

ENTERPRISE RANCHERIA CHILDCARE & DEVELOPMENT PROGRAM

HOW THE TRIBE DETERMINES ELIGIBILITY FOR THE CHILDCARE PROGRAM

All families must first be determined eligible for the Enterprise Rancheria Childcare Assistance Program. The following steps may be some guidance. If you have additional questions, please call the Enterprise Rancheria Tribal Office.

Step 1: Families must first apply for the Childcare Assistance Program so that eligibility may be determined. The family may either call the Tribal office for an application to be mailed to you, come by the Tribal office for an application or visit our website at enterpriserancheria.org.

Step 2: Once a completed application is turned in and processed and the family is determined to be eligible, the Family will then be sent a letter regarding the subsidy that the Tribe is going to pay and it will state in that letter the date that the Tribe will begin paying for your childcare. The Family is required to pay for any amounts that are not covered by the Tribe.

Step 3: You will be given a Childcare Timesheet which is to be filled out on a monthly basis and needs to be signed by both the parent and the Provider. The Timesheet is to be turned in by the 10th of each month following care. The Tribe will then send the payment to the Provider no later than the 15th of each month.

Note: Your child is not approved for the Childcare Assistance Program until you receive notification from this office that your child is approved to receive CCDF assistance. Enterprise Rancheria Childcare Program WILL NOT make any payments until we have all the required documentation in our office and we DO NOT pay retro for the month.

ENTERPRISE RANCHERIA
CHILD CARE & DEVELOPMENT PROGRAM

PARENT'S CHECK LIST

The following documents shall be submitted during enrollment. Information listed as mandatory will be required before any payments by the tribe are authorized.

- 1) __ **(Mandatory)** Parents' Medical Report. A written statement on the condition of the child, i.e., illnesses, allergies, etc.
- 2) __ **(Optional)** Doctor's Medical Report
- 3) __ **(Mandatory)** Immunization Record
- 4) __ **(Mandatory)** Provider Cost Schedule
- 5) __ **(Mandatory)** Copy of providers License - if child/children are being cared for by a Center-based facility, or Group Home.
- 6) __ **(Mandatory)** Proof of Registration with the State of California's "Trust-line" system. If services are provided in the Parent's home, or by an immediate relative.
- 7) __ **(Mandatory)** Signed 3-Party Agreement with Provider and Enterprise Rancheria, based upon the service being provided.

If child/children is/are in a center-based facility, or group home then the form entitled "**Agreement for Center-Based or Group-Home Services**" needs to be signed.

If child/children are in the care of an immediate family member, then the form entitled "**Agreement for In-Home or Family Services**" needs to be signed and returned.
- 8) __ **(Mandatory)** Child Care Attendance Agreement
- 9) __ **(Mandatory)** Proof of income. A copy of paycheck stubs or copy of award letter indicating your income.
- 10) __ **(Mandatory)** Signed Signature page from back of Policies and Procedures Manual.
- 11) __ **(Mandatory)** Authorization for Employer to Release Information signed by both adults in the household.
- 12) __ **(Mandatory)** Current TB Test Clearance. (For unlicensed providers only)

Enterprise Rancheria
Child Care & Development
ENROLLMENT FORM

Parent/Guardian Name(s) _____

Child's Name _____

Child's Tribal Membership # _____

Address _____

City/State/Zip _____

Single Parent Two Parents No# of Children in Family: _____

Parent #1: Employed Job Training Student

Parent #2: Employed Job Training Student

Before or After School Services: Yes No

Phone Numbers

Home: _____

Parent #1 Work: _____

Parent #2 Work: _____

Cell/Messages/Other: _____

Employment

Parent 1

Employer _____

Address _____

Employer's Phone No. _____

Days/Hours _____

Parent 2 (Spouse, Significant other)

Employer _____

Address _____

Employer's Phone No. _____

Days/Hours _____

Student/Job Training

Parent 1

School _____

Major _____ Units _____

Days/Hours _____

Parent 2

School _____

Major _____ Units _____

Days/Hours _____

Family Income

Employment Income _____

AFDC/Tribal TANF _____

Alimony/Child Support _____

Unemployment Insurance/SSI _____

Other Income, i.e.: Veteran's Pension, etc. _____

Specify: _____

TOTAL Monthly Income _____

Parent 1

Parent 2

+ _____ = \$ _____

Names of Children

Ages

Membership No # s

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assurances of Parent or Legal Guardian

1. I affirm, to the best of my knowledge, that the information contained on this Enrollment Form is true, correct and complete.
2. I will notify the Enterprise Rancheria within Five (5) Working days of any changes in my family's income, family size, or of need status.
3. I understand that my eligibility for the program and the amount of the subsidy is subject to review by the Enterprise Rancheria Childcare Staff.
4. I understand that the tribe's subsidy for child care services is subject to change or termination at the sole discretion of Enterprise Rancheria.
5. I understand that I am responsible for directly paying the Provider for the non-subsidized portion of the child care services.
6. If this application for services is denied or if services are terminated, I understand that I have the right to file a written appeal with the Enterprise Rancheria Tribal Council within 15 days of notice of denial or termination. A public hearing to review the appeal will be held by the Tribal Council.
7. I have read and understand the Enterprise Rancheria Childcare Program Policies and Procedures.

Signature	Relationship to Child(ren)	Date

For Office Use Only

Date _____ Time _____ Clerk Initials _____

Required Attachments:

- | | | | |
|---|--------------------------|---|--------------------------|
| Verification of Income | <input type="checkbox"/> | Provider Cost Schedule | <input type="checkbox"/> |
| Training/School Verification | <input type="checkbox"/> | Copy of Provider's State License (Required, except for *) | <input type="checkbox"/> |
| Parent Medical Report | <input type="checkbox"/> | Expiration Date on License _____ | <input type="checkbox"/> |
| Immunization Records | <input type="checkbox"/> | Written Proof (by Doctor or Psychiatrist) of Disability | <input type="checkbox"/> |
| Proof of Trustline Registration | <input type="checkbox"/> | Signed 3-Party Agreement w/ Parent & Provider | <input type="checkbox"/> |
| Authorization Employer to Release Information | <input type="checkbox"/> | Signature of Understanding of Policies & Procedures | <input type="checkbox"/> |
| TB Test Clearance | <input type="checkbox"/> | | |

* In-Home or Family Care

Accepted Denied Pending

Explanation of Pending status or Denial: _____

Preadmission Health History - PARENT'S REPORT

FAMILY INFORMATION

Today's Date: _____

CHILD'S Name: _____

Child's Tribal Member No#: _____

Sex: _____ Child's date of Birth: _____

FATHER'S Name: _____

Age: _____ In Home with Child(Y/N)?

MOTHER'S Name: _____

Age: _____ In Home with Child(Y/N)?

PHYSICIAN INFORMATION

1) Has the child been under regular supervision of a physician (Y/N)? _____

2) NAME of Physician: _____

3) Phone No. of Physician: _____

4) Date of last examination: _____

DEVELOPMENT HISTORY

1) Walked at: _____ months 2) Began talking at: _____ months 3) Toilet training at: _____ months

ILLNESSES

Check those illnesses that the child has had and give approximate dates:

1) Chicken Pox (Y/N)? _____ Date _____

2) Asthma (Y/N)? _____ Date _____

3) Other _____ (Y/N)? _____ Date _____

4) Other _____ (Y/N)? _____ Date _____

ALLERGIES and/or DISLIKED FOOD

- 1)
- 2)
- 3)
- 4)

SHOTS

An Immunization Report is Attached (Y/N)? _____

DAILY ROUTINE & SPECIAL NEEDS (Please describe below any special routines or needs)

Enterprise Rancheria
Child Care Attendance
Agreement

I, _____ the parent/guardian of _____
(Parent/Guardian) (Child)

have enrolled my child into _____
(Child Care Provider)

Parent/Guardian Signature Date

Provider Signature Date

Enterprise Rancheria Director Signature Date

My Child will be attending on the following days:

Day of week	Time In	Time Out	Hrs a day	Signature
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

**Parent - Provider - Tribe
Agreement for Center-based or Group-Home Services**

Parent's Name

Provider's Name

Child's Name

Name of Provider's Representative

Child's Birth date

Title of Provider's Representative

1. The child care provider charges \$_____per hour/day (please circle one option) as shown by the rate card that is attached to this agreement. The provider certifies that the fees indicate are the usual and customary charges for the same services provided to children of non-subsidized families.
2. The Enterprise Rancheria herein referred to as the 'tribe', will pay _____ % of the monthly bill which will be based on the fee above. The parent is responsible for directly paying the provider for the remaining portion of the monthly bill. The tribe may change or terminate its subsidy upon written notice to other parties at the sole discretion of the tribe.
3. It is understood that the provider will be paid on a monthly basis by the tribe. Invoices are due, signed the parent as verification, by the tenth of the month following care. The tribe will reimburse the provider by the fifteenth of each month. All reimbursement time lines are dependent on receipt of funds sources.
4. The provider certifies that child care services do not include religious instruction.
5. The provider certifies that he or she is free of communicable diseases and is physically and mentally capable of caring for children. The provider has provided evidence to the tribe that the provider has been tested within the past twelve months for tuberculosis.
6. The provider assures that the provider will: 1) protect the child against infectious disease, 2) protect the child from physical or mental harm or abuse, and 3) insure the health, safety, and good nutrition of the child.
7. The provider understands that money received from the tribe is for child care services for children who/are members of the tribe.
8. All parties agree to remain in compliance with all policies and procedures of the tribe's Child Care and Development Program.
9. The provider and the parent to give all parties two week notice of withdrawal from program.
10. The provider is licensed by the State of California to provide Center- Based child care services, which includes meeting California's Health & Safety standards for such services.
11. The provider guarantees that the parent(s) and the tribe will have unlimited access to their children and to the individual(s) caring for their children, during the normal hours of operation or whenever such children are in the care of the provider.
12. The parent(s) and the provider understand that the tribe has a procedure to assess and substantiate grievances against providers; that the tribe will provide information on any substantiated complaints to other government agencies; and that the tribe keeps a file of "substantiated complaints" at the tribal office that is open to the public.
13. All parties concerned realize that this is a parental choice program and that the tribe has not warranted the condition of the provider's facility or the degree or type of supervision. The tribe assumes no responsibility for injury or damage arising from the performance of this contract. The provider and parent understand that the tribe is a federally recognized Indian Tribe with sovereign immunity and cannot be held liable for harm arising from this program.
14. Any other written or unwritten agreement between the parent and the provider that is not discussed here is solely between the parent and the provider. The tribe assumes no responsibility for such agreements.

Provider's Signature

Date

License No.

Parent/Guardian's Signature

Date

Enterprise Rancheria Child Care Director

Date

**Parent - Provider - Tribe
Agreement for In-home or Family Services**

Parent's Name _____ Provider's Name _____

Child's Name _____ Relationship of Provider to Child _____

1. The Enterprise Rancheria, herein referred to as the 'tribe', has determined that the fair market rate value for childcare service for the child named above is \$_____per hour. A non-family member will provide these services in the Parent's home, or by a Provider, that is an aunt, uncle, grandparent or adult brother or sister to the child. The State of California's 'Regional Market Rate Survey' determined this rate.
2. The Enterprise Rancheria, herein referred to as the 'tribe', will pay_____% of the monthly bill, which will be based on the fee above. The Parent is responsible for directly paying the Provider for the remaining portion of the monthly bill. The tribe may change or terminate its subsidy upon written notice to the other Parties at the sole discretion of the tribe.
3. It is understood that the Provider will be paid monthly basis by the tribe. Invoices are due, signed by the Parent as verification, by the tenth of the month following care. The tribe will reimburse the Provider by the fifteenth of the month.
4. The Provider certifies that the childcare services do not include religious instruction.
5. The Provider certifies that he or she is free of communicable diseases and is physically and mentally capable of caring for children.
6. The Parent and the Provider certify that they have inspected the location where childcare will be provided for dangerous chemicals, dangerous equipment and dangerous obstacles and that the location provides a safe physical environment.
7. The Provider assures that it is their responsibility to: 1) protect the child against infectious disease, 2) protect the child from physical or mental harm or abuse, and 3) insure the health, safety, and good nutrition of the child.
8. The Provider understands that the tribal payment is for childcare services for children who are members of the tribe, and only for childcare received while the parent is working, going to school, or receiving job training.
9. All Parties agree to remain in compliance with all policies and procedures of the tribe's Child Care and Development program.
10. The Provider and the Parent agree to give all parties two weeks notice of withdrawal from program.
11. The Provider guarantees that the Parent(s) and the tribe will have unlimited access to the children and to the individual(s) caring for their children, during the normal hours of operation or whenever such children are in the care of the Provider.
12. The parent(s) and the Provider understand that the tribe has a procedure to assess and substantiate grievances against providers; and that the tribe keeps a file of "substantiated complaints" at the tribal office that is open to public.
13. All Parties concerned realize that this is a parental choice program and that the tribe has not inspected or warranted the condition of the Provider's facility or the degree or type of supervision. The tribe assumes no responsibility for injury or damage arising from the performances of this contact. The Provider and Parent understand that the tribe is a federally recognized Indian Tribe with sovereign immunity and cannot be held liable for harm arising from this program.
14. Any other written or unwritten agreement between the Parent and the Provider that is not discussed here is solely between the Parent and the Provider. The tribe assumes no responsibility for such agreements.

Provider's Signature

Date

Soc. Sec. No.

Parent/Guardian Signature

Date

Enterprise Rancheria Childcare Director

Date



Enterprise Rancheria

Estom Yumeka Maidu Tribe

2133 Monte Vista Ave.
Oroville, CA 95966

Ph: (530) 532-9214
Fax: (530) 532-1768
Email: info@enterpriserancheria.org

AUTHORIZATION FOR EMPLOYER TO RELEASE INFORMATION

I, _____, hereby authorize my employer,
_____, to release any and all information relating
to my employment to Enterprise Rancheria. I understand that any information
released by my employer will be held in strictest confidence, that it will be
viewed only by those involved in the Childcare Program, and that anyone else
not so involved will not have the right to see the information.

Signature of Employee

Date

Employee's Name – Printed



Enterprise Rancheria

Estom Yumeka Maidu Tribe

2133 Monte Vista Ave.
Oroville, CA 95966

Ph: (530) 532-9214
Fax: (530) 532-1768
Email: info@enterpriserancheria.org

AUTHORIZATION FOR SCHOOL TO RELEASE INFORMATION

I, _____, hereby authorize my school,
_____, to release any and all information relating
to my education and attendance to Enterprise Rancheria. I understand that any
information released by my school will be held in strictest confidence, that it will
be viewed only by those involved in the Childcare Program, and that anyone
else not so involved will not have the right to see the information.

Signature of Student

Date

Student's Name - Printed