

Grandview Early Learning Center
SUBSIDIZED CHILD CARE APPLICATION

Family Packet



PUYALLUP TRIBE OF INDIANS
3580 E Grandview Ave
Tacoma, WA 98404
253-382-6371 office 253-680-5517 fax
GELC.Subsidy@PuyallupTribe-nsn.gov

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care

Family Packet

FAMILY CHECK OFF LIST

The following must be attached to this application:

- Tribal Identification for the child, from any Federally Recognized Tribe, including Tribal ID Number
- Immunization Records/Exemption for the child
- Current paystub or school enrollment for all adults in the home
- Foster/Relative Placement Families
 - Legal Documentation from Children's Services/State/Parents
- Family Proof of Residency
 - Driver's License, Paystub or Utility bill with address listed-Families must live in Pierce County or Federal Way, WA

Provider's required documents:

Licensed providers:

- Childcare rates
- Copy of childcare license

Non-Relative and Relative providers:

- Copy of driver's license/ID card
- Copy of car insurance
 - If BOTH of the above are not available, provider must sign a transportation letter
- Provider's CPR/First aid certification
- Background check packet

Payments to Providers will begin once application is approved. Back payments will not be allowed.

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WELCOME TO THE PROGRAM!

GUIDELINES:

The Puyallup Tribe Subsidized Child Care Program assists with childcare costs to approved providers for qualified Native American Families. This program is federally funded and prioritizes services for low to moderate income families.

All payments for child care services are paid directly to the childcare provider, less a co-payment due to the provider from the approved family. Co- payments are based on a sliding fee scale. All income paid from this program is taxable, and providers will receive a 1099 tax form at the end of each year on the program.

Knowingly and willingly giving false or fraudulent information on the application for the Puyallup Tribe's Subsidized Child Care Program will be grounds for immediate termination. If terminated from this program, you will not be eligible to re-apply for one year from the date of termination. All fraudulent files will be turned over to the Puyallup Tribal Law Enforcement for further action.

All adults living in the home must provide documented proof of working or attending school.

All applicants must live in the service area of Pierce County or Federal Way, Washington, and must provide proof of their residency.

Changes in family circumstances must be reported immediately to

GELC.Subsidy@PuyallupTribe-nsn.gov. Changes include increased family income, loss of employment, quitting school, or change in family count living in the household.

CERTIFICATION:

Upon signing below, I certify that I have read, understand, and agree to all the rules of the Puyallup Tribe Subsidized Child Care Program. I also certify that my combined family assets do not exceed \$1,000,000.00 (one million dollars).

Parent/Guardian

Date

Parent/Guardian

Date

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TUITION AGREEMENT

TUITION:

The tuition structure is based upon a sliding scale that considers each family's total gross income per month. Tuition may be adjusted if changes in family count or income occur.

PAYMENT FOR SERVICES:

Providers must submit a completed payment calendar to GELC on the first of every month following services. Payments cannot exceed 23 days in a month. Payments will be issued to providers two weeks after receipt of the completed payment calendars. Calendars must be signed by the parents and providers. Co-payments will be deducted from the monthly amount paid to the provider. The parent must pay the co-payment directly to the provider.

ABSENSES:

Absent days are not covered for all non-licensed child care providers. Program does not pay childcare expenses for holiday or vacation days. We pay on a monthly or part time basis, depending on the timesheets submitted. If services are for drop-off care, we pay a daily rate.

TERMINATION:

A family has the right to terminate childcare services at any time, provided a two-week written notice is given to Grandview Early Learning Center and the provider. Grandview Early Learning Center has the right to terminate childcare services at any time with the same two-week notice, with a written explanation as to why services are terminated.

In signing below, I verify that I have read, understand, and agree with the GELC Tuition Policy.

Parent/Guardian

Date

Parent/Guardian

Date

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CONSUMER STATEMENT

The internet has several websites designed to inform families in search of child care options. These sites list valuable information, such as where the facility is rated through Early Achievers and the Quality Rating and Improvement System (QRIS) so you can make an informed decision on your childcare needs.

If you need help deciding on a child care facility, please research centers on one or all of these sites:

Licensed Child Care Status and Record Database:

<http://del.wa.gov/check>

You can view detailed information about a program's licensing history, dates of inspections, monitoring reports, licensing violations, basic staff information, program philosophy, level in Early Achievers and Washington QRIS. There is also information on how to submit a complaint about the child care center.

Resource and Referrals

<http://www.wa.childcareaware.org>

Parents can search for providers in their area based on type of care, subsidy programs the providers participate in, days and hours care is available-including non-standards hours and their Early Achievers ratings.

Developmental Screenings

<http://www.parenthelp123.org/child-development/help-me-grow-washington>

The Puyallup Tribe's Birth to Six Program can offer developmental screening services on a monthly basis at GELC should you have any concerns on the development of your child.

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Family Packet

FAMILY INFORMATION

Date:			
Family Info:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
	<input type="checkbox"/> Relative Placement	<input type="checkbox"/> Foster Parent	
Name:			
Address:			
City, St, Zip:			
Contact #:			
Birthdate:			
Email:			
Tribe:		ID #:	
Employer:			
Job Title:			
Phone #:			
School:		Schedule:	

Family Info:	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	
	<input type="checkbox"/> Relative Placement	<input type="checkbox"/> Foster Parent	
Name:			
Address:			
City, St, Zip:			
Contact #:			
Birthdate:			
Email:			
Tribe:		ID #:	
Employer:			
Job Title:			
Phone #:			
School:		Schedule:	

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FAMILY INFORMATION

Please identify ALL persons in your household, including yourself, and their relationship to you:

Full Name:	DOB:	Relationship:

In signing below, I certify that the above named persons are living in my household, and I have not excluded anyone.

Signature

Date

Are you receiving any other subsidy for childcare? Yes No

If yes, please identify which program helps you with your childcare needs:

Tribal Services

Tribe: _____

Monthly Amount: _____

Contact Info

Name: _____

Phone: _____

DCYF

Monthly Amount: _____

Name: _____

Phone: _____

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Please list all children who need childcare services:

Name of Child:	
DOB:	
Foster Child?	

Name of Child:	
DOB:	
Foster Child?	

Name of Child:	
DOB:	
Foster Child?	

Name of Child:	
DOB:	
Foster Child?	

Name of Child:	
DOB:	
Foster Child?	

Provider Information

Name:	
Address:	
City, St, Zip:	
Phone:	
Email:	

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care
FY 2023 Family Packet

RELEASE OF INFORMATION

I hereby release the Puyallup Tribe of Indians, D.b.a. Grandview Early Learning Center, to verify all information submitted for enrollment. This includes, but not limited to calling employers, school officials and other parties deemed necessary by staff to obtain verification of employment, hours or employment, and verifying school attendance.

I certify by signing below that all information I have provided in this packet is true, accurate, and complete to the best of my knowledge. I further agree and understand that such information found false, or misleading will be grounds for immediate denial of childcare benefits from this program.

Parent/Guardian

Date

Parent/Guardian

Date

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care
FY 2023 Family Packet

Pierce County
Department of Human Services
3602 Pacific Avenue, Suite 200
Tacoma, WA 98415
(253) 798-4400

Dear parent/Caregiver:

The ChildReach developmental screening program, through Pierce County Human Services, works closely with the Puyallup Tribe, providing screening for children at Grandview Early Learning Center (GELC) and Chief Leschi Schools.

ChildReach provides screening for children in the following areas:

- Language
- Motor
- Learning
- Behavior

Our goal is to provide regular screening to all children who attend Grandview Early Learning Center or Chief Leschi Preschool programs. Screening provides information to you and your child's teacher to encourage and promote your child's growth throughout the stages of development. In addition, screening may identify areas to focus on or areas in need of further testing.

After a screening you will receive the results. If any developmental concerns are identified, there may be a recommendation for rescreening by ChildReach or a referral to the Puyallup Tribe Birth to Six Program and/or Chief Leschi Schools for further evaluation. If a referral is made, the Birth to Six program and/or Chief Leschi Schools will contact you regarding next steps.

By signing the permission form, you are agreeing to allow ChildReach to screen your child and share results with the Puyallup Tribe Birth to Six Program (the funder of these screening services), GELC staff, and/or Chief Leschi Schools.

Please let me know if you have any questions or need additional information regarding the consent form or screening process.

Sincerely,

Melanie Stafford
Birth-6 Program Director
(253) 680-5510

GRANDVIEW EARLY LEARNING CENTER

Subsidized Child Care
FY 2023 Family Packet

PLEASE COMPLETE FOR SCREENING

One per child: Ages 8 weeks to 5 years old

Pierce County
Department of Human Services
3602 Pacific Avenue, Suite 200
Tacoma, WA 98415
(253) 798-4400

ChildReach: Child Information Form			
Child's Name:			
Child's Gender:			
Child's DOB:			
Was child premature?			
If so, how many weeks?			
Parent/Guardian's Name:			
Address:			
City:		Zip:	
Cell Phone:		Home/Work Phone:	
Do you have any concerns for your child's development? If so, please describe:			

Consent

I give permission to the ChildReach program at Pierce County Human Services to screen, release, exchange, and share information about my child with the Puyallup Tribe Birth to Six Program, Grandview Early Learning Center, and/or Chief Leschi Schools for the purposes of developmental screening, referral, follow-up and coordination or services.

Parent/Guardian

Date

Parent/Guardian

Date

Signature

Date