

ECONOMIC SUPPORT SERVICES

P.O. Box 365

Oneida, WI 54155

Phone: 920-490-3939

Fax: 920-490-6803

2640 West Point Rd. Green Bay, WI 54304



Child Care And Development Fund Application

The Child Care And Development Fund (CCDF) is a federal block grant that provides subsidy for working families or families seeking childcare 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 may be 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 notification. 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.

Application Requirements:

- _____ Tribal enrollment verification
- _____ All household income verification for the last 30 days (paystubs, award letters, etc.)
- _____ Residency verification – For physical address, not mailing address (mail postmarked within last 30 days, utility bill, lease, etc.)
- _____ 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: Circle One Yes No	
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: Circle one Yes No
Gender: Circle One Female Male	Marital Status: Circle one Single Married Separated Divorced Widowed				
How are you related to the children on the application? Circle one Mother Father Caretaker/guardian or relative (court documents needed)					
Are you a citizen of the United States? Circle one Yes No If no, are you authorized to work in the U.S.? Circle One Yes No					

CO-APPLICANT INFORMATION (Spouse, Partner, Significant Other, Etc. Living In Same Household As Applicant)					CIF #
Last Name		First Name		M.I.	Soc. Sec. Number
Phone Number (area code)		Message Number (area code)		Email Address	
Date of Birth	Ethnicity/Tribe		Tribal Enrollment Number		Veteran: Circle One Yes No
Gender: Circle one Female Male	Marital Status: Circle one Single Married Separated Divorced Widowed				
How are you related to the children on the application? Circle One Mother Father Caretaker/guardian or relative (court documents needed)					
Are you a citizen of the United States? Circle One Yes No If no, are you authorized to work in the U.S.? Circle One Yes No					

ADDITIONAL HOUSEHOLD INFORMATION

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

OTHER HOUSEHOLD MEMBER INFORMATION (use a separate sheet of paper if more room is needed)			
(1) First and Last Name	DOB	Gender: Circle One Female Male	CIF #
Relationship to Applicant	Describe any special needs (if applicable)		
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	
Is this child in shared placement? If yes, please describe arrangement. Please provided placement order.			
Does this child need care? If yes, for what hours (Before school, after school, before and after school, no school days, for work hours)			
What school does this child attend	Time school day starts	Time school day ends	
Is this child bussed to school or transported by childcare center? If bussed, what time does this child get picked up at daycare before school and what time does the child get dropped off at daycare after school?			

OTHER HOUSEHOLD MEMBER INFORMATION (use a separate sheet of paper if more room is needed)			
(2) First and Last Name	DOB	Gender: Circle One Female Male	CIF #
Relationship to Applicant	Describe any special needs (if applicable)		
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	
Is this child in shared placement? If yes, please describe arrangement. Please provided placement order.			
Does this child need care? If yes, for what hours (Before school, after school, before and after school, no school days, for work hours)			
What school does this child attend	Time school day starts	Time school day ends	
Is this child bussed to school or transported by childcare center? If bussed, what time does this child get picked up at daycare before school and what time does the child get dropped off at daycare after school?			

OTHER HOUSEHOLD MEMBERS INFORMATION CONT.			
(3) First and Last Name		DOB	Gender: Circle one Female Male
Relationship to Applicant		Describe any special needs (if applicable)	
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	
Is this child in shared placement? If yes, please describe arrangement. Please provide placement order.			
Does this child need care? If yes, for what hours (Before school, after school, before and after school, no school days, for work hours)			
What school does this child attend?	Time school day starts	Time school day ends	
Is this child bussed to school or transported by childcare center? If bussed, what time does this child get picked up at daycare before school and what time does the child get dropped off at daycare after school?			

(4) First and Last Name		DOB	Gender: Circle One Female Male
Relationship to Applicant		Describe any special needs (if applicable)	
Soc. Sec. Number	Tribal Enrollment Number	Ethnicity/Tribe	
Is this child in shared placement? If yes, please describe arrangement. Please provide placement order.			
Does this child need care? If yes, for what hours (Before school, after school, before and after school, no school days, for work hours)			
What school does this child attend?	Time school day starts	Time school day ends	
Is this child bussed to school or transported by childcare center? If bussed, what time does this child get picked up at daycare before school and what time does the child get dropped off at daycare after school			

Absent Parent Information – Parent is absent if they do not reside with the child.		
Absent Parent First and Last Name	DOB	Child's Name

Work Schedule – For a Varying Schedule Please Include 4 Weeks of Work Schedule (Use a separate piece of paper if more room is needed).

Applicant Work Schedule

Co-Applicant Work Schedule

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

INCOME INFORMATION – MONTHLY AMOUNT

_____ Gross Income – Applicant \$ _____

_____ Gross Income – Co-applicant \$ _____

_____ Unemployment \$ _____

_____ Worker's Comp \$ _____

_____ Social Security/SSI \$ _____

_____ Child Support \$ _____

_____ Retirement/Pension Benefits \$ _____

_____ VA/Military Benefits \$ _____

Is the total value of household liquid assets less than \$1,000,000? ☐ Yes ☐ No**Please list your current employment and/or college information****APPLICANT & CO-APPLICANT EMPLOYMENT & COLLEGE INFORMATION**

Name	Employee/College Name	Employer Phone Number	Start Date	Travel Time from Provider to Approved Activity

If attending school is childcare needed for school hours? If yes, please attach a copy of your school schedule.**Please list information for childcare provider you will be using****CHILD CARE PROVIDER INFORMATION**

Provider Name	Center Director's Name	Address/City	Phone Number	Name Child/ren Attending	Start Date of Care

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 childcare need.
 - B. Children no longer attending the child care provider as listed on the authorization.
 - C. Changes in childcare 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 Gross Income	Income %	Family Size
Monthly Gross Income Limit	Income Eligible?	Effective Dates
Name and Location of Provider	Provider Type <input type="checkbox"/> Licensed <input type="checkbox"/> Certified <input type="checkbox"/> Relative	
Provider Weekly Rate	Approved Activity <input type="checkbox"/> Working <input type="checkbox"/> Education/Training <input type="checkbox"/> TANF Activity	

[illegible]