Cowlitz Indian Tribe

Child Care and Development Program

Welcome to the Cowlitz Indian Tribe Child Care and Development Program (CCDP). Our program assists eligible families with their child care expenses.

The purpose of CCDP is to increase the availability, affordability, and quality of child care in Lewis, Cowlitz, Clark, and Skamania counties. We serve enrolled federally recognized Native American and Alaskan Native families and their descendants. To qualify, children must be 4 weeks old up to their 13th birthday.

Every two years the Cowlitz Indian Tribe applies for Federal funding in order to:

1. Provide families with the financial resources to find and afford quality child care for their children while working, attending a training or educational program, receive or need to receive protective services or are engaged in a job searching activity.
2. Enhance the quality of child care for families.
3. Provide parents with a broad range of child care options.
4. Strengthen the role of the family.
5. Improve the quality, availability, and coordination among all child care programs.

CCDP is funded by a federal grant though the Department of Health & Human Services and the Administration for Children & Families. Program requirements of the CCDP are tied to the federal regulations of this funding source. CCDP does not receive any funding from the Cowlitz Tribe.

Our program permits parents to choose from a broad range of licensed child care providers and Relative/Non-Relative providers. These providers are monitored by DCYF licensors and/or CCDP to ensure standards for health, safety, and quality are maintained.

Per grant requirements, CCDP has developed health and safety standards for parents who have chosen Relative/Non-Relative providers over the age of 18. Although parents have the primary responsibility for monitoring their child's care, CCDP provides an additional level of protection through on-site inspections, technical assistance, and consultation with those who provide child care.

Thank you,

CCDP Staff

PO Box 2547 • Longview, WA 98632 • Phone (360) 353-9909 • Fax (360) 353-9499 • Email CCDP@cowlitz.org

HOW TO APPLY:

IN PERSON:

1003 Fir St. Longview, WA 98632

Hours: Monday-Friday 8:00am-5:00pm (except holidays)

Closed 12:00pm-1:00pm daily

During COVID, we request you make an appointment in advance.

MAILING ADDRESS:

Child Care and Development Program

PO Box 2547

Longview, WA 98632

FAX NUMBER:

360-353-9499

Please call a half hour after sending your fax to ensure it has been received.

EMAIL ADDRESS:

CCDP@cowlitz.org

Website: https://cowlitz.org/services/ccdp.html

STAFF DIRECTORY:

Program Manager……Tanya Hutton
Responsible for overall program 360-353-9559

Administrative Assistant/Billing Specialist……Mersady Hurley
General program questions and billing 360-353-9909

Intake Support Specialist……Jen Milliren
Parent/program enrollment 360-353-9528

Early Learning Coach……Justina Wilson
Child care center support 360-353-9928

Recruitment and Compliant Specialist……Ann Little
Recruiter and Relative/Non-Relative Support 360-353-9524

Join our Facebook group:
Cowlitz Indian Tribe Child Care and Development Program

Assigned file #

Cowlitz Indian Tribe

Child Care and Development Program

Application Checklist: Documentation required within 10 business days:

- ☐ **APPLICATION** (must be completed)
- ☐ **CENTER OR RELATIVE/NON-RELATIVE FORM** to be filled out by your child care provider
- ☐ **RELEASE OF INFORMATION** (must be completed)
- ☐ **PARENT/GUARDIAN RESPONSIBILITIES** (must be completed)
- ☐ **PROOF OF TRIBAL ENROLLMENT** (Tribal ID, letter from the tribe verifying lineage, or CDIB/CIB of the child, parent, or child's grandparent in a federally recognized tribe)
- ☐ **BIRTH CERTIFICATE** for any child(ren) receiving care (parent's birth certificates will be required when using child's grandparent's enrollment)
- ☐ **DRIVER'S LICENSE** or State ID for all adults living in the household
- ☐ **PROOF OF INCOME** per adult applicant member-MUST have 8 weeks of most recent check stubs for each working household member, or previous year's tax return if self-employed (see employment verification below)
- ☐ **PROOF OF RESIDENCE** (Current rental or lease agreement, mortgage or property tax statement, utility bill)
- ☐ **UPDATED IMMUNIZATION RECORD** for any child(ren) receiving care
- ☐ **COURT ORDERED PARENTING PLAN OR GUARDIANSHIP** – If custody is shared or a guardianship is in place, it is required to show that the child lives with the applicant at least 50% of the time and that the applicant has the right to seek child care for any child(ren) in question

EMPLOYMENT VERIFICATION:

- ☐ **NON-TRADITIONAL HOURS** must submit an *Hours Verification Form* provided by CCDP for each working household member if non-traditional hours are required
- ☐ **SELF-EMPLOYED** must submit NOTARIZED *Income Verification Form* provided by CCDP

I certify that all the information I have provided is true and correct to the best of my knowledge.

Signature of primary applicant: _____ Date: _____

Signature of other adult: _____ Date: _____

**If you have limited access to required documents, please ask CCDP staff for assistance, extensions, or alternatives.*

CCDP staff signature: _____ Date: _____

CCDP staff signature: _____ Date: _____

PO Box 2547 • Longview, WA 98632 • Phone (360) 353-9909 • Fax (360) 353-9499 • Email CCDP@cowlitz.org

Cowlitz Indian Tribe
Child Care and Development Program
Application
To be completed by the Parent/Guardian

Parent/Guardian:	County:	Date:	
Mailing Address:	City:	State:	Zip:
Physical Address:	City:	State:	Zip:
Parent/Guardian Email:		Phone #:	
Preferred method of contact: ☐ Email ☐ Phone ☐ Text			
Emergency Contact:	Relationship to child:	Phone #:	

Name (full name of **all** children in household)	Date of Birth	Child Care Provider	Attending School	Child Care Needed	Special Needs
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
			☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Name (full name of **all** other adults in household)	Date of Birth	Relation to Children	Phone Number	Email

1. Reason child care needed: Please check the box below that best describes your situation:

a) ☐ Work ☐ School ☐ Training ☐ Job Searching ☐ Other_____

2. Please initial to verify the following statement per federal requirement:

a) I certify that my family assets do not exceed $1,000,000_____(initials)

3. Are you homeless or in unstable housing? *Includes living in a shelter or with family/couch surfing* ☐ Yes ☐ No

4. Have you applied with the Cowlitz Indian Tribe Child Care and Development Program in the past? ☐ Yes ☐ No

I hereby certify all the information provided is true and correct to the best of my knowledge. I swear that the children for whom I am requesting child care resides with me at least 50% of the time. I release the Cowlitz Indian Tribe, Child Care and Development Program (CCDP) from any liability while in care of the provider(s) listed. I understand submission of this application does not guarantee services will be provided.

Signature of primary applicant: _____ Date: _____

Signature of other adult: _____ Date: _____

FOR OFFICE USE ONLY:	☐ ELIGIBLE	☐ WAITLIST
Net Monthly Income: $	Monthly Co-Pay: $	
Approval Start Date:	Expiration Date:	Assigned file #:

Assigned file #

Cowlitz Indian Tribe

Child Care and Development Program

Release of Information

I (we), _____, hereby give my consent and grant permission to the Cowlitz Indian Tribe Child Care and Development Program to speak with the following individuals.

- ☐ Washington State Agencies (such as state licensing and grant support services)
- ☐ Cowlitz Tribal Services
- ☐ Your tribe _____
- ☐ Other Tribal Lead Agencies (must agree if in Lewis county)
- ☐ Child care provider and staff
- ☐ Other members of your family: _____
- ☐ Other members of your child's family: _____
- ☐ OTHER: _____

About my child(ren) listed below:

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

☐ **I (we) agree** or ☐ **I (we) do not agree** to let the Child Care and Development Program (CCDP) to use photographs of my child/children/family in official publications to promote CCDP or Cowlitz Indian Tribe.

By signing below, I agree to release and hold harmless the Cowlitz Indian Tribe and any of its employees, agents, advisors, consultants, and officers, from any and all liability, losses, expenses, actions, demands of any nature, claims, including costs and reasonable attorney's fees, and damages or injuries which may be sustained arising directly or indirectly from the services of the child care provider(s).

Signature of primary applicant: _____Date:_____

Signature of other adult: _____Date:_____

PO Box 2547 • Longview, WA 98632 • Phone (360) 353-9909 • Fax (360) 353-9499 • Email CCDP@cowlitz.org

Assigned file #

Cowlitz Indian Tribe

Child Care and Development Program

Parent/Guardian Responsibilities

By initialing and signing the following, I agree:

_____ I have provided a true list of all members (including adults) of my household on the application and submitted needed documentations.

_____ I am not using any other form of child care subsidy including Washington State Working Connections Child Care and agree to allow CCDP to verify.

_____ I am responsible for payment of excess days and hours above what the CCDP has agreed to pay. CCDP will pay for care up to 15 hours per day for a maximum of 23 days a month. Preauthorization is needed for regular scheduled care over 10 hours.

_____ I am responsible for requalification every 12 months with CCDP. I understand that failing to do so can result in withholding of payment or termination of services for a minimum of 30 days. I acknowledge I will be responsible for services charged by the day care facility if I fail to renew.

_____ I will provide both CCDP and my child care provider a two week notice before withdrawing.

_____ I will provide both CCDP and my child care provider a two week notice when my child(ren) is ill or unable to attend child care more than 5 days in a month.

_____ I will notify CCDP of any address and/or phone number change in writing within *10 business days*. Failure to do so may result in my child care services being suspended.

_____ I will promptly pay my copayment to my child care provider. I am responsible for any late fees due to the non-payment of my copay.

Disclaimer of liability on children in a child care center and/or Relative/Non-Relative care

I agree to hold the Cowlitz Indian Tribe CCDP harmless from any liability, claims, or damages that may result from the child care provider of its obligations under the terms of this agreement.

I UNDERSTAND BY SIGNING THIS FORM THAT I AM AGREEING TO ANY AND ALL TERMS OF THIS CONTRACT.

Signature of primary applicant: _____ Date: _____

Signature of other adult: _____ Date: _____

PO Box 2547 • Longview, WA 98632 • Phone (360) 353-9909 • Fax (360) 353-9499 • Email CCDP@cowlitz.org