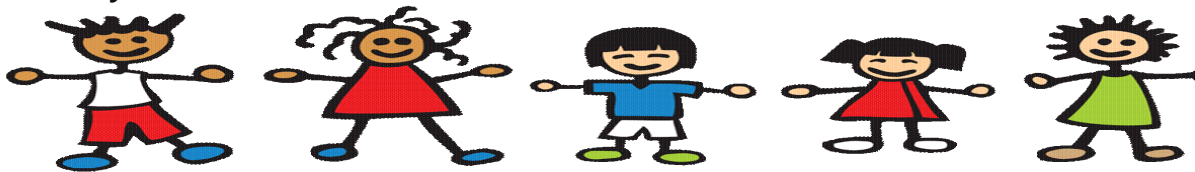


Hello,

The Benodjenh Center operates the Child Care Development Fund (CCDF) Program with funding provided by the U.S. Department of Health and Human Services Office of Child Care. Parents of GTB citizens under the ages of 13 may be eligible for child care provider support who reside in the six-county service area.

The CCDF Program supports child care for low income families through child care financial assistance for relative child care, family child care, and center-based child care. This is for parents who are working, attending job training, or getting an education may be eligible to participate. Please contact the Benodjenh Center at (231) 534-7650 or e-mail Kathy Worden or Trista Erickson at [Kathy.worden@gtbindians.com](mailto:Kathy.worden@gtbindians.com) or [Trista.erickson@gtbindians.com](mailto:Trista.erickson@gtbindians.com) for further information. Attached is the application.

Thank you.



**Grand Traverse Band of Ottawa and Chippewa Indians**  
**Benodjenh Center**  
**2605 NW Bayshore Dr. Peshawbestown, MI 49682**  
**Phone (231)-534-7650**  
**Fax (231)-534-7583**  
**Child Care Development Fund**  
**Child Care**  
**(CCDF)**

Applications for the Child Care Development Fund are now being accepted for the fiscal year FY2021/FY2022. This program is established to aid parents and/or guardians of Grand Traverse Band (GTB) enrolled children with their childcare expenses while the parents and/or guardians attend work, school, or job training and based on income. These funds may be used for eligible child care providers. The applicant is permitted to select **one type of care and provider** per eligible child only. The child care may be used toward the cost of part-time or full-time child care for GTB enrolled children under 13 years depending on your assistance need. The CCDF is funded by a federal grant and funding is available on a first come first serve basis. We look forward to working with you and your family on your childcare needs!

The word “parent” also includes guardian.

**Information Required for**  
**Application Child Care**  
**Development Funds**  
**2021-2022**

**You MUST submit the following information with your completed application:**

1. Income verification for all persons residing in your household, employee pay stubs. If self-employed you will need a notarized or income tax return or self-employed income statement verification.
2. Provide proof of work, attending an educational program/training program, job search or actively seeking employment.
3. Copies of GTB Tribal ID cards for all of the children who will be receiving CCDF services. The parents ID cards will not be acceptable.
4. Up to date immunizations and a recent physical (within the past 30 days) for Benodjenh center child care.
5. The applicant and child must reside within the six-county service area and provide proof of residence: utility or copy of lease. If living with other people you will need a notarized statement from the tenant or owner.

Note: Further, completing the application does not guarantee acceptance to the program. If no funding is available at the time you apply, you will be notified. If CCDF direct funds are available for the following fiscal year, must reapply.

**EMPLOYMENT VERIFICATION  
FOR CHILD CARE ASSISTANCE**

**INSTRUCTIONS:**

**Client:** Complete section I & IV Below

**Employer:** Complete section II & III

**Section 1 – Client Information**

Client Name:	Social Security #
Address:	Phone #
City:	Cell # / Alternate Cell#
State:    Zip:	Work #

**Release of Information**

Employer:	City:                          State:                  Zip:
I _____ give My permission to release the following Information to the GTB Benodjenh Center.	Client Signature of approval  Date:

**Section II – Employment Information**

Current employment Status (check one)

<input type="checkbox"/>	Currently Employed
<input type="checkbox"/>	Previous Employed
<input type="checkbox"/>	Not Employed

Type of Employment (Check only that apply)

<input type="checkbox"/>	Permanent
<input type="checkbox"/>	Temporary
<input type="checkbox"/>	Full-Time
<input type="checkbox"/>	Part-Time

Daily work schedule: (Example 8am to 5pm)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Section III: Payroll Information**

Provide the information for the employees past four (4) pay periods:

Pay Dates:	Pay Period Dates Covered:	Gross Wages:	Total hours worked:

**EMPLOYER INFORMATION**

Employer Signature:	Title:	Business Phone Number:
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**General Information**

Date Employment Began:	Date Employment Ended:
Paid: weekly or bi weekly (circle one)	Unemployment paid:

**Section IV – Personal Information**

**School or Training Information**

If you are in training or in school, you must provide us with your schedule and signed documentation by the instructor. The grant can only provide service for those that work or are in school / training. Are you currently enrolled in an education program with GTB? YES or NO  
If so please provide us with the name of your instructor/s.

School:
Program:
Circle one: part time or full time

Daily school schedule: (Example 8am to 5pm)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Attached is my class schedule.

**Seeking employment**

yes or no (circle one)

Hours approved will be in the am. Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If need additional time due to interviews or other related, contact the Benodjenh center.

CLIENT INFORMATION

List all the person residing in your household including yourself.

Name	Relationship	Date of Birth	Age

★ Place a star next to the child/ren that you are requesting services for child care. ★

I, the applicant, understand that knowingly and willingly giving false or fraudulent information on the application for the Grand Traverse Band of Ottawa and Chippewa Indians Tribe CCDF Program will be grounds for immediate termination of my eligibility under the program. If terminated from this program, I understand that I may not be eligible to re-apply. All fraudulent files will be turned over to the Grand Traverse Band of Ottawa and Chippewa Indians Tribe’s legal department for further disciplinary action including repayment of any incorrectly issued payments and up to criminal prosecution.

Parent/ Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Benodjenh Center Outsource Child Care Provider Application

## Rate

Providers are able to set their own per hour rate for care. The Tribe will pay a portion of the schedule rate set within the CCDF policy and procedures. Any amount over the maximum grant allowance will be the responsibility of the approved family applicant.

Provider rate: \$\_\_\_\_\_ per hour.

If Rates Change or Type of Care a new application must be submitted to the Benodjenh Center.

Note: Completing the application does not guarantee acceptance to the program. If no funding is available at the time you reapply, you will be notified. If CCDF direct funds are available for the following fiscal year, must reapply.

I, \_\_\_\_\_, understand that knowingly and willingly giving false or fraudulent information on the application for the Grand Traverse Band of Ottawa and Chippewa Indians Tribe CCDF Program will be grounds for immediate termination to be a child care provider. If terminated from this program, I understand that I will not be eligible to re-apply as a provider. All fraudulent files will be turned over to the Grand Traverse Band of Ottawa and Chippewa Indians Tribe's legal department for further disciplinary action including repayment of any incorrectly issued payments and up to criminal prosecution.

Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Benodjenh Center Outsource Child Care Provider Application

## Safety and Health Standards & Statement

Initial next to each safety standard. Signature of provider and the child's parent/guardian is required once completed.

\_\_\_\_ Provider will not apply, nor allow anyone else in the household apply, corporal punishment to any child in their care.

\_\_\_\_ Provider ensures that all medications, cleaners, and other harmful chemicals are stored in a locked cabinet and are inaccessible to children.

\_\_\_\_ Provider will ensure that all medications to children are administered solely based on prescribed dosages and will remain in a locked cabinet throughout the childcare coverage.

\_\_\_\_ Provider will practice proper hand washing habits before feeding a child.

\_\_\_\_ Provider will not smoke nor allow others to smoke in a location accessible to the child(ren).

\_\_\_\_ Provider has fully operating smoke detector, a carbon monoxide detector and at least one fully charged (dry chemical) fire extinguisher on the premises.

\_\_\_\_ Provider has at least two unobstructed exits to outside of the building.

\_\_\_\_ Provider has home that is in good repair and free of pest infestations.

\_\_\_\_ Provider has a working telephone on premises.

\_\_\_\_ Provider ensures that any weapons/firearms on the premises are properly secured and locked on a safe that remains locked at all times when children are being cared for.

\_\_\_\_ Provider has a stocked first aid kit and supplies on the premises.

\_\_\_\_ Provider has emergency plan and fire evacuation plan.

\_\_\_\_ Provider must have an active CPR/First Aid Training prior to child care.

If you, the provider applicant needs assistance with accessing any of the outlined items listed above, please contact the Benodjenh Center.

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_



**Benodjenh Center  
Outsource Child Care Provider Application**

Relative and In-Home Care

**Background Self-Attestation**

Provider initial and fill in information below. Signature of provider and parent/guardian applicant signature needed at bottom of page.

\_\_\_\_ I, \_\_\_\_\_ (provider name), who is providing care to the minor (s) listed below have not been convicted of a disqualifying crime (a felony, drug related offense committed in the last 5 years, or a violent misdemeanor)

\_\_\_\_ I, \_\_\_\_\_ (provider name) have never been required to be registered on the state or National Sex Offender Registry.

\_\_\_\_ I, \_\_\_\_\_ (provider name) will not place the child/ren in my care near or in areas of individuals who have been convicted of a crime or have been required to be registered on the Tribe, state, or National Sex Offender Registry.

If care is being provided in the relative’s home (not in child’s home), please initial below.

\_\_\_\_ I, \_\_\_\_\_ confirm that no adults in my household with access to the same common areas as the child in my care have been convicted of a crime nor have they been required to be registered on the Tribe, state or National Sex Offender Registry.

\*If a member of the household has been convicted of a disqualifying crime that individual will need to submit a background check form and it will need to be reviewed.

Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_



