



Thursday July 23, 2020

**Boozhoo Circle of Life Academy Parents/Guardians, Students and Staff,**

I have spent the past two months researching and monitoring the rapidly changing COVID-19 coronavirus health issue in our region and across the world. Every step we've taken since COVID-19 began has been taken only after thoughtful consideration and deep discussions with many who are invested in both the education and well-being of our children. I have also been working closely with our school leadership, school board, educators, labor groups, families, health departments, peer school districts, WERBC and elected officials to plan for what the CDC suggested may be a required change from our daily routines. Minnesota Department Commissioner of Education, Mary Ricker recommended last week that districts continue to engage in contingency planning for the possibility of extended school closure should the situation in our state dramatically change in the coming weeks. As you know from previous communication, we have been engaged in that work, in earnest.

Now, I believe that the time has come for our school community to take a stance and make an important shift that meets our unique, important and sovereign nation needs. **Circle of Life Academy will remain closed to students and families until September 8, 2020. Yes, this means the upcoming 2020-2021 school year will not start until after Labor Day on September 8, 2020. This closure and change in our school start date will allow the necessary time and assurances to meet all tribal, state and federal COVID-19 safety measures and procedures for schools. In addition, this closure and change in our school start date will allow our incredible teaching team much needed time to plan for successful online and hybrid learning formats.** This decision was made thoughtfully and with the support of your surveyed feedback and Tribal Council's directive.

**Why am I making the decision today?**

I considered the fact pattern that my team and I have been tracking since mid-February and into this afternoon. Multiple individuals from across our school district are in self-quarantine because they may have been exposed to the COVID-19 coronavirus. At about 8:30 this morning, we were informed by a parent/guardian of our school, that their medical provider had run tests and the results are "presumptively positive" for the COVID-19 virus. In addition, neighboring schools summer programming have been negatively affected via direct or indirect exposure to the COVID-19 virus.

While we are working to minimize exposure of our students by making sure the education continues in a safe and healthy way, we are also concerned about the health of our staff. Dr. Jeff Duchin from the Department of Public Health said that children are not believed to be at serious risk for the disease, but we must be mindful of the population that is at higher risk. The new public health recommendations to slow the spread of coronavirus we received following yesterday's Governor's address indicate that those people at higher risk should stay home and away from large groups of people as much as



possible; e.g., those with weakened immunity, pregnancy and those who are 60 and over. As we are a veteran staff at Circle of Life Academy, we have employees who fall into all these categories. The conservative number calculated for those 60 and over alone is an impact of 50% of our staff, including those in instruction, in food services and those driving buses full of students. We also have numerous staff that have other identified high-risk factors making the safe operation of our school currently untenable.

### **Rapidly changing situation:**

Our Governor has shared his thoughts that folks should avoid large events and assemblies to reduce the risk of catching the virus earlier this summer. Yesterday, Governor Tim Walz announced Executive Order 20-81 which will require Minnesotans to wear a face covering in all public indoor spaces and indoor businesses starting on July 25, 2020. This Executive Order applies to all Minnesotans, making exemptions for children who are five-years-old and under, and those with a medical condition, mental health condition, or disability that makes it unreasonable for the individual to maintain a face covering. Governor Walz also said this landscape is shifting by the hour. He added, "The reality is this, the more we slow down the spread of this virus, the more we slow down the disease, the greater the chances of keeping people healthy, of saving lives."

Additional specifics about the face covering requirement in the order can be found in the updated MDH Fall Planning Guidance document, and the full executive order will be made available on Governor Walz's executive orders webpage.

### **What about our students' education?**

Let me be clear: Education is a service to which our school is resolutely committed. It is not a place. To that end, we are using the upcoming month of August 2020 to shift our education from the classroom with four walls to the cloud. We are taking this strategic approach not because we think by doing so, we will stop an epidemic; we are simply trying to do our part to slow the spread of COVID-19. Our job is to provide quality instruction to our students in a safe and welcoming environment, and we are no longer able to provide quality instruction and maintain an environment that is safe for our staff and students to learn as we do not have sufficient staff to safely operate our schools. By transitioning from the classroom to the cloud, we are also giving medical/public health officials and the community time to get some critical answers regarding incubation period, level and length of contagious status, and fatality rates, as well as a communication strategy that includes all necessary partners. We want to do our part to slow the spread of this coronavirus.

### **Are we ready for school to cloud (online) learning?**

After this August's upcoming training, we will be well prepared to transition from the classroom to the cloud, to move teaching and learning beyond the four walls of the classroom for all of our students. Our instructional staff have and will continue to develop their skills for providing instruction to our



students within an online environment. In fact, focus groups for each plan of return (in-person, hybrid and distance) have been working throughout the summer, to make sure they are acquainted with the online platform(s) they will be using and that students are equipped with a device and Wi-Fi to engage in virtual learning.

### **What about my child who requires special education services?**

Instructional staff who provide services to our students with disabilities will make every effort to deliver the service minutes indicated in each student's IEP utilizing the platforms available. When services return to the classroom setting, IEP teams can meet to determine if additional services are needed.

The education of our students is dependent on our entire community. While the idea of online instruction or hybrid learning is not new to our instructional team, moving instruction fully online is a journey that we will all navigate together. If you have a specific question or concern about the first iteration of our classroom to cloud learning model, or a technology issue, please contact Circle of Life Academy at 218-983-4180.

### **What if my student doesn't have a computing device or internet connection?**

I understand that transitioning from the classroom to the cloud will require computing devices for all our students. If you are in this situation, I am asking you to please contact Circle of Life Academy at 218-983-4180 and if necessary, an accompanying internet hot spot.

### **What about after school and extracurricular activities?**

- Currently, all school evening events remain cancelled until September 8, 2020.
- Currently, all school sports remain cancelled until September 8, 2020.
- Currently, all school activities remain cancelled until September 8, 2020.
- After school community facility use will be evaluated on a case by case basis.

### **My student is worried about their grades, college, AP/IB exams. What can we do?**

Our team is reaching out to all those organizations to learn whether they can make accommodations for students.

### **What about families who need childcare?**

This closure transition may put considerable strain on some families of elementary age students who must continue their regular routines and do not have daycare options for their students. I have staff working on a plan for developing student support centers. The feasibility and logistics are still under development. If we can offer additional support, we will connect with families to gauge interest in this



type of service. In the meantime, please see the included White Earth Child Care Assistance Program. The guidelines if this program will let parents/guardians know if they will qualify and can fill out the application. If a parent/guardian feels they cannot find a licensed provider, they have the option of using an FFN (friend, family, neighbor)/unlicensed provider. The qualifications would be: over the age of 18, not living in the same household and pass a background. This might be a great opportunity for children, but also for other family/friends/neighbors to earn some income in the process.

**My family depends on the Free and Reduced Lunch Program. What can we do?**

Pandemic Electronic Benefit Transfer (P-EBT) is a temporary food benefit available to Minnesota families with children who would have received free or reduced-price meals if schools were open. Families with eligible children will receive a one-time payment of \$325 per child on a new or existing EBT card to help fill the gap created by a loss of school meals. The U.S. Department of Agriculture (USDA) has authorized the Minnesota Department of Human Services, the Minnesota Department of Education and Code for America to operate the program. This program, called P-EBT, is for students who are normally able to get free or reduced-price school meals. Apply and get up to \$325 per child to spend on groceries. By applying you may also qualify for \$100 Summer P-EBT benefits. You do not need to reapply for children you have already submitted an application for. Please note that July 31, 2020 is the closing date for submission of P-EBT applications.

**How do I learn about COVID-19 coronavirus and how to reduce risks for my family?**

Please see the included Decision Tree for People with COVID-19 Symptoms in Youth, Student and Child Care Programs and how Circle of Life Academy has been preparing and communicating.

I want to close by sharing how grateful I am to each and every one of you as we have navigated this challenging situation together. Further, I want to remind each of us that here in Our House, we care for one another and support one another. We have community members who are even now anxious about exposure risks and awaiting diagnosis either for themselves or a family member. Let us not forget to both act with precaution and be careful with our own health. Let's also remember to be gentle with one another. We will continue to have challenges in front of us, and I know we can meet these challenges; together, all things are possible.

We are COLA!!

Chi-miigwech and be well,

Jenna Leadbetter  
School Superintendent



## Decision Tree for People with COVID-19 Symptoms in Youth, Student, and Child Care Programs

For people (e.g., children, care providers, or staff) who have symptoms consistent with

**COVID-19, send home or deny entry and reference the exclusion criteria in this document to determine when they may return.**

**Symptoms of COVID-19 include:**

new onset cough or shortness of breath by themselves OR at least 2 of the following: fever (100.4°F or higher), chills, muscle pain, sore throat, loss of sense of smell or taste, and gastrointestinal symptoms of diarrhea, vomiting, or nausea.

If a person has a new symptom (for example, new loss of smell only) with no other diagnosis to explain it, they should stay home and talk to their health care provider about testing for COVID-19, even if it is the only symptom they are experiencing.

For people who received a laboratory test for COVID-19

What to do if you're waiting for COVID-19 test results (PDF) ([www.health.state.mn.us/diseases/coronavirus/waiting.pdf](http://www.health.state.mn.us/diseases/coronavirus/waiting.pdf))

**Positive test result:** Stay home at least 10 days since symptoms first appeared AND until no fever for at least 3 days without medication AND improvement of other symptoms.

Siblings and household members also stay home for 14 days.

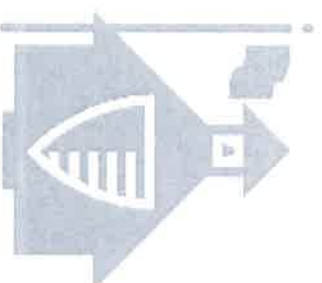
**Negative test result but symptoms with no other diagnosis:** Stay home at least 10 days since symptoms first appeared AND until no fever for at least 3 days without medication AND improvement of other symptoms.

Siblings and household members also stay home for 14 days.

For people with a COVID-19 diagnosis *without* a lab test OR people with symptoms consistent with COVID-19 *without* a medical evaluation (e.g., monitoring symptoms at home)

Stay home at least 10 days since symptoms first appeared AND until no fever for at least 3 days without medication AND improvement of other symptoms.

Siblings and household members also stay home for 14 days.



For people with other diagnoses (e.g., norovirus, strep throat) that explain the symptoms, or when a health care provider says symptoms are connected to a pre-existing condition

Stay home until symptoms have improved. Follow specific return guidance from the health care provider or follow the [Infectious Diseases in Childcare Settings and Schools Manual](#) ([www.hennepin.us/daycaremanual](http://www.hennepin.us/daycaremanual)).

If symptoms related to a pre-existing condition change or worsen, talk to a health care provider to determine next steps.

Siblings and household members do **not** need to stay home.



Minnesota Department of Health | [health.mn.gov](http://health.mn.gov) | 651-201-5414 | 1-877-676-5414 | 625 Robert Street North PO Box 64975, St. Paul, MN 55164-0975

Contact [health.communications@state.mn.us](mailto:health.communications@state.mn.us) to request an alternate format.

06/02/2020



## Guidance for Families – Planning for the 2020-21 School Year

### Introduction

As Minnesota school districts and charter schools plan for the 2020-21 school year, so are Minnesota families. This document will give families a quick overview of the Minnesota Department of Education (MDE) and Minnesota Department of Health (MDH) guidance for schools and so families know what information they should expect from their child's school.

**School districts must be prepared for any situation that may arise during the COVID-19 pandemic. MDE is has directed schools to prepare for three scenarios:**

- Scenario 1: In person learning for all students
- Scenario 2: Hybrid learning with strict social distancing and capacity limits
- Scenario 3: Distance learning only

Due to the unpredictable nature of the virus, school districts and charter schools may need to use more than one scenario during the school year. Additionally, the transition to a new scenario may need to happen quickly. **In each of these plans, schools must address** how they operate the school building, how they will support students and families, and how they will support their educators in their professional development. Schools are expected to partner with their school community as they develop these plans. Final plans must be translated and communicated in written and oral languages based on the needs of each community.

New measures to protect the health and safety of students, families and staff must be taken in Scenarios 1 and 2. Considerations include, but are not limited to:

- Nonessential visitors, volunteers and activities involving external groups should be restricted.
- Staff monitor arrival and dismissal to ensure students move from their vehicle directly to and from their classroom, as well as minimize congregating.
- Staff and students should wear cloth face coverings and/or nonmedical face shields throughout the school day. Cloth coverings should not be placed on:
  - Anyone who has trouble breathing or is unconscious.
  - Anyone who is incapacitated or otherwise unable to remove the face covering without assistance.
  - Anyone who cannot tolerate a cloth face covering due to developmental, medical, or behavioral health needs.
- Build hand hygiene into the daily schedule for all students and staff, including handwashing and sanitation breaks during or between activities.
- Establish a schedule for routine environmental cleaning and disinfection of high-touch surfaces and shared equipment throughout the day.
- Ensure ventilation systems operate properly and increase circulation of outdoor air as much as possible, for example by opening windows and doors. Do not open windows and doors if doing so poses a safety or health risk.

If you are uncomfortable sending your child back to school, each district and charter school will provide an option for distance learning.

	Scenario 1: In-person learning for all students	Scenario 2: Hybrid learning with strict social distancing and capacity limits	Scenario 3: Distance learning only
<p><b>Overview</b></p>	<p>In this planning scenario, schools should create as much space between students and teachers as possible during the day. However, schools will not need to strictly enforce 6 feet of social distancing during primary instructional time in the classroom.</p>	<p>In this planning scenario, schools must limit the overall number of people in school facilities and on transportation vehicles to 50% maximum occupancy. Sufficient social distancing with at least 6 feet between people must occur at all times. If distancing cannot be achieved in a space or on a transportation vehicle, the number of occupants must be reduced. Schools must also include plans for contactless pick-up and/or delivery of meals and school materials for days that students and staff are not in the school building, as well as implementation of a school-age care program for critical workers.</p>	<p>This planning scenario may be implemented if local, regional, or statewide COVID-19 metrics worsen significantly enough to require the suspension of in-person learning. Schools may be open to provide emergency child care, meals and/or other functions.</p>
<p><b>Academics</b></p>	<p>In order to help support student's academic success, schools will develop a plan in which they will:</p> <ul style="list-style-type: none"> <li>• Identify a process to determine student learning gaps and target individual student learning needs.</li> <li>• Explore and determine which extended learning strategies are effective for each school</li> <li>• Provide or expand intervention time within school day to help fill learning gaps for individual students</li> <li>• Set expectations for virtual programs/structures to continue to be used or embedded into classroom lessons, which will make a future transition easier if needed.</li> </ul>	<p>In order to help support student's academic success, schools will develop a plan in which they will:</p> <ul style="list-style-type: none"> <li>• Incorporate all considerations in Scenarios 1 and 3.</li> <li>• Prioritize student groups that could be brought back to buildings, with these considerations: <ul style="list-style-type: none"> <li>○ Younger student learning loss may be highest.</li> <li>○ High school juniors and seniors may need more immediate support for college prep and transition.</li> <li>○ All students could benefit from time in buildings with teachers.</li> </ul> </li> </ul>	<p>In order to help support student's academic success, schools will develop a plan in which they will:</p> <ul style="list-style-type: none"> <li>• Develop student feedback and/or grading plans for distance learning and make any needed policy adjustments.</li> <li>• Develop individualized plans for all students representing special populations (e.g., students with disabilities, English learners, gifted and exceptional students, etc.).</li> <li>• Plan inclusion and pull-out structures for special education students in need of additional support.</li> <li>• Consider additional support for students with IEPs.</li> <li>• Determine support structures needed to supplement instruction for English</li> </ul>

	Scenario 1: In-person learning for all students	Scenario 2: Hybrid learning with strict social distancing and capacity limits	Scenario 3: Distance learning only
		<ul style="list-style-type: none"> <li>• Prioritize what can/should be taught in physical classrooms compared to distance learning.</li> <li>• Determine best schedules for students with an IEP.</li> </ul>	<ul style="list-style-type: none"> <li>• learners (e.g., interpreters, software options, etc.).</li> <li>• Plan for progress monitoring in a virtual setting for students, especially younger students.</li> </ul>
<b>Student &amp; Family Support</b>	<p>In order to support students and families, schools should develop a plan in which they will:</p> <ul style="list-style-type: none"> <li>• Communicate regularly with students and families regarding implications to the way school operates.</li> <li>• Activate school counselors, school social workers, school psychologists, and school nurses to develop individual and group mental health support plans for students and families.</li> <li>• Elevate student voice and participation in leadership decisions as students return to school buildings.</li> <li>• Consider surveying older students to allow them to share where they think they have academic or social needs.</li> <li>• Follow MDH and Minnesota State High School League (MSHSL) guidance about in-school and out-of-school activities and sports.</li> <li>• Consider implementing social-emotional learning and/or whole-child programming that connects academics to student well-being.</li> <li>• Create a plan to build relationships with new students, including young students in early learning programs.</li> </ul>	<p>In order to support students and families in a hybrid model, schools should develop a plan in which they will:</p> <ul style="list-style-type: none"> <li>• Incorporate all considerations in Scenarios 1 and 3.</li> <li>• Create consistent opportunities for students to build school culture when they have the chance to be in the building.</li> <li>• Ensure students who are distance learning all or most days have the chance to contribute.</li> </ul>	<p>In order to support students and families, schools should develop a plan in which they will:</p> <ul style="list-style-type: none"> <li>• Create office hour and hotline options for students to get help or talk to a teacher or adult.</li> <li>• Develop and require as many opportunities as possible for student-to-student interaction.</li> <li>• Communicate regularly with families and identify additional supports needed.</li> <li>• Provide ways for administrators to be consistently “visible” to students and families in a virtual setting (e.g., weekly “Principal Talk” session or “mail box” video or weekly newsletter to respond to questions or concerns).</li> <li>• Consider incorporating social emotional learning programs and find ways to integrate student voice.</li> <li>• Consider a back-to-school virtual open house or meet-and-greet.</li> <li>• Consider other school spirit “events” such as spirit days and friendly competitions that can happen remotely.</li> </ul>



	Scenario 1: In-person learning for all students	Scenario 2: Hybrid learning with strict social distancing and capacity limits	Scenario 3: Distance learning only
<b>Breakfast and Lunch</b>	<p>In order to safely serve breakfast and lunch, schools should develop a plan for meal times in which they will:</p> <ul style="list-style-type: none"> <li>• Keep students and staff in small cohort groups that stay together as much as possible (including meal times).</li> <li>• Mark 6 feet of spacing to remind students and staff to stay 6 feet apart in lines and when congregating.</li> <li>• Discontinue self-service food or beverage distribution in the cafeteria.</li> <li>• Individually wrap food and drinks whenever possible.</li> </ul>	<p>In order to safely serve breakfast and lunch, schools should develop a plan for meal times in which they will:</p> <ul style="list-style-type: none"> <li>• Use all considerations in Scenario 1.</li> <li>• Create a process for students who are not physically at school on certain days to still receive meals by home delivery, curb-side pick-up, bus stop pick-up or other methods.</li> </ul>	<p>In order to safely serve breakfast and lunch, schools should develop a plan for meal times in which they will create a process for all students to still receive meals either by home delivery, curb-side pick-up, bus stop pick-up or other methods.</p>
<b>Transportation</b>	<p>In order to safely transport students to and from school, schools should develop a plan in which they will:</p> <ul style="list-style-type: none"> <li>• Systematically review and evaluate school transportation capacity with the goal of creating as much space between riders as possible, recognizing that it is not always feasible to have 6 feet of social distancing.</li> <li>• Consider reducing capacity or adding routes or allow for more physical space between riders. Keep families in the same seat, if possible.</li> <li>• Load bus from back to front.</li> </ul>	<p>In order to safely transport students to and from school, schools should develop a plan in which they will:</p> <ul style="list-style-type: none"> <li>• Limit the number of people on transportation vehicles to 50% maximum occupancy. Ensure sufficient social distancing with at least 6 feet between people at all times (e.g. one student per seat (households may sit together)), one seat between students).</li> <li>• If distancing cannot be achieved, the number of occupants must be reduced.</li> </ul>	
<b>Attendance</b>	<p>Attendance will be taken the same way it is done during a typical school year.</p>	<p>Schools will determine the best way to take attendance, while considering:</p> <ul style="list-style-type: none"> <li>• Hybrid instruction could be provided in one or a combination of schedules depending on the school, classes and/or grade levels.</li> </ul>	<p>Schools will determine the best way to take attendance, while considering:</p> <ul style="list-style-type: none"> <li>• Distance learning instruction can be provided in a way that allows students to receive daily, interactive instruction remotely.</li> </ul>

Scenario 1: In-person learning for all students	Scenario 2: Hybrid learning with strict social distancing and capacity limits	Scenario 3: Distance learning only
	<ul style="list-style-type: none"> <li>Each student and teacher has a daily schedule that supports the length of the school day reported.</li> <li>Students participating less than the full scheduled day are reported as part time.</li> </ul>	<ul style="list-style-type: none"> <li>Students must have documented student-teacher or parent-teacher contact on a given day to be reported as in attendance on that day, i.e., schools must take positive rather than passive attendance.</li> </ul>

## Equity

Minnesota defines educational equity as the condition of justness, fairness and inclusion in our systems of education so that all students have access to the opportunities to learn and develop to their fullest potential. The pursuit of educational equity recognizes the historical conditions and barriers that have prevented opportunity and success in learning for students based on their races, incomes, and social conditions. Eliminating those structural and institutional opportunities requires systemic change that allows for distribution of resources, information and other support depending on the student's situation to ensure an equitable outcome.

### Equitably Serving All Students

Equity is a priority to reach all children, especially children of color, Indigenous children, immigrant children, low-income families and communities, and students receiving special education services. Access to mental health services and support, hands-on student education and support, broadband and devices, and consistent instructional expectations continue to be concerns for many students. Responding to these challenges will take innovation and collaboration. Some important considerations in meeting the needs of all students include:

- Each of the three scenarios must include plans for **special education** programs, special education services, special education staff and students with IEP's in all instructional settings, including Level 4 programs. Special education provides individualized services to students with unique needs for learning supports, in specialized environments for learning. In this regard, special education programs and students with individual needs for learning supports are important considerations in planning to serve students whether via in-person learning, hybrid learning or distance learning. At the school district, program and individual student level, planning should focus on maximizing effectiveness of specialized instruction and related services, while minimizing COVID-19 infection risk through adherence to safety measures.
- Districts and charter schools need to take into consideration the needs of **American Indian students and their families** in every part of the planning process. Regardless of which learning scenario is determined for the fall, schools must include voices from the communities who will be the most impacted. All school districts and charter schools that are required under the Every Student Succeeds Act (ESSA) to consult with Tribal Nations must also collaborate with TNEC members regarding the formulation of their fall learning plans.
- Regardless of scenario, districts and charter schools should prioritize relationship building and engagement with **English learner students, students experiencing homelessness and migrant students**. Student contact time (whether in-person or remote) should be used for conferring, providing feedback, setting individual learning goals, and/or checking on progress. Incorporate the experiences of students to enrich the curriculum. Writing assignments, projects, community experts and student choice help make learning relevant and engaging.



## White Earth Child Care Assistance Program

The Child Care Assistance Program helps parents who are working or attending school and who do not qualify for any other programs such as county or school funded sources, and who are having difficulties paying for child care costs.

**Are you looking for help with child care costs??**

**Is your child enrolled in, or a first or second generation descendant of, the White Earth Nation?**

**Are you currently employed, attending school, or actively looking for work?**

**You might qualify for Child Care Assistance!**

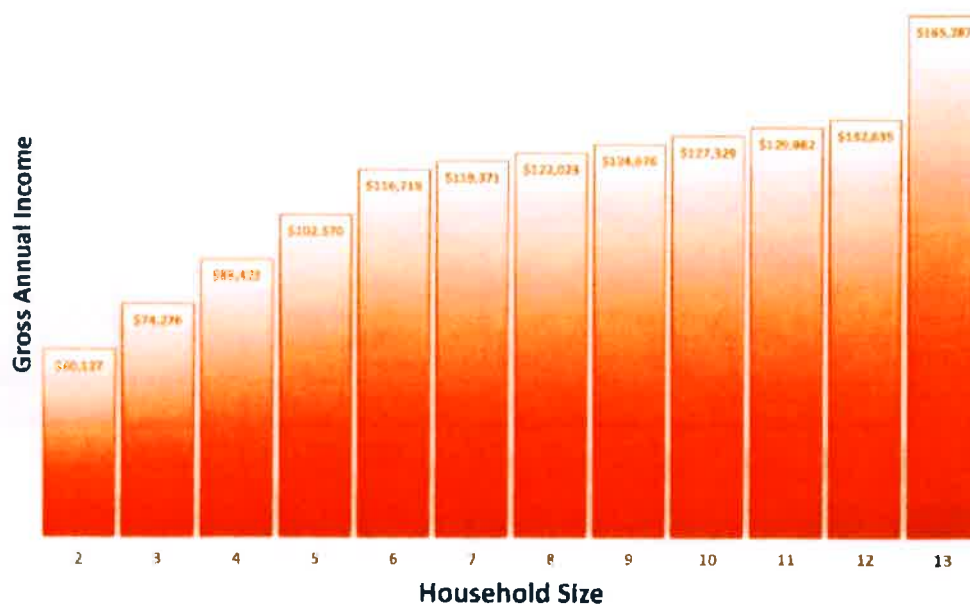
**Do you live within 25 miles of the White Earth Nation boundaries?**

**Contact  
Margaret Myhre  
218-983-3285 Ext.1381  
Margaret.Myhre@whiteearth-nsn.gov**

**Does your gross annual income (before tax) fall in a colored area on the following chart based on your household size?**

Income Qualification for Child Care Assistance

\* Copays will vary depending on actual gross income and household size \*





**White Earth Child Care/ Early Childhood Program**

**Phone: 218 983-3285**

**PO Box 418. White Earth. MN 56591**

**Fax: 218-983-4106**

**www.whiteearth.com**

**UNLICENSED PROVIDER BACKGROUND INVESTIGATION**

In connection with my application for providing child care, I understand that an investigation report; which may contain public record information may be requested or made on me to include juvenile/adult criminal records.

I, \_\_\_\_\_, hereby authorize any State or Local Repository of Criminal Records and/or County Social Services and Indian Child Welfare to be disclosed to the White Earth Reservation Child Care Program, the following information that is contained in my file:

**Any Criminal Activity, Complaints,  
Suspicious, Calls, Reports, Arrests or Convictions  
(Substantial/Unsubstantial) CHIPS, Child Protections**

I further authorize ongoing procurement of the above mentioned reports at any time during my affiliation with the White Earth Reservation Child Care Program. This form shall be valid for a period of no longer then one year of signed date.

\_\_\_\_\_

Last Name	First Name	Full Middle
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MAIDEN/FORMER OR OTHER NAMES OR ALIAS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ D.O.B \_\_\_\_\_

DRIVER LICENSE NUMBER: \_\_\_\_\_

RACE: \_\_\_\_\_ GENDER: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

**COUNTIES WHERE YOU HAVE LIVED SINCE AGE 18:**

COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____
COUNTY: _____	STATE: _____

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

I AUTHORIZE MINNESOTA BUREAU OF CRIMINAL APPREHENSION TO DISCLOSE CRIMINAL HISTORY TO THE WHITE EARTH CHILD CARE PROGRAM. I ALSO AUTHORIZE ANY AGENCIES TO DISCLOSE ANY CRIMINAL HISTORY RECORDS AND/OR CHILD PROTECTION INFORMATION TO THE WHITE EARTH CHILD CARE PROGRAM.





White Earth Tribal Gaming Regulations  
P.O. Box 395  
Mahnomen, MN. 56557  
Phone: (218)935-2148

Informed Consent

**\*\* PLEASE PRINT CLEARLY\*\***

The following named individual has made application with this agency for a Criminal Background Check.

First Name of Applicant (please print): \_\_\_\_\_

Middle (full) (please print): \_\_\_\_\_

Last Name of Applicant (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (please circle): **MALE** **FEMALE**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize the White Earth Tribal Gaming Regulation to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Tribal Gaming Regulations to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Tribal Gaming Regulations from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant** **Date**

\*\*\*\*\*  
Office Use Only:

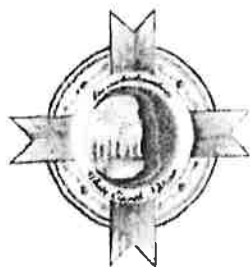
DEPARTMENT: \_\_\_\_\_ BILL TO: \_\_\_\_\_

REPORTS REQUESTED: (please circle) STATE MVR

Please list the STATE you are requesting to be ran: \_\_\_\_\_

DATE REQUESTED: \_\_\_\_\_ AUTHORIZING SIGNATURE: \_\_\_\_\_

TRIBAL GAMING SIGNATURE: \_\_\_\_\_



White Earth Compliance  
 Adjudication Department  
 P.O. Box 395  
 Mahnomon, MN. 56557  
 Phone: (218)935-2148  
 Fax: 218-935-5087

**\*\* PLEASE PRINT CLEARLY\*\***

**INFORMED CONSENT OF UNDER 18 YEARS OF AGE**

The following named individual has an application with this agency for a Criminal Background Check.

First Name of Applicant (please print): \_\_\_\_\_

Middle (full) (please print): \_\_\_\_\_

Last Name of Applicant (please print): \_\_\_\_\_

Maiden, Alias or Former (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (please circle): **MALE** **FEMALE**

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I authorize the White Earth Tribal Gaming Regulation to perform a background check as required by Federal/State or Tribal Ordinance for the purpose of employment.

By submitting this form, I hereby authorize the White Earth Tribal Gaming Regulations to investigate my past records at any time and to ascertain any and all information which may concern my past record and character. I agree that any information obtained by the White Earth Tribal Gaming Regulations from any source will be held confidential from all persons and even against any demand made by me, except as required by law. My signature below constitutes my authorization for the release of any and all such information.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
**Signature of Applicant**

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

\_\_\_\_\_  
**Signature of Parent/Guardian of Applicant**

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

Office Use Only:

DEPARTMENT: \_\_\_\_\_ BILL TO: \_\_\_\_\_

REPORTS REQUESTED: (please circle) STATE MVR

DATE REQUESTED: \_\_\_\_\_ AUTHORIZING SIGNATURE: \_\_\_\_\_



### Child Care Assistance Application - Parent Checklist:

All forms must be completed and turned in with application. Applications are not considered complete unless ALL FORMS are in. Only completed applications will be placed on the waiting list. It is YOUR responsibility to submit these completed forms to our office.

PLEASE BE SURE YOU HAVE ALL THIS INFORMATION FULLY COMPLETED AND WITH YOU AT YOUR INTAKE APPOINTMENT.

Please call 218-983-3285 ext. 1381 to set up an appointment.

1. \_\_\_\_\_ Child Care Assistance Application
2. \_\_\_\_\_ County Referral Form
3. \_\_\_\_\_ Income Verification Form (6 full months listed per adult)  
\_\_\_\_\_ Spouse (if applicable)
4. \_\_\_\_\_ Employment Verification Form (6 full months listed per adult)  
\_\_\_\_\_ Spouse (if applicable)
5. \_\_\_\_\_ School/Training Verification (Class Schedule) if applicable  
\_\_\_\_\_ Spouse (if applicable)
6. \_\_\_\_\_ Consent for Release of Information (per adult)  
\_\_\_\_\_ Spouse (if applicable)
7. \_\_\_\_\_ Copy of Child's Tribal ID (per child)  
If your child is **not** enrolled refer to number 7 below.  
Child \_\_\_\_\_  
Child \_\_\_\_\_  
Child \_\_\_\_\_  
Child \_\_\_\_\_
8. \_\_\_\_\_ Request for Verification of Descendency form (per child)  
This form only needs to be filled out if your child is a first- or second-generation descendant of the White Earth Nation. Please provide a copy of the **Birth Certificate** for all Descendants (including parents if the child is a second-generation descendant), and a copy of the Tribal ID for the first enrolled person in the child's genetic line.  
Child \_\_\_\_\_  
Child \_\_\_\_\_  
Child \_\_\_\_\_  
Child \_\_\_\_\_
9. \_\_\_\_\_ Provider Statement (per provider)  
\_\_\_\_\_ Copy of Contract (if your provider **is** licensed)  
\_\_\_\_\_ Criminal Background Check Form (if your provider is **not** licensed)  
\_\_\_\_\_ Provider verification of residency (if your provider is **not** licensed) Example: Utility Bill
10. \_\_\_\_\_ other: \_\_\_\_\_  
\_\_\_\_\_ other: \_\_\_\_\_

## Required Child Care Assistance Forms

**Child Care Assistance Application:** The applicant must complete this application stating: full name, address, and telephone number, employment information for you and your spouse or significant other, child care provider (must be 18 years old, NOT living in the same household and can pass the criminal background check), state if your children will be attending school.

**Income Verification Form:** The applicant and spouse must complete the top portion of this form; have your employer complete the bottom of the form and mail to us. **NOTE: We must have whatever income you or your spouse have had in the past 6 MONTHS, for example, employment, unemployment, GA/MFIP, self-employment or temporary work.**

**Employment Verification Form:** The applicant *and spouse* must complete the top portion of this form; have your employer complete the bottom form and mail to us. **WE MUST HAVE A VERIFICATION FORM ON FILE FOR THE PAST 6 MONTHS FROM THE DATE OF THE APPLICATION.** If you have had more than 1 employer in the past 6 months, you will need a verification form for those employers also.

**Consent for Release of Information:** This form must be completed by you *and your spouse*, as we do periodic checks on employment on all persons receiving child care assistance. Information we will be checking on is; if still employed, current salary and any change in work days/hours. This form is mandatory. If you have received a salary increase/decrease, this will NOT affect your monthly co-payment for the duration of your service year.

**Copy of each Child's Tribal ID:** If the child is enrolled in the White Earth Nation, please provide a copy of their Tribal ID. If your child is a Descendant refer to the form described below.

**Request for Verification of Descendancy Form:** If the child is a **first-generation descendant**, fill out a verification form for the child and provide a copy of the **parent's Tribal ID**. If the child is a **second-generation descendant** fill out a verification form for the child and provide a copy of the **grandparent's Tribal ID**. A form must be filled out for each child you are requesting assistance for. Please provide a copy of the **Birth Certificate** for **all descendants** (including parents if applicable) listed on the form.

**Provider Statement Form:** This form must be completed by you and your child care provider. If you change your child care provider within your service year, you **MUST** contact our office **IMMEDIATELY** and request another provider statement and criminal background check form.

**Criminal Background Check:** If your child care Provider is **not** licensed this form must be completed by your child care provider and returned to us **IMMEDIATELY**. We will then process the criminal background check, with the Sheriff's Office and County Human Services. If your child care provider fails the criminal background check, no child care assistance will be provided until you have changed your child care provider and your current provider approved.

**YOUR FILE IS NOT COMPLETE WITHOUT THE FORMS LISTED ABOVE; IT IS YOUR RESPONSIBILITY TO SUBMIT THESE COMPLETED FORMS DURING THE INTAKE APPOINTMENT.**





**CHILD CARE ASSISTANCE APPLICATION**  
**White Earth Child Care/ Early Childhood Program**  
**PO Box 418, White Earth, MN 56591**

**Phone: 218 983-3285**  
**Fax: 218-983-4106**  
**www.whiteearth.com**

**Applicant Information:**

Applicant Full Name: \_\_\_\_\_ (D.O.B.) \_\_\_\_\_  
 Social Security Number (SS#): \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City: \_\_\_\_\_, MN Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_, MN Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_ County: \_\_\_\_\_

**Household Information:**

**Single Parent?**  **Yes**  **No**  
**Marital Status:** \_\_\_\_\_  
 Who is the Tribal Member: Child, Parent, or Grandparent  
 \_\_\_\_\_  
 Name \_\_\_\_\_ Tribal Affiliation \_\_\_\_\_

**Income Information:**

Income Sources/Benefits for the last 6 FULL MONTHS:

	<u>Amount:</u>
Employment Income	_____
Child Support	_____
MFIP	_____
WIC	_____
Unemployment	_____
SSI	_____
Other	_____

Total Estimated Monthly Income \$ \_\_\_\_\_  
*Please bring documentation of any income/benefits listed*

**Homelessness:**

**Homelessness is defined as any of the following:**

- Sharing housing with others due to economic hardships
- Living in hotels, motels or campgrounds
- Living in emergency or transitional shelters
- Living in cars, parks, public spaces, abandoned buildings, bus or train stations, or similar settings.

**Are you Homeless?**  **Yes**  **No**  **Yes**  **No**

**Do you have more than \$1,000,000 in combined assets?**

*Reason for needing child care (check all that apply)*

**Employment:**  F/T  P/T Name of Employer: \_\_\_\_\_  
 **School:**  F/T  P/T Name of School: \_\_\_\_\_  
 **Training:**  F/T  P/T Dates of Training: \_\_\_\_\_  
 **Job Search:** #of Hrs per Week: \_\_\_\_\_ Name of Job Search agency: \_\_\_\_\_  
 Days:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Actual Work hours: \_\_\_\_\_

**Spouse Information:**

Applicant Full-Name: \_\_\_\_\_ (D.O.B.) \_\_\_\_\_  
 SS#: \_\_\_\_\_ Telephone: \_\_\_\_\_ Work/School Phone: \_\_\_\_\_

*Reason for needing child care (check all that apply)*

**Employment:**  F/T  P/T Name of Employer: \_\_\_\_\_  
 **School:**  F/T  P/T Name of School: \_\_\_\_\_  
 **Training:**  F/T  P/T Dates of Training: \_\_\_\_\_  
 **Job Search:** #of Hrs per Week: \_\_\_\_\_ Name of Job Search agency: \_\_\_\_\_  
 Days:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday  
 Actual Work hours: \_\_\_\_\_

**Household Information:**

Household Member	Relationship to Applicant	Social Security No.	D.O.B.	Needs Child Care? Y/N	Special Needs Child? Y/N	Program Participation: CHIP, School, Head Start <i>List hrs. in programs</i>
	<b>SELF</b>					

**Child Care Needs:**

Months CC needed: \_\_\_\_\_

Example: summer/school, all year

Days Child Care Needed: \_\_\_\_\_

Example: M-T-W-Th-F

Distance from Provider to Work/School: \_\_\_\_\_ Miles

**Child Care Provider Information:**

Primary Provider's Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

The information provided is used to determine whether you are eligible for social services; to enable us to collect federal or state funds for the services provided to you and/or family. Most of the information we collect about you will be classified as private. That means you and the government/state/Tribal agencies who need the information can see it, others cannot. Occasionally statistics and other anonymous data will be taken from the information we collect about you. This is public and open to anyone, but it will not identify you in any way. Please answer all questions truthfully and to the best of your knowledge. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination of I am found negligent after enrollment and White Earth RTC/Child Care Program may bring formal charges of fraud against me. I allow release of this information for review purposes and understand that it will be used to determine if I will be eligible for the program. Data you give to WERTC CCP may be shared with appropriate staff of the Federal Government/State/Tribal agencies under existing contractual agreements. Minors may request that information provided to the WERTC/CCP be withheld from their parents.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**REFERRAL FROM/TO COUNTY**

Participant Name: \_\_\_\_\_ County: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

I/We, \_\_\_\_\_, have applied for child care assistance through the White Earth Child Care Program. In order to qualify for the White Earth Child Care Program, I understand that verification of my eligibility for Child Care Assistance Program (CCAP) or determination of MFIP participation through the county is required

I/We give \_\_\_\_\_ County consent to release information regarding my CCAP eligibility and MFIP participation to the White Earth Child Care Program.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

***TO BE FILLED OUT BY AGENCY***

Has the applicant(s) received MFIP in last 6 months?  Yes  No Amount: \$ \_\_\_\_\_

Has the applicant(s) received DWP in last 6 months?  Yes  No Amount: \$ \_\_\_\_\_

Has the applicant(s) received relative care in last 6 months?  Yes  No Amount: \$ \_\_\_\_\_

Has the applicant(s) received foster care assistance payments?  Yes  No Amount: \$ \_\_\_\_\_

Is currently receiving CCAP  Yes  No

Is eligible for CCAP  Yes  No

\_\_\_\_\_ Is currently on the CCAP -BSF waiting list at the county and is currently # \_\_\_\_\_.

(If on your waiting list please inform us if approved).

\*\*\*Additional Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
County CCAP Date Signature: \_\_\_\_\_



White Earth Child Care/ Early Childhood Program

Phone: 218 983-3285

Fax: 218-983-4106

PO Box 418. White Earth. MN 56591

www.whiteearth.com

### Request for Verification of Income

*The employee must complete the top portion of this form*

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

**Please list all income and place of verification for the last 6 months**

**Including unemployment, student loans or grants, MFIP, previous employment, etc.:**

<u>Dates</u>	<u>Income Source</u>	<u>Phone#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Has applied for services through the White Earth Child Care Program and must have **verification of employment and income for eligibility**. He or she certifies that the source stated above is or has been his or her source of income in the last six months. The signature below authorizes release of any income related information.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

\*\*\*\*\*

***The employer must complete the bottom portion of this form—Please return as soon as possible.***

### Verification of Income

Is or has this person received this course of income in the last 6 months? YES NO

Please list **6 FULL MONTHS** (*Gross*) income: \$ \_\_\_\_\_

Dates of income listed \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date





**Request for Verification of Income**

*The employee must complete the top portion of this form*

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Please list all income and place of verification for the last **6 months**

Including unemployment, student loans or grants, MFIP, previous employment, etc.:

<u>Dates</u>	<u>Income Source</u>	<u>Phone#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ Has applied for services through the White Earth Child Care Program and must have **verification of employment and income for eligibility**. He or she certifies that the source stated above is or has been his or her source of income in the last six months. The signature below authorizes release of any income related information.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

\*\*\*\*\*

***The employer must complete the bottom portion of this form—Please return as soon as possible.***

**Verification of Income**

Is or has this person received this course of income in the last 6 months? YES NO

Please list **6 FULL MONTHS** (*Gross*) income: \$ \_\_\_\_\_

Dates of income listed \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



**White Earth Child Care/ Early Childhood Program**

**Phone: 218 983-3285**

**Fax: 218-983-4106**

**PO Box 418. White Earth. MN 56591**

**www.whiteearth.com**

## Request for Verification of Employment

*The employee must complete the top portion of this form*

Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

**Current** Employer: \_\_\_\_\_

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

Employer Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ TO: Present Hourly Rate: \_\_\_\_\_

\_\_\_\_\_ Has applied for services through the White Earth Child Care Program and must have **verification of employment and income for eligibility**. He or she certifies that the source stated above is or has been his or her source of income in the last six months. The signature below authorizes release of any income related information.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

\*\*\*\*\*

***The employer must complete the bottom portion of this form—please return as soon as possible.  
Must be completed by Payroll Department***

### **EMPLOYER VERIFICATION**

Is this person currently employed with your company? YES NO

Date of hire: \_\_\_\_\_

Last six months TOTAL (GROSS) income: \_\_\_\_\_ TO: \_\_\_\_\_

(Please do not list hourly wage) \$ \_\_\_\_\_

Hours worked per week? \_\_\_\_\_ Temporary Seasonal Permanent

Actual Hours worked per day? \_\_\_\_\_ (example: 8am to 4pm)

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



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### **Request for Verification of Employment**

*The employee must complete the top portion of this form*

Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

**Current** Employer: \_\_\_\_\_

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

Employer Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ TO: Present Hourly Rate: \_\_\_\_\_

\_\_\_\_\_ Has applied for services through the White Earth Child Care Program and must have **verification of employment and income for eligibility**. He or she certifies that the source stated above is or has been his or her source of income in the last six months. The signature below authorizes release of any income related information.

\_\_\_\_\_  
Signature of Applicant/Employee Date

\*\*\*\*\*

***The employer must complete the bottom portion of this form—please return as soon as possible.  
Must be completed by Payroll Department***

#### **EMPLOYER VERIFICATION**

Is this person currently employed with your company? YES NO

Date of hire: \_\_\_\_\_

Last six months TOTAL (GROSS) income: \_\_\_\_\_ TO: \_\_\_\_\_

(Please do not list hourly wage) \$ \_\_\_\_\_

Hours worked per week? \_\_\_\_\_ Temporary Seasonal Permanent

Actual Hours worked per day? \_\_\_\_\_ (example: 8am to 4pm)

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

\_\_\_\_\_  
Signature of Authorized Official Title Date



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**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

\_\_\_\_\_  
(Name of Applicant)

\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Name of Spouse)

\_\_\_\_\_  
(Date of Birth)

Authorize \_\_\_\_\_  
(program making the disclosure)

To disclose to the White Earth Child Care Program the following information:

***NATURE OF THE INFORMATION***

For the purpose and use: **To obtain any pertinent information regarding my child care assistance application and the applicant's verification of income and/or employment dates/hours.**

I understand that my records are protected under the Appropriate Privacy laws, and cannot be disclosed without my written consent unless otherwise provided for. I also understand that this consent expires automatically as described below. Specifications of the date, event, or condition upon which this consent expires: **one year after signature date**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
(Person requesting information)

\_\_\_\_\_  
**Signature of Applicant**

In the event of Minor or Person assigned a Guardian:

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





PROVIDER'S STATEMENT

I, \_\_\_\_\_ am providing child care services for the children of \_\_\_\_\_.

\_\_\_\_\_ has unlimited access to their children while in my care.

(Parent's name)

**Please check one of the following statements:**

\_\_\_\_\_ I am a licensed child care provider ( \_\_\_\_\_ )

Name of Licensing Agency

\_\_\_\_\_ I am a legally unlicensed child care provider, I am over 18 years old ( \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ) and not of the same household.

\_\_\_\_\_ I am related to this family, and I am a legally unlicensed child care provider. I do not live in the same household and I am over 18 years old. Relationship to children: \_\_\_\_\_

**\*IF YOU ARE UNLICENSED PLEASE SUBMIT A LIST OF EVERYONE LIVING IN YOUR HOUSEHOLD (on back page)\***

I understand that partial to full payment of these services may be paid for by the White Earth Child Care Program under the Child Care Assistance Sliding Fee Program. Financial arrangements are stated in the Policies & Procedures Handbook. It is the child care provider's responsibility to notify the Child Care Program of any changes of address, telephone number or cancellation of your child care services to the family listed above.

I also understand that it is my responsibility to complete each child care schedule thoroughly (accurate dates/time, hours, name, current address and social security number) with the appropriate signatures. The parent(s) for whom I am providing services will also sign the Child Care Schedule for verification of dates/times and hours submitted. I understand that I need to submit the completed child care schedules according to the calendar provided to me by the Child Care Program.

If I am a licensed provider, I have attached a copy of my Provider Policy and Contract and agree to follow the policy for all families in my care. If my Child Care Policy states that I charge for absent days, I must record the number of days that the child(ren) are not in my care, but, for which I charge on the monthly claim form.

There are a maximum number of childcare hours allowed which is agreed upon between the agency and the client. These authorized hours are stated in the approval letter, which is sent to the parent(s) and provider. The parent(s) are responsible for ANY AND ALL UNAUTHORIZED HOURS TO THE PROVIDER. The agency will forward to Parent and Provider a copy of unauthorized hours and a copy of employment verification of actual work hours.

I understand that by signing my name on the claim and accepting payment for services, I am indicating that the information provided on the claim is true to the best of my knowledge. I am aware of the importance of being accurate and responsible for the information provided.

Any questions relating to the Child Care Assistance Basic Sliding Fee Program can be directed to the Child Care Director.

\_\_\_\_\_  
Signature of Child Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Provider's social security number

\_\_\_\_\_  
Provider's home phone number

By signing this form, I understand the responsibilities relating to both my child care provider and myself. I am also giving my permission to the Child Care Program to discuss my child care assistance with my child care provider.

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

\_\_\_\_\_  
Date

**Unlicensed Providers only, please list all the names of ALL children and adults in your home:**

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_