



**Inter-Tribal Council of California, Inc.**  
**An Association Designed For The Unity of All California Indians**

Dear Applicant:

Per your request, we are sending you a Child Care pre-qualifying application along with a pre-addressed, stamped envelope. Please be informed that in order to be approved for this particular service it is necessary to provide proof of tribal affiliation and income. We accept either the parent or child's tribal membership of any of the tribes listed below.

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Blue Lake Rancheria  
Bridgeport Indian Colony  
Chemehuevi Indian Tribe  
Cortina Rancheria  
Elem Indian Colony

Grindstone Rancheria  
Laytonville Rancheria  
Manchester Point-Arena  
Paskenta Band of Nomlaki Indians  
Redwood Valley Rancheria  
Trinidad Rancheria

Please complete your pre-qualifying application packet by submitting the following items in the envelope provided.

1. Four-page Eligibility Application.
2. Voucher For Child Care & Development Fund (CCDF) Services.
3. Proof of gross monthly income for **parents/guardians** living in the household, or proof of enrollment in college or an employment training program, or a paystub within the last year if looking for work.
4. Proof of Tribal Membership.

Questions pertaining to the Child Care program may be directed to the Child Care Eligibility Department at (916) 973-9581.

Thank you,  
Child Care Development Fund (CCDF) Program

Kayla Olvera, Program Coordinator  
Elaine Arsenault, Eligibility Specialist



HM PHONE: (\_\_\_\_) \_\_\_\_\_

EMERGENCY PHONE: (\_\_\_\_) \_\_\_\_\_

**B.) FAMILY NEED CATEGORY: I hereby apply for child care services for the reason:**

**1. Employed**

**1ST PARENT/GUARDIAN**

**2ND PARENT/GUARDIAN**

\_\_\_\_\_  
EMPLOYER (\_\_\_\_) PHONE

\_\_\_\_\_  
EMPLOYER (\_\_\_\_) PHONE

\_\_\_\_\_  
PHYSICAL ADDRESS

\_\_\_\_\_  
PHYSICAL ADDRESS

\_\_\_\_\_  
CITY CA ZIP

\_\_\_\_\_  
CITY CA ZIP

Days and Hours of employment:

		Mon	Tues	Wed	Thurs	Fri	Sat	Sun
1st Parent/ Guardian	From							
	To							
2nd Parent/ Guardian	From							
	To							

**2. In school/training**

**1ST PARENT/GUARDIAN**

**2ND PARENT/GUARDIAN**

\_\_\_\_\_  
NAME OF SCHOOL

\_\_\_\_\_  
NAME OF SCHOOL

\_\_\_\_\_  
PHYSICAL ADDRESS

\_\_\_\_\_  
PHYSICAL ADDRESS

\_\_\_\_\_  
CITY CA ZIP

\_\_\_\_\_  
CITY CA ZIP

**Term Begins** \_\_\_\_\_ **Ends** \_\_\_\_\_

**Term Begins** \_\_\_\_\_ **Ends** \_\_\_\_\_

**Expected Graduation Date** \_\_\_\_\_

**Expected Graduation Date** \_\_\_\_\_

Days and Hours of training:

Mon Tues Wed Thurs Fri Sat Sun

1st Parent/ Guardian	From							
	To							
2nd Parent/ Guardian	From							
	To							

**3. Protective Custody: referred to prevent neglect or child abuse**

NAMES OF CHILDREN LIVING WITH YOU THAT NEED PROTECTIVE CUSTODY (I.E. FOSTER CARE):

\_\_\_\_\_  
NAME \_\_\_\_\_ LENGTH OF TIME IN HOME \_\_\_\_\_ CASH AID Y/N \_\_\_\_\_ AGENCY PROVIDING CASH AID \_\_\_\_\_

\_\_\_\_\_  
NAME \_\_\_\_\_ LENGTH OF TIME IN HOME \_\_\_\_\_ CASH AID Y/N \_\_\_\_\_ AGENCY PROVIDING CASH AID \_\_\_\_\_

\_\_\_\_\_  
NAME \_\_\_\_\_ LENGTH OF TIME IN HOME \_\_\_\_\_ CASH AID Y/N \_\_\_\_\_ AGENCY PROVIDING CASH AID \_\_\_\_\_

**4. Actively Seeking Employment**

This category only applies to parents/guardians who have been employed within the last 12 months.

This category allows parents/guardians to receive a child care subsidy for up to 6 hours week and up to 3 months only. Parents/Guardians are eligible for this category once every 2 years.

**1st Parent/Guardian:** \_\_\_\_\_

\_\_\_\_\_  
NAME OF LAST EMPLOYER CITY & STATE LAST DATE  
WORKED

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
NAME OF SUPERVISOR PHONE NUMBER FAX NUMBER

DOES ITCC STAFF HAVE PERMISSION TO VERIFY THIS INFORMATION: \_\_\_\_\_  
YES OR NO

IF YES, PLEASE SIGN AND DATE HERE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE



Financial Aid (BIA, Pell Grant, etc..) \$ \_\_\_\_\_

Financial Aid (BIA, Pell Grant, etc..) \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Disability insurance \$ \_\_\_\_\_

Disability insurance \$ \_\_\_\_\_

Worker's compensation insurance \$ \_\_\_\_\_

Worker's compensation insurance \$ \_\_\_\_\_

Alimony/Child Support \$ \_\_\_\_\_

Alimony/Child Support \$ \_\_\_\_\_

Veteran's pension \$ \_\_\_\_\_

Veteran's pension \$ \_\_\_\_\_

AFDC/TANF \$ \_\_\_\_\_

AFDC/TANF \$ \_\_\_\_\_

**Gross Monthly Income** \$ \_\_\_\_\_

**Gross Monthly Income** \$ \_\_\_\_\_

***\*Please include proof of all income sources for both parents/guardians with this application.***

Providing false information is grounds for termination from the Inter-Tribal Council of California, Inc.'s Child Care & Development Fund program. If approved for child care subsidy, parents/guardians are required to submit proof of income every 6 months and are eligible for up to 2 years of service so long as they remain eligible. Eligibility is determined by income, family size and qualified work/in school/training activity. Therefore, any changes to your eligibility must be reported immediately. You have the right to an appeal if you do not agree with your eligibility determination.

\_\_\_\_\_  
1st Parent/Guardian Signature Date

\_\_\_\_\_  
2nd Parent/Guardian Signature Date



**INTER-TRIBAL COUNCIL OF CALIFORNIA, INC.**  
CHILD CARE & DEVELOPMENT BLOCK GRANT

**VOUCHER FOR CHILD CARE & DEVELOPMENT FUND (CCDF) SERVICES**

**State-Licensed Providers**

I, \_\_\_\_\_ (provider name), am a California State-licensed provider seeking registration through ITCC's Child Care Program. ITCC strives to make child care rates **affordable** by using the Regional Market Rate Ceilings (RMR) for California. ITCC does not guarantee payment above the current RMR Ceilings. Eligible families are low-income, working or in training, and belong to ITCC's Child Care Consortium. This program only services children until their 13th birthday. Providers in this category provide care in center-based or family home settings. ITCC reserves the right to final decision of payment rates following the rules set forth by the Department of Health and Human Services, 45 CFR Parts 98 and 99.

I Agree to provide child care services for \_\_\_\_\_  
(Print parent/guardian name) (Date)

- ✓ Please attach rate sheet (include additional fees for special needs, enrollment, transportation, etc.),
- ✓ Please attach a copy of your state-license.

**Non State-Licensed Providers**

I, \_\_\_\_\_ (provider name), am a provider seeking registration through ITCC's Child Care Program and will comply with State laws regarding adult/child ratios and ITCC's Non State-Licensed Policies and other rules. ITCC strives to make child care rates **affordable** and will reimburse providers according to the current Regional Market Rate (RMR) Ceiling for children under 2 years old. For all other children, the first child older than 2 years will be paid \$2.62/hour, the next three children \$1.50/hour, and additional children \$1.31/hour. This program only services children until their 13th birthday. Eligible families are low-income, working or in training, and belong to ITCC's Child Care Consortium. ITCC reserves the right to final decision of payment rates following the rules set forth by the Department of Health and Human Services, 45 CFR Parts 98 and 99.

I Agree to provide child care services for \_\_\_\_\_  
(Print parent/guardian name) (Date)

**Documents Required Upon Approval:**

- ✓ Copy of Driver's License or Other Identification card.
- ✓ Copy of Social Security Card.
- ✓ TB Test Results,
- ✓ W-9 Form, Non State-Licensed Policies Form, Non State-Licensed Intake Form.

Notes: The Application process becomes effective on the date ITCC CCDF approves a completed application from the parents/guardians. **NO EXCEPTIONS. ITCC WILL NOT BE RESPONSIBLE FOR ANY SERVICES PRIOR TO THE APPROVAL DATE.**

The parent is the employer and conducts business directly with the provider; ITCC subsidizes payments to the provider who is an independent contractor. ***ITCC Child Care Program IS NOT AN EMPLOYER.***

Provider Street Address \_\_\_\_\_ Parent/Guardian Street Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_ City & Zip Code \_\_\_\_\_

Home Ph. # \_\_\_\_\_ Home Ph. # \_\_\_\_\_

1st Parent/Guardian Work or Cell #: \_\_\_\_\_ 2nd Parent/Guardian Work or Cell#: \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_