

# Yavapai Apache Nation



## PARENT APPLICATION

Child Care Development Fund Program

# **YAVAPAI APACHE NATION**

## **CCDF CHILD CARE APPLICATION**

These are the procedures and requirements for child care services. In order to receive services, the parent must submit to our office the following documents to determine eligibility for the program:

- **Childcare application**
- **Child documents**
  1. **Birth Certificate**
  2. **Social Security Card**
  3. **Tribal ID (if child is not enrollment at the time and is in process, please have tribal enrollment submit a letter)**
  4. **Immunizations**
  5. **Physicians letter stating child's special need if enrolling base on this eligibility**
  6. **Court papers stating child's custody ( If child/ren are under court order) again, if you are enrolling the child under this eligibility**
  
- **Parent's Documents:**
  1. **Parents paystub/ proof of income from both parents**
  2. **Employment verification form signed by employer if unable to submit paystubs**
  3. **Residential verification form (housing composition form from tribal housing)**
  4. **Grant award from school and school schedule**

Upon submitting of all documents and first home visit with the provider. A child may then be placed in their home for care. It is the parent's responsibility to pay their provider for child Care services if their child/ren are receiving services prior to approval of their application.

**NO BACKPAY WILL BE GIVEN TO PROVIDER AT ANY TIME. All Home Providers are subject to a thorough background including fingerprint/background checks and drug testing which will be clarified by the proper departments. This is a timely process depending on the interested provider. Once all investigations are cleared, it is then that the provider may set up a home visit. When the home visit is complete it is then that the provider will be given instructions on filling out timesheets and certificates that will be submitted to our office for payment.**

**\*\*For further information please contact the CCDF Grant Coordinator\***

# **CCDF PARENT APPLICATION**

Please read the following pages very carefully before beginning the application process.

Please be advised of the following reasons why the provider of your choice may be denied, suspended or revoked for any one or more of the following reasons.

1. Additional to Drugs or Alcohol, R-9-5-208; A.A.C. R9-5-210
2. Engaging in any physical, emotional or sexual abuse R9-5-208: A.A.C. R9-5-210
3. Unacceptable disciplinary methods, such as corporal punishment or emotional or verbal abuse A.A.C. R9-5-210
4. Failing to comply with the provisions of the Yavapai-Apache Nations Child Care Standards A.A.C R9-5-210
5. Adjudication (Court order removing children from your home custody)
6. For any court of Law, Pertaining to the care of children or criminal activities 16R-9-5-703
7. Placing a child in a life-threatening situation R9-5-703 A.R.S. 536-891
8. Releasing a child(ren) from a child care providers home without parents authorization R9-5-211, A.R.A 536-981
9. Failure to comply with the cleaning, sanitation and safety requirements R9-5-5211, A.R.S. 536-891
10. Failure to correct deficiencies noted by the department R9-5-5211, A.R.S 536-981
11. Failure to comply with nutrition requirements R9-4-211
12. An applicant who is awaiting a trial or has been suspended/convicted or has admitted to any of the following criminal offenses in this state or offenses in another state or tribal jurisdiction R-9-5-703
  - a. Sexual Abuse or a minor
  - b. Incest
  - c. First or Second Degree Murder
  - d. Kidnapping and/or Abduction of a minor child
  - e. Arson
  - f. Sexual exploitation or a minor
  - g. Commercial sexual exploitation of a minor
  - h. Taking pornographic photos of a minor or giving a minor children pornographic literature
  - i. Felony offenses involving distribution of marijuana or narcotic drugs
  - j. Burglary/robbery
  - k. Any dangerous crime against children
  - l. Child abuse
  - m. Any sexual contact with a minor
  - n. Molestation of a minor

**I HAVE READ AND UNDERSTAND THESE RULES AND REGULATIONS AND IN FILLING OUT THIS APPLICATION FOR ASSISTANCE THOROUGH THE CCDF GRANT PROGRAM, I AGREE TO ABIDE BY ALL RULES AND REGULATIONS BY REPORTING ALL CHANGES AS THEY OCCUR AND ANY OTHER**

**INFORMATION THAT MAYBE REQUIRED OF ME THORUGH THE CCDF GRANT PROGRAM. TO PARTICIPATE IN THE CCDF GRANT PROGRAM, I ALSO UNDERSTAND THAT I WILL CAREFULLY EXAMINE AND REPORT ALL CORRECT HOURS ON MY HOME PROVIDERS TIMESHEET AND BY SIGNING I APPROVE THAT TIMES ARE TRUTHFUL AND CORRECT. I ALSO KNOW THAT PROVIDING FALSE INFORMATION WILL RESULT IN ME BEING INELIGIBLE FOR FURTHER ASSISTANCE THORUGH THE CCDF GRANT PROGRAM. I AUTHROIZE THE CCDF PROGRAM TO VERIFY ALL INFORMATION CONTAINED IN MY APPLICATION.**

\_\_\_\_\_  
**Mothers Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Fathers Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**CCDF Personnel Signature**

\_\_\_\_\_  
**Date**

**CHILD CARE REGISTRATION**  
**PARENT APPLICATION**

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(PHYSICAL)

(P,O, BOX)

\_\_\_\_\_  
(CITY)

\_\_\_\_\_  
(STATE)

\_\_\_\_\_  
(ZIP CODE)

\_\_\_\_\_  
(PHONE #)

**PLEASE CHECK ONE THAT APPLIES:**

I AM : SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SIGNIFICANT OTHER \_\_\_\_\_

I HAVE \_\_\_\_\_ # OF CHILDREN IN MY HOUSEHOLD

I HAVE \_\_\_\_\_ # OF ADDULTS IN MY HOUSEHOLD

ELIGIBILITY IS DETERMINED BY PARENT(S) INCOME

**MOTHER'S EMPLOYMENT**

MOTHER'S EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

HOURS OF EMPLOYMENT: FULL TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

DAYS OF EMPLOYMENT: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

HOURS OF EMPLOYMENT: \_\_\_\_\_

DAYS/TIME CHILD CARE IS NEEDED: \_\_\_\_\_

**FATHER'S EMPLOYMENT**

FATHER'S EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

HOURS OF EMPLOYMENT: FULL TIME \_\_\_\_\_ PART-TIME \_\_\_\_\_

DAYS OF EMPLOYMENT: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

HOURS OF EMPLOYMENT: \_\_\_\_\_

DAYS/TIME CHILD CARE IS NEEDED: \_\_\_\_\_



# CHILD MEDICAL HISTORY

CHILD'S NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_

CHILD'S DOCTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY

STATE

ZIP CODE

PHONE #

FOR THE PROTECTION OF YOUR CHILD WE ASK THAT YOU FILL IN AND ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR KNOWLEDGE. THIS INFORMATION IS KEPT CONFIDENTIAL, BETWEEN THE PROVIDER OF YOUR CHOICE AND THE CCDF GRANT COORDINATOR. THIS WILL ALSO HELP YOUR CHILD CARE PROVIDER IN GIVING THE BEST CARE FOR YOUR CHILD WHILE IN CARE.

1. What texture of foods does your child usually eat? Check all that apply:

Pureed/Strained \_\_\_\_\_ Mashed \_\_\_\_\_ Ground \_\_\_\_\_ Finger foods \_\_\_\_\_ Chopped \_\_\_\_\_  
Regular Table Food \_\_\_\_\_ Thicken Liquids (trouble swallowing thin liquids) \_\_\_\_\_

2. Does your child need help eating?

No help needed \_\_\_\_\_ Needs little help \_\_\_\_\_ Needs total help \_\_\_\_\_

Indicate your child's assistance in feeding:

\_\_\_\_\_

3. What eating equipment does your child use? Check all that apply:

Infant bottle \_\_\_\_\_ Uses straw \_\_\_\_\_ Cups (Sippy \_\_\_\_\_ Regular \_\_\_\_\_ Special \_\_\_\_\_)  
Spoon (Regular \_\_\_\_\_ Infant \_\_\_\_\_ Special \_\_\_\_\_) Child uses fingers to eat with \_\_\_\_\_

4. How long does it usually take for your child to eat?

½ hour or less \_\_\_\_\_ if more than ½ hour then how long? \_\_\_\_\_

5. Is your child allergic to any food? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please specify:

\_\_\_\_\_

Please give detailed information on what your child can and cannot eat and suggest substitutions. Does the child need a medical prescription from the doctor?

Yes \_\_\_\_\_ NO \_\_\_\_\_ if yes, please submit to the CCDF Administration to have on file.

6. What foods does your child:

Like the most: \_\_\_\_\_

Dislike the most: \_\_\_\_\_

7. Is your child on a special diet? YES \_\_\_\_\_ No \_\_\_\_\_

8. Does your child have a special feeding schedule? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give detailed information of your child's special diet or feeding schedule:

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9. Does your child refuse to eat certain foods that are: Please check all that applies:

Crunchy \_\_\_\_\_ Hard \_\_\_\_\_ Dry \_\_\_\_\_ Mushy \_\_\_\_\_ Cold \_\_\_\_\_ Too Warm \_\_\_\_\_ Spicy \_\_\_\_\_

Please give examples of foods that your child is not able to eat:

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10. How is your child's appetite? Very Good \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ Varies \_\_\_\_\_

11. Does your child usually finish a meal: Yes \_\_\_\_\_ No \_\_\_\_\_

12. What type of chair does your child sit in during meals? High Chair \_\_\_\_\_ Booster \_\_\_\_\_ Table  
Chair \_\_\_\_\_ Special/Accommodated Chair \_\_\_\_\_

13. Any special feeding instructions that staff need to be aware of:

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# Yavapai-Apach Nation Child Care Center

2400 W. Datsi St.  
Camp Verde, AZ 86322  
(928) 649-7134/7158

## EMERGENCY MEDICAL FORM

I, The parent of \_\_\_\_\_ do hereby give my  
(Child's Name)

Permission for my child care provider \_\_\_\_\_  
(Provider's Name)

To seek emergency medical care for my child in my absence, I request that I be called immediately so that I can then be present to make further emergency decisions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCDF Administrator

\_\_\_\_\_  
Date

In the event of an emergency these are phone number where I may be reached at or someone will know how to contact me.

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Nearest Relative

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Friend of Family

\_\_\_\_\_  
Phone #

**\*\* If at anytime a parent or emergency contact can not be reached please contact the CCDF Administration at (928) 649-7134 or 7158\*\***



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567-5725

## TRANSPORTATION INFORMATION

IT IS THE BEST OF OUR ABILITY TO PROTECT ALL CHILD/REN WHO ARE ENROLLED WITH THE CCDF GRANT PROGRAM AND WHILE IN THE CARE OF A CERTIFIED CHILD CARE HOME PROVIDER, THAT ALL PARENTS ARE AWARE OF THEIR CHILD/REN'S WHERE ABOUTS.

ATTACHED IS A PERMISSION SLIP INDICATING THAT YOU THE PARENT IS GIVING PERMISSION FOR YOUR PROVIDER TO TRANSPORT YOUR CHILD/REN IN THE CASE OF EMERGENCY OR WHICH MAY INCLUDE FIELD TRIPS TO THE PARK, OUT ON PICNICS OR FOR OTHER ACTIVITIES WITH IN THE 10 MILE RADIUS OF THE YAVAPAI-APACHE RESERVATIONS (CAMP VERDE, RIM ROCK, MIDDLE VERDE OR CLARKDALE).

IT IS REQUIRED BY THE CCDF GRANT PROGRAM AND STATE LAWS THAT ALL PROVIDERS SUBMIT THEIR COPIES OF DRIVER LICENSE, VEHICLE INSURANCE AND REGISTRATION. THESE FORMS WILL BE KEPT IN PROVIDERS FILE FOLDER BEFORE ANY TRANSPORTING IS GIVEN.

IF AT ANY TIME YOUR CHILD CARE PROVIDER IS TRANSPORTING YOUR CHILD/REN WITHOUT THESE DOCUMENTS IN FILE AND IS INVOLVED IN AN EMERGENCY SITUATION, IT WILL NOT BE THE RESPONSIBILITY OF THE CCDF GRANT PROGRAM, ALTHOUGHT A PERMISSION SLIP IS SIGNED.

AGAIN THIS IS FOR THE PROTECTION OF YOUR CHILD/REN, THE CHILD CARE HOME PROVIDER AND THE CCDF GRANT COORDINATOR, IN CASE OF AN EMERGENCY SITUATION.

PLEASE TAKE THE TIME TO EVALUATE YOUR HOME PROVIDER BEFORE SIGNING THE PERMISSION SLIP. IT IS BASED ON YOUR DECISION TO SIGN THE FORM OR NOT TO SIGN AND IN THE PROTECTION OF YOUR CHILD/REN.

THANK YOU,



# Yavapai-Apache Nation Child Care Center

2400 W. Datsi St.  
Camp Verde, AZ 86322  
(928) 649-7134/7158

## PERMISSION TO TRANSPORT CCDF CHILDREN

As a participant of the Yavapai-Apache Nation Child Care Development Fund Grant Program (CCDF), I \_\_\_\_\_

The parent(s) of \_\_\_\_\_ give my

Permission for \_\_\_\_\_ to

Transport my child(ren) on special events. I understand that providers are **REQUIRED** to give advance notice prior to transporting my child(ren).

This transportation form will be valid for 1 yr or will be terminated at any time upon my request in writing to the CCDF Administration.

**ATTENTION:** if this form is not signed by you (the Parent), your Provider WILL NOT be able to transport at any time. Reminder, this is only in the event that your Provider decides to transport your child(ren). It is to the Provider's discretion if she/he would provide this service. Should a Provider transport your child(ren) without this signed, the Provider will be liable for any or all damages.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCDF Administrator

\_\_\_\_\_  
Date



# YAVAPAI-APACHE NATION

Phone: (928) 649-7136

Fax: (928) 567-5725

Please complete the following Residential Verification Form  
(This form needs to be signed by Housing Department, Landlord or by someone who knows your living arrangement)

Date: \_\_\_\_\_

Client/Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip Code \_\_\_\_\_

I \_\_\_\_\_ give my permission for \_\_\_\_\_  
(Client/Provider's Name) (Person verifying)  
to verify that all individuals named below do reside in my home. By giving this information will also qualify me to become a CCDF Home Provider under the CCDF Grant Program (Child Care Development Fund) for the Yavapai-Apache Nation.

1. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)
  2. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)
  3. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)
  4. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)
  5. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)
  6. \_\_\_\_\_ (Adult/Child's Name) \_\_\_\_\_ (Age)
- \_\_\_\_\_  
(Signature of Person completing) \_\_\_\_\_ (Date)