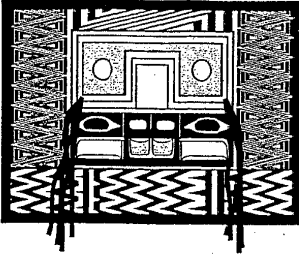
SIGNATURE

DATE

CLIENT REFERRED TO: \_\_\_\_\_ Referred By: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

"Yee gu.aa yax x'wan."



### CHILKAT INDIAN VILLAGE

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#### CCDF Provider Rate Sheet

Name/Facility: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ SSN#: \_\_\_\_\_ Checks Payable To: \_\_\_\_\_

Business License #: \_\_\_\_\_ Business License SIC#: \_\_\_\_\_

#### Type Of Facility:

Center

Licensed # \_\_\_\_\_

Military

DOE Certified# \_\_\_\_\_

Exempt

Group Home

Group Home # \_\_\_\_\_

Home

Licensed# \_\_\_\_\_

Military

Registered

Registration Fee? ( ) Yes ( ) No If Yes, ( ) Per Family ( ) Per Child Amount \$ \_\_\_\_\_

Attendance Rates Listed are state rates, if you agree sign at bottom of form

	INFANT	TODDLER	CHILD	SCHOOL AGE
AGE	0-18	18-30	30+	SCHOOL
MONTHLY	\$520ft / \$311pt	\$492/\$300	\$450/\$275	\$450/\$275
DAILY	\$31ft / \$19pt	30 ft / 18pt	26ft / 16pt	26ft / 15pt
HOURLY	\$4.00	3.50	3.25	3.00

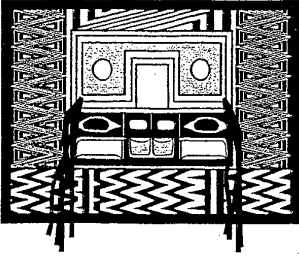
PT=0-5hrs FT=5-10hrs Hourly=By hour(2hrs or less),overtime

I will Notify Tribal Services Of Any Changes A Week Prior. All Charges Are Shown Above.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tribal Services Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"Yee gu.aa yax x'wan."



# CHILKAT INDIAN VILLAGE

AN INDIAN REORGANIZATION ACT VILLAGE UNDER ACT OF CONGRESS JUNE 15, 1935

32 Chilkat Ave, Klukwan, Alaska

P.O. Box 210, Haines, AK 99827

PHONE: 907-767-5505

FAX: 907-767-5518

email: klukwan@wytbear.com

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, \_\_\_\_\_, authorize the release of information requested by the Chilkat Indian Village or it's representatives within the Tribal Services Program. The requested information shall be used solely in the administration of the Tribal Services Assistance Programs, and will not be released to any other person or agency outside of the Chilkat Indian Village's Tribal Services Program.

**Persons or organizations that may be contacted include, but are not limited to:**

Local governments, Tribal Governments, Regional Health Organizations, Health care providers, Native Corporations, Alaska State Housing Authority, tax assessors, financial institutions, stock brokerage firms, landlords, employers, school authorities, The Department Of Law, The Department Of Fish And Game, The Department Of Labor, the Department of Military Affairs, and private individuals.

**A REPRODUCTION OF THIS RELEASE IS AS VALID AS THE ORIGINAL**

✱

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Witness Signature If Signed With An X

✱

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name of Witness

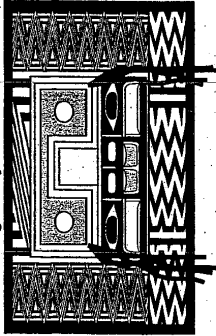
✱

\_\_\_\_\_  
Social Security Number

✱

\_\_\_\_\_  
Date

"yee gu.aa yax x'wan."



**CHILKAT INDIAN VILLAGE**  
AN INDIAN REORGANIZATION ACT VILLAGE UNDER ACT OF CONGRESS JUNE 16, 1955  
32 Chilkat Ave, Klukwan, Alaska  
P.O. Box 210, Haines, AK 99827  
PHONE: 907-767-5505  
FAX: 907-767-5518  
email: klukwan@wytbear.com

PLEASE write FT, PT, H, ...  
instead of time you started + finished  
FT = 5-10 Hrs  
PT = 0-5 Hrs  
H = 2 Hrs or less, overtime

Attendance Billing Report

Group Home  Center  Family

Provider:  
Address:  
SSN:  
Phone: Billing Month:

Parent Name:	Child Name:					Provider			Approved		
	2	3	4	5	6	P	F	H	P	F	H
7	8	9	10	11	12	Signature:			Signature:		
13	14	15	16	17	18	Signature:			Signature:		
19	20	21	22	23	24	Signature:			Signature:		
25	26	27	28	29	30	Signature:			Signature:		

Parent Name:	Child Name:					Provider			Approved		
	2	3	4	5	6	P	F	H	P	F	H
7	8	9	10	11	12	Signature:			Signature:		
13	14	15	16	17	18	Signature:			Signature:		
19	20	21	22	23	24	Signature:			Signature:		
25	26	27	28	29	30	Signature:			Signature:		

Parent Name:	Child Name:					Provider			Approved		
	2	3	4	5	6	P	F	H	P	F	H
7	8	9	10	11	12	Signature:			Signature:		
13	14	15	16	17	18	Signature:			Signature:		
19	20	21	22	23	24	Signature:			Signature:		
25	26	27	28	29	30	Signature:			Signature:		

To Willingly conceal information is considered a criminal offense. The signature above certifies the information above is true to the best of my knowledge.