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Wagner, SD 57380



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**CHILD CARE SERVICES APPLICATION**  
**(605)384-3641 EXT. 1034/1035 FAX (605)384-4301**

All documents may be hand delivered, mailed or faxed to our office.

**INCOMPLETE APPLICATIONS WILL BE RETURNED!**

**\*\*\*\*\*THIS IS YOUR CHECKLIST – WE NEED EVERYTHING LISTED BELOW\*\*\*\*\***

1.  Application
2.  Proof of Income for all household members (check stub)
3.  Verification of child(ren) in protective custody
4.  Copies of birth certificates for child(ren) listed on application
5.  Copies of immunization records for child(ren) and provider
6.  Written documentation for child(ren) with special needs (Dr. statement stating why child(ren) need special care)
7.  Current Tuberculosis test for providers
8.  Proof of CPR/First Aid training for provider – a copy of their card must be on file with this office in order to receive any payments
9.  Provider Orientation form
10.  W-9
11.  Copies of class schedules for students applying for services (high school and college)

I understand that I must have all the above documents delivered to YST Child Care Services office and have a complete application before I will be considered for assistance from the YST Child Care Services Program. I understand that I must be attending work, a job training program, and/or school, or pre-approved job search while my child(ren) is/ are receiving Child Care subsidies. I also understand that if I falsify information or fail to submit information required for eligibility that I will be suspended or terminated from the program and will be required to reimburse the program, if payments have been received. If an unemployed parent is unable to care for the child(ren), a written statement from a Physician must be provided with the application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE



**DAYCARE**

<b>Day Care Choice:</b>	<b>Applicant Signature:</b>
<b>Mailing Address:</b>	<b>Phone:</b>
<b>City:</b> <b>State/Zip:</b>	<b>Director/Owner Signature:</b>
<b>License #</b>	<b>Relative: Yes No</b>

Child Care is due on the 1<sup>st</sup> and 16<sup>th</sup> of every month. If either date should be on a weekend or a holiday, child care will be due the next business day. The rates for child care are as follows: UNLICENSED providers are paid \$1.75 per hour per child, LICENSED family daycare or LICENSED child care centers are paid \$2.75 per hour and providers for children with special needs are paid \$4.30 per child per hour.

**DAY CARE NEEDS**

Childs Name	Hours Needed	Days Needed	School Name	School Hours/Days

**SPECIAL NEEDS CHILD(REN):** As defined in the YSTCCS Grant, children incapable of caring for themselves due to physical and/or mental incompetency verified by a medical physician. Written documentation must be provided from a physician, physician assistant, nurse practitioner, psychologist, psychiatric social worker, special educator, physical therapist or occupational therapist which will attest to the child(ren)s limited abilities and the need for special accommodations.

**TRAINING/EMPLOYMENT INFORMATION**

Individual	Place of work	Supervisor name	Supervisor phone	Days of work	Time of work

Student	Place of Training	Hours of Training	Start Date	End Date	Contact Person	Phone Number

A copy of your "OFFICIAL" school schedule must be attached-must indicate start and end times of each class.

**CHILD SUPPORT PAYMENTS**

Name	Paid to Whom	Amount/How Often Paid

To have the amount deducted from your gross income and if your check is NOT sent to the Office of Child Support Enforcement, you will need to provide a verification of the monthly amount (a cancelled check, a receipt from the Clerk of Courts, a court order or divorce decree).

**INCOME VERIFICATION**

<b>Employee Name:</b>	<b>Company Name:</b>	
<b>Company Mailing Address:</b>	<b>City:</b>	<b>State/Zip</b>
<b>Company phone number:</b>	<b>How often paid: Weekly Bi-weekly Monthly</b>	
<b>Days per week worked:</b>	<b>Hours per week:</b>	<b>Hourly Wage:</b>

ATTACH A COPY OF YOUR MOST RECENT CHECK STUB FROM YOUR CURRENT EMPLOYER OR WAGE VERIFICATION IF NEWLY EMPLOYED. IF YOU ARE SELF EMPLOYED, A COMPLETE COPY OF YOUR MOST RECENT INCOME TAX RETURN MUST BE INCLUDED. (If a new business, enclose your business ledgers from prior months.) List all total monthly gross income (amount before deductions) of the parents, legal guardians and significant others. Earned income is salary, wages, tips and work study.

**IN CASE OF AN EMERGENCY, CALL:** \_\_\_\_\_

**RELATIONSHIP TO CHILD(REN):** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**APPLICANTS SIGNATURE**

\_\_\_\_\_

Applicants Signature

Date

\_\_\_\_\_

Child Care Staff Signature

Date

## CLIENT RESPONSIBILITIES AND AGREEMENT

### PLEASE READ AND INITIAL

1. Be responsible for certifying my child's attendance in day care by signing the attendance record maintained by the facility at the end of each payment period. I understand that my failure to certify my child's attendance by signing the attendance record form will result in nonpayment to day care provider. I further understand I am NEVER to sign a blank attendance record. \_\_\_\_\_
2. Be responsible to promptly pay or make arrangements to pay the co-payment amount that I owe to the YST Child Care Services Program. This amount is shown on the Approval Letter. \_\_\_\_\_
3. The consequences for not submitting correct or updated information may result in the loss of your childcare. You may also be required to refund the YST Child Care Services Program for the time information was withheld. \_\_\_\_\_
4. I agree that it is my responsibility to Certify/Recertify my child care BY or BEFORE the due date and time listed on the Approval Letter. The YST Child Care Services Program payment cycles are April 1<sup>st</sup> and October 1<sup>st</sup>. These are the standard certification periods for the YST Child Care Services Program. The forms may be picked up at the YST Child Care Services Program office and/or all YST Tribal Entities. \_\_\_\_\_
5. Time for sleep may be approved for applicant(s) who work Graveyard shift. Graveyard shift is considered to be overnight hours. \_\_\_\_\_
6. If the provider requires payment for the child even when the child is absent from daycare it is the parents responsibility to pay for those days that the child is not in care. \_\_\_\_\_
7. If the provider charges higher rates than the YST Child Care Services Program rates, it is the responsibility of the applicant(s) to pay this amount. \_\_\_\_\_
8. Be responsible for any expenses incurred by my failure to notify the YST Child Care Services Program or the Provider of any changes in my status, as required in this agreement. \_\_\_\_\_
9. I understand that failure to pay my co-payment amount to the YST Child Care Services Program can result in termination from the program. Any applicant found to be defrauding the YST Child Care Services Program will be terminated indefinitely and will be responsible for repayment of all payments made by this program to the provider. \_\_\_\_\_
10. Child Care Providers are the only ones allowed to pick up their checks. If the provider cannot come in to pick up their check, they must make other arrangements with the Child Care Services Program office. Once ready, checks may be picked up in the YST Child Care Services Program office. \_\_\_\_\_
11. I agree to provide the YST Child Care Services Program all contact information necessary to verify any statements made in my application for assistance, and I hereby give permission for the YST Child Care Services Program to verify all information that I have provided in my application with employers, employment agencies, child care providers, educational or training facilities, sources of financial support, and other similar agencies. \_\_\_\_\_
12. I affirm under penalty of law that the information given in this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement I have made is false and results in my receiving benefits for while I am not eligible, I am subject to prosecution for fraud and may be denied future benefits from the YST Child Care Services Program. \_\_\_\_\_

13. The YST Child Care Services Program will only pay for child care services while the applicant(s) are attending work, school, or approved job training. Approved job search is allowable on a case by case basis. If YST Child Care Services Program confirms that children attended daycare while parent was not working or in school/training or approved job search, it will be the parent responsibility to pay for these hours. These hours must be paid by the parent at the time payments are submitted to the YST Child Care Services Program.
14. I understand that child care will be paid for my child 15 minutes before and 15 minutes after work/school. If the parent is working/attending school in an area at least an hour away from home, 30 minutes will be allowed before and after work/school. No exceptions will be made for drive time.
15. Notify both the YST Child Care Services Program and the Child Care Provider within two (2) calendar days: 1.) Before I change Providers; 2) If I no longer need the assistance of the YST Child Care Services Program; or 3) If any changes occur in employment status, school schedules, or work schedules for me or my spouse. I understand I am not eligible to receive child care assistance for days/hours that either I am or my spouse is not attending school and/or working.
16. Notify the YST Child Care Services Program of any changes of status that will affect eligibility of services such as address and/or marital status, living arrangements (moving in with boyfriend/girlfriend); income change with ten (10) days. \*\*\*Failure to comply may result in loss of child care assistance and refund of child care funding to the YST Child Care Services Program.
17. I understand that all time sheets must be completely filled out with hours worked, and must be signed by both the parent and provider. A copy of my time card showing hours worked must be attached to my time sheets for verification. The child care staff will not fill out my time sheets. If these areas are not completed, no payments will be processed and the time sheets will be returned to the parents. All time sheets must be received by 4:30PM on the date they are due.
18. I understand that my child care provider may live in the same household as I but cannot be the other parent of the child assistance is being provided for, or my significant other. I further understand that my child care provider must be at least 18 years of age and must have CPR/First Aid Certification. YST Child Care Services will allow services to be provided until a CPR/First Aid class is set up. I further understand that if my child care provider misses this class, YST Child Care will no longer be responsible for payment to the provider.
19. Health and Safety checks will be done once YST Child Care Services has all necessary equipment: smoke alarms, fire extinguishers, carbon monoxide detectors, first aid kits, cabinet locks.

**LIABILITY DISCLAIMER**

I agree to hold the YST Child Care Services Program harmless from any liability, claims, damages that may result from the child care provider's performance of its obligations under this agreement.

**I UNDERSTAND BY SIGNING THIS FORM THAT I AGREE TO THE TERMS OF ANY AND ALL TERMS OF THIS AGREEMENT**

\_\_\_\_\_

**Client Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**YST CCS staff**

\_\_\_\_\_

**Date**

To appeal a determination, you must return a written notification of your intention to appeal to the YST Child Care Services Program Director no later than ten (10) working days from the date of the notification of decision.

**YANKTON SIOUX TRIBE CHILD CARE SERVICES PROGRAM  
AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT:**

I hereby give consent and authorization to any person, agency or institution to provide information requested by the YANKTON SIOUX TRIBE CHILD CARE SERVICES PROGRAM concerning myself and my family. The authorization is given only in connection with determining if I am eligible for the YST Child Care Services Program.

**INFORMATION TO BE RELEASED:**

I understand that previous or current information regarding my household or myself may be needed. Verification and inquires that may be requested include, but are not limited to:

**Employment and Income Verification  
School and College Verification  
Welfare Agencies**

**Child Abuse and Neglect  
Medical Verification (Special needs)  
Social Services**

**ALL ADULTS IN HOUSEHOLD MUST SIGN FORM BELOW!**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file with the YST Child Care Services Program office and will stay in effect as long as services are received.

\_\_\_\_\_

**Primary Applicant Signature**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Secondary Applicant (Spouse, etc.) Signature**

\_\_\_\_\_

**Print Name**

\_\_\_\_\_

**Date**



**PARENT/GUARDIAN  
PROVIDER SELECTION AGREEMENT**

1. It is my parental right to make an informed choice and to monitor the quality of child care provide by my chosen provider.
2. It is my responsibility to determine the appropriateness of my chosen child care provider.
3. Periodic unannounced visits will be made by the YST Child Care Services staff to facilities where child care is provided.
4. I agree to hold the YST Child Care Services Program blameless from any liability, claims or damages that may result from the provider's performance of its obligations under this agreement.
5. If the child care provider is aware of any non-compliance by the parent(s) in regard to program regulations and guidelines as provided in the Child Care Provider Orientation form, then the child care provider is liable for payment that is due to them due to non-compliance of parent or parents. It is the duty and responsibility of the child care provider to report this non-compliance to the YST CCS Program as soon as possible.

**BY SIGNING THIS FORM, I AGREE AND UNDERSTAND THE TERMS OF SELECTING A PROVIDER.**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

**Information and Special Request for Parents:**

- Applicants will select and arrange service for their own child care provider.
- Should you have any complaint against the provider, they must be in written form, signed and dated by the parent making the complaint.
- Any provider must provide that parents will be welcome in the center or home at all times.
- A co-payment, if required, is paid directly to the YST Child Care Services Program.
- When changing providers, all payments and co-payments must be paid in full before the change can be made.

**YST CHILD CARE SERVICES  
RE-CERTIFICATION AGREEMENT**

I understand that it is a *courtesy* of the YST Child Care Services Program to issue reminders as to when my application for services expires. It is my responsibility to re-certify even in the absence of a notice prior to April 1<sup>st</sup> and October 1<sup>st</sup> for the next payment cycle. If I fail to reapply, my application may be placed on a waiting list until funds are available or an opening arises.

I understand that the funding period dates can be found on my Child Care Certificate and Approval Letter.

I agree to hold the YST Child Care Services Program blameless in the event that I fail to meet the responsibilities of my re-certification deadline.

I understand that services are not approved unless my application is signed by both myself and the child care provider.

I understand that it is my responsibility to provide the YST Child Care Services Program with updated phone numbers and addresses. The YST Child Care Services is not responsible for mail or phone calls not received by me due to changes not reported. It is my responsibility to ensure that the YST Child Care Services Program has received my re-certification application in a timely manner.

I agree that if I should have any questions or concerns, I will promptly contact the YST Child Care Services Program office at (605)384-3641 EXT 1034/1035.

\_\_\_\_\_  
**Signature of Parent**

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