



Child Care Services Program Child Care Developmental Fund Application

The Child Care Developmental Fund (CCDF) is a federal block grant that provides subsidy for working families or families seeking child care for education. All child care programs are subject to funding availability.

Minimum Eligibility Criteria

The Parent/guardian must be in an approved activity (work, education/training, TANF activity, etc). Subsidy funding is based on income and household size according to state/federal guidelines. Families are required to pay a portion of childcare costs and are responsible for selecting their childcare provider. At least one assistance group member must be enrolled in a federally recognized tribe and must live in Brown or Outagamie county.

If the application is incomplete or missing required verifications, you will receive notifications. Applications are valid for 30 calendar days from date received. If you fail to provide the required verifications within the 30 days, you will receive notification that your application has expired and must reapply. Please allow 10 business days for processing of applications.

Applications Requirements:

- Tribal enrollment verification
- All household income verification for the last 30 days (paystubs, award letters, etc.)
- Residency verification (mail postmarked within last 30 days, ex: utility bill, lease)
- Current referrals/medical documentation (if applicable)
- Legal/temporary custody verification (if applicable)
- Social Security numbers for all household members
- Work/Education schedule
- Application must be completed in full, signed and dated.
- Parent Acknowledgement

APPLICANT INFORMATION					CIF #	
Last Name		First Name		M.I.	Soc. Sec. Number	
Physical Address				On Reservation <input type="checkbox"/> Yes <input type="checkbox"/> No		How Many Years Living on Reservation?
City		State	Zip	County		
Mailing Address (if different than above)						
City			State	Zip days,		
Phone Number (area code)		Message Number (area code)		Email Address		
Date of Birth	Tribe		Tribal Enrollment Number		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
How are you related to the children on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/guardian or relative (court documents needed)						
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do any of these situations apply to you or your family? (check all that apply) <input type="checkbox"/> Disability; list type _____ <input type="checkbox"/> Medical Condition <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____						
Are you currently receiving (check all that apply) <input type="checkbox"/> FoodShare <input type="checkbox"/> Badger Care <input type="checkbox"/> TANF <input type="checkbox"/> FSET <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Other _____ If yes, Through what Tribe or County _____						

CO-APPLICANT INFORMATION					CIF #	
Last Name		First Name		M.I.	Soc. Sec. Number	
Physical Address						
City		State	Zip	County		
Mailing Address (if different than above)						
City			State	Zip		
Phone Number (area code)		Message Number (area code)		Email Address		
Date of Birth	Ethnicity/Tribe		Tribal Enrollment Number		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Female <input type="checkbox"/> Male		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				
How are you related to the children on the application? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Caretaker/guardian or relative (court documents needed)						
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Do any of these situations apply to you or your family? (check all that apply) <input type="checkbox"/> Disability; list type _____ <input type="checkbox"/> Medical Condition <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Homeless <input type="checkbox"/> Other _____						
Are you currently receiving (check all that apply) <input type="checkbox"/> FoodShare <input type="checkbox"/> Badger Care <input type="checkbox"/> TANF <input type="checkbox"/> FSET <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Other _____ If yes, Through what Tribe or County _____						

ADDITIONAL HOUSEHOLD INFORMATION

List EVERYONE living in the household i.e. children, other relatives, friends

CHILD INFORMATION			
(1) Name	DOB	<input type="checkbox"/> Female <input type="checkbox"/> Male	CIF #
Relationship to Applicant		What school child attends, describe any special needs (if applicable)	
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	Is this child in shared Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No

(2) Name	DOB	<input type="checkbox"/> Female <input type="checkbox"/> Male	CIF #
Relationship to Applicant		What school child attends, describe any special needs (if applicable)	
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	Is this child in shared Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No

(3) Name	DOB	<input type="checkbox"/> Female <input type="checkbox"/> Male	CIF #
Relationship to Applicant		What school child attends, describe any special needs (if applicable)	
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	Is this child in shared Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No

(4) Name	DOB	<input type="checkbox"/> Female <input type="checkbox"/> Male	CIF #
Relationship to Applicant		What school child attends, describe any special needs (if applicable)	
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	Is this child in shared Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No

(5) Name	DOB	<input type="checkbox"/> Female <input type="checkbox"/> Male	CIF #
Relationship to Applicant		What school child attends, describe any special needs (if applicable)	
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	Is this child in shared Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No

(6) Name	DOB	<input type="checkbox"/> Female <input type="checkbox"/> Male	CIF #
Relationship to Applicant		What school child attends, describe any special needs (if applicable)	
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	Is this child in shared Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No

Absent Parent Information

Name	DOB

Please check the types of assistance/income you or members of your household are receiving, include the monthly amount for each item checked. Copies of paystubs, award letters, etc. for the last 30 days are required.

INCOME INFORMATION – MONTHLY AMOUNT			
___ Gross Employment (applicant)	\$ _____	___ Child Support	\$ _____
___ Gross Employment (co-applicant)	\$ _____	___ VA/Military Benefits	\$ _____
___ Unemployment	\$ _____	___ Per Capita	\$ _____
___ SSI	\$ _____	___ Worker’s Comp	\$ _____
___ Social Security	\$ _____	___ Other _____	\$ _____
___ Retirement	\$ _____	___ Educational Aid	\$ _____
		TOTAL INCOME	\$ _____

Is the total value of household liquid assets less than \$1,000,000? Yes No

Please list your current employment and/or college

APPLICANT & CO-APPLICANTS EMPLOYMENT & COLLEGE INFORMATION				
Name	Employee/College Name	Employer Phone Number	Start Date	Travel Time from Provider to Approved Activity

Please list information for child care provider you will be using

CHILD CARE PROVIDER INFORMATION			
Provider Name	Address/City	Phone Number	Name Child/ren Attending

CONSENT TO RELEASE/DISCLOSURE & SIGNATURE	
I consent to release any and all information necessary for the determination of benefits on my behalf, to the Oneida Economic Support Agency and Community Support. I understand this release may include, but not limited to, any information regarding income, salary, benefits and disability. I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in denial of benefits.	
Applicant Signature	Date
Co-Applicant Signature	Date

Parent Acknowledgement

1. **You may be responsible for child care costs that are not paid by the Oneida Child Care Services Program, including**
 - A. Unauthorized child care hours
 - B. Costs not included in the Oneida Child Care Services Program payment, such as, transportation, meals, field trips, diapers, outside services, etc.
 - C. Your parent payment as stated by your child care provider

2. **You must contact the Oneida Childcare Services Program immediately if there is a change in your childcare needs, including, but not limited to:**
 - A. Changes in the number of work or training/school hours that change your child care needs.
 - B. Children no longer attending the child care provider as listed on the authorization.
 - C. Changes in child care provider during the authorization period will result in parent being responsible for childcare costs to a new provider.

3. **You must inform the Oneida Childcare Services program within 10 days from the date of:**
 - A. Changes in your household income
 - B. Change in your home address
 - C. Change in marital status
 - D. Change in shared placement for your child
 - E. Change in number of people in your household
 - F. Change in your approved activity

4. **Overpayment, Recoupment, and Sanctions**
 - A. You could be referred for a fraud investigation and may be required to repay any overpayments if the information you provide is not accurate or if your changes are not reported in a timely manner.
 - B. If you fail to report changes and it results in a childcare overpayment to your provider, you may be required to repay the overpayment to the Oneida Child Care Services Program.
 - C. If you discontinue the approved activity for which you receive child care assistance but continue to utilize childcare, you may be required to pay back the Oneida Child Care Services program and could result in a referral for fraud investigation.
 - D. If you use childcare for activities that are not approved, you are responsible to pay for those hours of child care on your own.
 - E. You may be responsible to repay overpayment caused by Oneida Child Care Services Program error.

5. **Appeals**
 - A. You have the right to request an appeal if you do not agree with the action taken on your case. You must submit the appeal request in writing to the Child Care Services Program Manager within 10 business days of the notice of negative action.

I have read and understand the above parent responsibilities as provided to me.

Applicant Signature _____ Date _____
Co-Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Total Monthly Income	Income %	Family Size
Parent Payment	Effective Dates	
Name of Provider	Provider Type <input type="checkbox"/> Licensed <input type="checkbox"/> Certified <input type="checkbox"/> Provisional	
Provider Weekly Rate		
Approved Activity <input type="checkbox"/> Work <input type="checkbox"/> Seeking work <input type="checkbox"/> Education/training <input type="checkbox"/> TANF activities <input type="checkbox"/> Teen parent attending school		
Comments _____ _____ _____ _____ _____ _____ _____		
Oneida Representative Signature	Date	