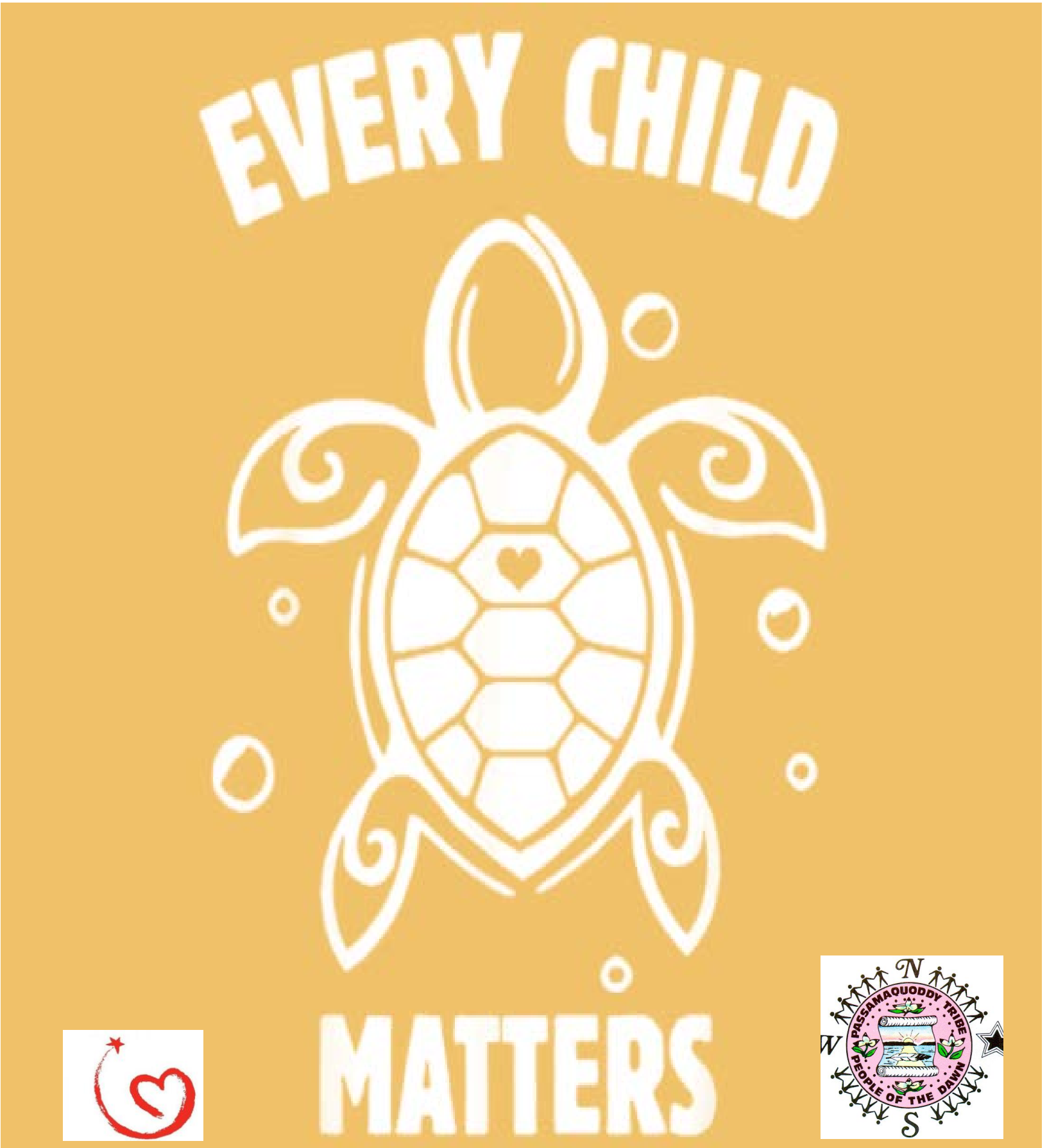
Pleasant Point Child Care Block Grant Certificate Program Application



Pleasant Point Child Care - CCDF/CCDBG
Mailing Address: P.O Box 343 Perry, ME 04667
Phone Number: 207-853-2600 ext: 246
Fax Number: 207-853-9618

Pleasant Point Child Care -CCDBG/CCDF CERTIFICATE PROGRAM APPLICATION

HOUSEHOLD MEMBERS: List ONLY those in the home supported by your income. Must list both parents.		
PARENT/GUARDIAN NAME (Last, First)	PARENT/GUARDIAN NAME (Last, First)	
NAME (Last, First)	DOB	Is this person enrolling in the program? ☐ Yes ☐ No ☐ N/A
NAME (Last, First)	DOB	Is this person enrolling in the program? ☐ Yes ☐ No ☐ N/A
NAME (Last, First)	DOB	Is this person enrolling in the program? ☐ Yes ☐ No ☐ N/A
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NAME (Last, First)	DOB	Is this person enrolling in the program? ☐ Yes ☐ No ☐ N/A
Total number in family (including yourself) supported by the income of the parents or guardians of the child enrolling or participating in the program and related to the parents or guardians by blood, marriage or adoption.		**TOTAL IN HOUSEHOLD:** _____
Family Composition: ☐ Single Parent ☐ Two Parent ☐ Tribal custody ☐ Guardianship		

ADDRESS/PHONE NUMBER		
HOME ADDRESS (NO, STREET, CITY ZIP)		
MAILING ADDRESS, IF DIFFERENT FROM ABOVE (P.O. BOX, STREET, CITY,STATE, ZIP)		
PERSONAL PHONE:	MESSAGE PHONE:	EMAIL ADDRESS:

Documentation NEEDED to determine Income Eligibility: Any income earned by the parent(s) or any other adult in the home supporting the child/ren. **For children in tribal custody and guardianships, please provide current court documents. Income verification is not required for children in tribal custody.**	
Are you or any other adult in the home currently working (part time/full time)? ☐ No ☐ Yes	**If YES: Please submit LAST 2 pay stubs** **If you recently gained new employment and do not have at least 2 pay stubs, please contact program staff to verify an employment Verification Form is on file.**
Are you or any other adult in the home currently enrolled in a college/university or a education program? ☐ No ☐ Yes	**If YES: Please complete Release of Information on page 6.**
Are you or any other adult in the home currently enrolled in a job training program? ☐ No ☐ Yes	**If YES:** **Please submit documentation to support that you are currently enrolled and meeting the requirements of the program**

If you receive any additional income from the following listed please submit a copy of the letter and/or statement:

☐ **I am currently unemployed.**

☐ Child Support

☐ Supplemental Security Income (SSI) or Death benefits

☐ Receiving unemployment

☐ Self employed. Signed Self-Employment Statement Provide a copy of tax income, Payments/receipts I

☐ Public assistance TANF

☐ Other in-come

DECLARATION AND CONSENT

I understand that I/we have completed the enrollment application and declare that all the information provided to the best of my knowledge is true and accurate. If any information provided on the application is found to be falsified, I/we understand that my application will not be considered for enrollment.

PARENT/GUARDIAN SIGNATURE	PRINT NAME	DATE

Email/ Messenger

☐ I wish to receive Emails or Messenger (CCDF-Sipayik) messages. By checking this box and signing below, I authorize Pleasant Point Child Care Certificate Program to contact me by messenger or email message related to PPCC/CCDF enrollment and eligibility information related to children under my guardianship.

I know that I am under no obligation to authorize PPCC/CCDF to send me messages or emails. I may elect to opt-out of receiving these communications at any time by contacting PPCC/CCDF coordinator.

PARENT/GUARDIAN SIGNATURE	PRINT NAME	DATE

Certificate Program Staff		
Margaret Altvater CCDF Program Administrator (207) 853-2600 ext. 246 maltvater@wabanaki.com	CC ID#	

Please use this space to list the Parent/Guardians of each child listed on the application.

Child_____Parent/Guardian_____Parent/Guardian_____

Child_____Parent/Guardian_____Parent/Guardian_____

Child_____Parent/Guardian_____Parent/Guardian_____

Child_____Parent/Guardian_____Parent/Guardian_____

Child_____Parent/Guardian_____Parent/Guardian_____

Child_____Parent/Guardian_____Parent/Guardian_____

INCOME - GROSS/ NET can be used for self-employed seasonal work/Contract work: Clamming, Wrinkling, Wreaths, Tipping -

I RECEIVE INCOME FROM THE FOLLOWING SOURCES AT THIS TIME (CHECK ALL THAT APPLY)	
☐ Employment Wages- _____	☐ Supplemental Security (SSI)- _____
☐ Public Assistance TANF- _____	☐ Self Employed _____
☐ Other _____	☐ Child Support _____
☐ Unemployment Compensation - _____	Total income _____
Please check one box and provide documents verifying income for all. ☐ One household member ☐ Two household members	
☐ Zero Income – I currently have **zero income** – A Zero Income statement must be submitted.	
*** Please provide copies of pay stubs, or notice (s) from income source to document monthly income.**	

PARENT/GUARDIAN SIGNATURE	PRINT NAME	DATE

DECLARATION AND CONSENTS

I understand that I/we have completed this application and declare that all the information provided to the best of my knowledge is true and accurate. If any information provided on the application is found to be falsified, I/we understand that my application will not be considered for enrollment during the suspension period.

EMPLOYMENT VERIFICATION FOR CHILD CARE SUBSIDY- CCDF/CCDBG

(PPCC) RELEASE OF INFORMATION IS REQUIRED BY ALL APPLICANTS!

Applicant, you are to fill in the top portion including RE, only.
Have your employer fill out the bottom half of this form sign and return with your application.

(Company Name)_____

(Manager/Supervisor)_____
(Representative name)

(Street Address) _____ **Phone:** _____ **Fax:**_____

(City, State Zip _____ **Email Address:** _____
(Representative Email)

RE: _____
(Applicant)

Dear Company Representative,

This form serves as an official document to collect the below information for the above named participant, as part of the required information needed for eligibility into our program. This information will assist us in matching reported information from the client and to help prevent fraud.

Does Employee work remotely/from home? ☐ Yes ☐ No

Start Date:_____ **Estimated Length of job:**_____ **Is employee working full time?** ☐ **Yes** ☐ **No**

What days and hours of the week did/does this employee work?

Sun/_____ **Mon/** _____ **Tues/** _____ **Wed /** _____ **Thurs/** _____ **Fri /** _____ **Sat/** _____ **Total hours** _____

If a work schedule is available, please send back with this form.

Does this employee cover on-call shifts, is so how many hours?_____

Estimated monthly gross income? _____

Employer Signature: _____ **Title:**_____

Date:_____

PPCC SCHOOL/PROGRAM ENROLLMENT VERIFICATION FOR CHILD CARE SUBSIDY- CCDF/CCDBG

(RELEASE OF INFORMATION) ONLY FILL OUT IF YOU ARE A STUDENT APPLYING FOR CHILDCARE SUBSIDY

Applicant, you are to fill in the top portion, TO, RE, your Student I.D. # only, have the school/program representative fill out the bottom half of this form sign and return with your application.

To:_____
(Representative name)

Student I.D.#_____ **School/Program:_____**

(Mailing Address) _____ **Phone: _____** **Fax:_____**

(City, State Zip) _____ **Email Address: _____**
(Representative Email)

RE:
_____
(Applicant)

Dear School/Program Representative,

This form serves as an official document to collect the below information for the above named participant, as part of the required information needed for eligibility into our program. This information will assist us in matching reported information from the applicant and to help prevent fraud.

Applicants start Date:_____ **Graduation/Completion Date:_____**
(Expected)

The student is enrolled in: Full time ☐ Part time ☐ Does this student attend in person ☐ or on-line ☐

What is the students schedule? (*Please specify # of hours per day*)

Sun/_____ Mon/_____ Tues/_____ Wed /_____ Thurs/_____ Fri /_____ Sat/_____ Total hours:_____

(*Please submit a current school enrollment schedule or registration with this form-if available.)

Represenative Signature: _____ **Title:_____** **Date:_____**

PPCCRELEASEOF INFORMATION-PAGE

I, _____,(Participant/Parent) give permission to PPCC CCDF/CCDBG staff to verify pertinent information regarding my employment, schooling/training from the below stated agencies or organizations for the purposes of determining eligibility and compliance with Child Care and Development Program.

I, _____, (Participant/Parent) also give permission PPCC CCDF/CCDBG staff to obtain pertinent information regarding my child's tribal enrollment, the descendant parent(s) tribal enrollment, the descendant grandparent(s) tribal enrollment, if I am unable of accessing the documents in a timely manner.

Child's Name: _____ **DOB:** _____ **Child's Name:** _____ **DOB:** _____

Child's Name: _____ **DOB:** _____ **Child's Name:** _____ **DOB:** _____

Child's Name: _____ **DOB:** _____ **Child's Name:** _____ **DOB:** _____

***It is the parents/guardians responsibility to obtain and submit all required documents.**

***All information provided will be kept confidential.**

The following proof of information may be requested from the agencies/organizations listed below via email or phone:

- School-college/program enrollment.
- Employment/income verification.
- Immunization records.
- Provider time sheet.
- CW/CPS- court document.
- Child's school, after school programs ie. youth and rec, school provided after care programs.
- Other

Please provide names, contact information and initial in front of each agency/organization you give PPCC permission to verify submitted documents.

Initial		*Name and Contact info*
	Census Dept	
	CW-CPS/Worker	
	Health Center	
	Education Program	
	Child Care Provider	
	Employer Parent #1	
	Employer Parent #2	
	Child's School	
	Youth and Rec	

**This form may be mailed/emailed, or faxed to any of the listed agencies /organizations for the purpose of determining eligibility and/or to verify the information/documents submitted for compliance with the Child Care subsidy Program.*

Participants Signature: _____ **Date:** _____

PARENT RESPONSIBILITY FORM

- To qualify for the CCDF Certificate Program (CP), both parents (one if a single parent household) or a licensed foster parent for Passamaquoddy Tribe at Pleasant Point you must meet one of the following requirements and submitted the required proof of employment and/or school/job training status.

- Attending school or job training (Enrolled in classes or job readiness program- traditional trade and meeting the program's enrollment requirements, and official class schedule)

- I must notify the PPCC staff of the following changes within ten (10) calendar days of any changes in child custody/guardianship, address, email or phone numbers. If I fail to provide current phone numbers/address/email, I may lose eligibility if program staff is unable to contact me to request eligibility information.
- I am required to notify program staff within 10 calendar days if my family's total income rises above 85% of the Maine State Median Income. I may also choose to notify program staff if there is any change in my family's income or family size that could potentially benefit me in the form of a lower co-payment. (Licensed foster parents are exempt)
- If I am self-employed, I must submit a Self Employment Statement form, along with proof of income.
- I am responsible for choosing a state licensed or PPCC approved child care provider who accepts CCDF/ CCDBG funds. I have signed the Child Care Release of information Form. After selecting a child care provider, it is my responsibility to submit to the provider the necessary forms and to confirm that the PPCC staff has received the forms from the provider. I understand that it may take up to two weeks for my services to be authorized after the PPCC staff receives all required forms. I am responsible for all child care fees prior to authorization.
- I must notify the PPCC staff if I wish to change child care providers. Payment will not be made for child care services if the provider is not state licensed or PPCC approved child care and has not been authorized by the CCDF program and if a provider agreement is not signed by both parent and provider. I am responsible for paying any child care provider balance in full before receiving authorization for services at another child care provider. I understand that after selecting a new provider, it may take 2-4 weeks for my services to be authorized after the PPCC staff receives all required forms. Once approved, I will receive a new approval letter stating the approval date and new provider name.
- I am responsible for paying a co-payment to the provider which is based upon my income and household size. I am also responsible for any remaining balance that the PPCC does not cover, including, but limited to,recreation fees, late fees. The provider determines how often I am required to pay my co-payment.

PARENT RESPONSIBILTY PAGE 2

Your hours of reimbursement services will be determined after review of your completed application.

1. I will be held responsible for repaying any over payments incurred for services as a result of fraud.
2. I understand that payment will not be made on my behalf until I have received a Child Care Approval letter from PPCC with the date issued and the eligibility period indicated.
3. I am responsible for paying any child care charges incurred before or after the eligibility period stated on the certificate.
4. It is my responsibility to reapply to the program semi-annually if I wish to continue services.
5. My certificate does not automatically renew.
6. The deadline to reapply semi-annually is 5/31 and 09/30. There is no guarantee that I will remain eligible for the program.
7. The re-enrollment forms can be found at our Facebook page (CCDF-Sipayik), picked up in person, or requested by email.

- This program is contingent upon federal funding through the Child Care Development Fund- Certificates are valid through December 31.
- During the determination process, a priority list will be utilized and you may be placed on a wait list.
- By signing this form, I agree to abide by all statements on this form. I authorize the PPCC CCDF Certificate Program to verify any eligibility information through employers, schools, or other persons or institutions.
- Any applicant who knowingly submits false information or knowingly conceals requested information will be withdrawn from the program and may be charged with fraud.

-

Parent/Guardian Signature:_____ Date:_____

*** The PPCC CCDF Certificate Program payments will be determined after your complete application and required documents are reviewed.**

Pleasant Point Child Care - CCDF/CCDBG **Mailing Address: P.O Box 343 Perry, ME 04667** **Phone Number: 207--853-2600/ Direct ext: 246** **Fax Number: 207-853- 9618**		Margaret Altvater CCDF Program coordinator (207) 853-2600 ext. 246 maltvater@wabanaki.com

Pleasant Point Child Care Certificate Program- CCDF/CCDBG

PARENT'S CHECK LIST

The following documents must be submitted during the application process.

All information listed is mandatory and will be required before any payments by the Tribe are authorized.

Parent/Guardian/s Name:_____

- ☐ **Completed Application**
- ☐ Current Immunization records, if child is not being cared for by immediate family.
- ☐ Copy of provider's State License, if using a licensed provider. (Current)
- ☐ In-home/Family Care providers- FP Background check/ WCB (Including anyone in the household who is 18 and older)
- ☐ CompletedSigned Provider Agreement* Annually
- ☐ Employment Verification (Work Schedule) or School Enrollment Verification-current schedule (All applicants) *Annually
- ☐ School Work Schedule Job Training schedule, or GED Current Schedule. *Annually
- ☐ If your child is special needs; official diagnosis will need to be attached to this application
- ☐ Weekly Paycheck Stubs, or other forms of income verification: unemployment award letter,disability award letter,SSI, Social Security award letter,
- ☐ Tribal Enrollment/Census Verification
- ☐ Photo ID of Applicant and anyone over 18 on application
- ☐ Birth Certificate for Child/ren
- ☐ Work From Home Employment Form
- ☐ Proof of legal Guardianship- *If applicable
- ☐ Self employed:Signed Self-employment Statement & copy of tax return,and or, Signed Self-employment Declaration and record showing the date of payment/receipts.
- ☐ Signed Parent's responsibility agreement
- ☐ Proof that child is in tribalcustody-*ifapplicable
- ☐ Release of information form

** Applicants are required to exhaust allother available funding for child care services. TANFrecipients are expected to utilize FEDCAP child care funding for thetime that they are involved in FEDCAPactivities for aslong asthat service is available.

All listed documents must accompany this application to be considered complete.

If all the proper documents are not enclosed with this application; an email, or letter requesting the missing information will be sent within 10days of being received in this office.Your eligibility will be held aspending for up to 10 working daysfrom date originally received. Onthe 11th day your child careapplication will be destroyed if the requested documents arenot turned in.

Unless otherarrangements are made with program coordinator.

Reviewed By:_____ Date :_____

STOP! Administration use only

PPCC FINANCIAL FORM

Family Income:

	Parent/Guardian #1	Parent/Guardian #2
Employment-		
TANF-		
Child Support/ Alimony-		
Unemployment/Disability-		
Social Security/SSI-		
Other-		

Total Income: $ 0.00 **Total Income:** $ 0.00

Parent Co-pay:

Approved by: _____

Date:

Denied By: _____

Date:

Reason for denial

Initials: