

## **Childcare Assistance**

Dear Parents/Guardians caring for a GTB Child or Child who uses childcare,

We are pleased to announce; the Tribal Council recently approved the use of federal funds from CCDF-ARPA for child care assistance for GTB children/ children under the age of 13. The Parent/Guardian must reside within the six-county service area. There are requirements to use the federal funds for assistance (including income or non-income based). The funds will be available until 9/30/2022 or until they are exhausted.

If you have questions or would like an application, please contact the Benodjenh Childcare staff; Kathy Worden at (231) 534-7883 or Trista Erickson, (231) 534-7994.

Thank you,

Dawn M. Shenoskey  
(231) 534-7753  
Education Manager

**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. 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 is 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 CCDF ARP Stabilization fund is now available for parents/guardians of GTB child or child under the age of 13 for child care assistance who are over income and funding is available on a first come first serve basis.

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 children who will be receiving CCDF services and/or the GTB parent Tribal ID cards.
4. Up to date immunizations and a recent physical 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.
6. Please remember the CCDF grant is on a first come first serve basis. Also remember the grant may only pay a portion of the child care bill.

Note: Further, completing the application does not guarantee acceptance to the

If funds are available, payment for absence hours is limited to 10 days in one fiscal year and the facility must be open. The number of days and date must be documented in the provider's invoice for consideration of payment from the Tribal CCDF grant funds.

**Eligible providers:** (The CCDF grant requires background checks for all eligible providers, except relative providers. Safety and healthy coaching visits must occur for all providers).

Child care center – a facility licensed by the State of Michigan to care for one or more children.

Family child care home – a private home licensed by the State of Michigan to care for up to 6 children.

Relative providers – who meet the following: (This definition is defined by the grant)

- An adult who is 18 years or older.
- Provides care per Benodjenh staff ratio. The youngest child's age controls the ratio, i.e.: one adult for every four children 0-3 years old.
- Provides care in the provider's home or where the child(ren) lives.
- Related to the child(ren) by blood, marriage or adoption as one of the following:
  - o (Great) Grandparent.
  - o (Great) Aunt or Uncle.
  - o Sibling (allowable only if the provider lives at a different residence).

In-Home Care Person Unrelated – who meet the following:

- An adult who is 18 years or older and background check by the Tribe when care is within the child/ren home.
- Provides care per Benodjenh staff ratio. The youngest child's age controls the ratio, i.e.: one adult to every 6 children 3-12 years old.
- Provides care where the child(ren) lives.
- Must have a background check of all adults if care is within the provider home by the Tribe.

The CCDF funds do not allow to pay for parents providing childcare of their own children.

The Tribal CCDF program plan follows the Tribal health and safety and State of Michigan health and safety coaching visit that is required at the location of all eligible providers providing child care. The Tribe's Benodjenh supervisor or designee will visit and may be announced (scheduled) or unannounced during the time child/ren are in care. The providers above must respond to the communication related to the visit. If the visit is not completed, the provider child care payments for the child(ren) will end.

Note: Additional visits may be required for corrective action plans or other concerns from an annual visit.

During COVID-19, if desired and funds are available eligible providers will receive an emergency add-on rate of \$10/day, regardless of attendance, as long as the child care services are open for 15 business days per month. Additional 10 absence days will be increased if funds are available.

## Child care rates

*Relative and In-home Care Person Unrelated are able to set their own per hour rate for child care. The Tribe will pay the rate set by the provider up to the Tribe's maximum grant allowance. Any amount over the maximum grant allowance will be the responsibility of the approved family applicant. The maximum grant allowance for Relative and In-home Care Person Unrelated rate is \$3 per hour.*

The maximum grant allowance for center-based care and family child care rate is \$3.50/hour for ages 0-3 and \$3.25/hour for ages 3-12. *Any amount over the maximum grant allowance will be the responsibility of the approved family applicant*

The parent will pay a portion of the child care in accordance with the sliding fee scale and parent will be responsible for any difference between what the Tribe pays and the provider charges. The CCDF grant program will only pay up to the maximum rate per information above.

The Tribe will pay in accordance with its rates schedule.

If one or more of the following occurs, child care payments will end and will be reported to appropriate authorities:

- Intentionally billing hours when child care services were not provided
- The person watching the child(ren) was not authorized
- The child is no longer in care
- The child(ren) was in school
- The provider was working at another job
- The provider provided care for more than the number of children they are supposed to during the same hours
- Provider has criminal charges

The Benodjenh office will have forms and update as needed to comply with CCDF preprint plan and CCDF grant requirements.

The Grand Traverse Band of Ottawa and Chippewa Indians is release from any liability, claims, damages that may result from the child care provider's performance of its obligations.

### **Appeal process**

Tribal member or parents/legal guardian of a Tribal member may use the due process procedures.



**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 \_\_\_\_\_





**Grand Traverse Band of Ottawa and Chippewa Indians  
 October 1, 2020 through September 30, 2022  
 CCDF Income Eligibility/Sliding Fee Scale**

FAMILY SIZE								Family Copayment
	2	3	4	5	6	7	8	
<b>100% of FPL or Below Weekly</b>	\$359	\$453	\$546	\$639	\$733	\$826	\$919	
<b>Weekly Parent Fee</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
<b>125% FPL and Below Weekly</b>	\$449	\$566	\$682	\$799	\$916	\$1,032	\$1,149	
<b>Weekly Parent Fee</b>	\$16	\$20	\$24	\$28	\$32	\$36	\$40	3.50%
<b>160% FPL and Below Weekly</b>	\$575	\$724	\$873	\$1,023	\$1,172	\$1,321	\$1,471	
<b>Weekly Parent Fee</b>	\$23	\$29	\$35	\$41	\$47	\$53	\$59	4.01%
<b>185% FPL and Below Weekly</b>	\$665	\$837	\$1,010	\$1,183	\$1,355	\$1,528	\$1,701	
<b>Weekly Parent Fee</b>	\$36	\$46	\$55	\$65	\$74	\$84	\$93	5.48%
<b>85% of SMI and Below Weekly</b>	\$1,026	\$1,267	\$1,509	\$1,750	\$1,991	\$2,037	\$2,082	
<b>Weekly Parent Fee</b>	\$67	\$83	\$98	\$114	\$130	\$133	\$136	6.52%

SMI Source: <https://www.acf.hhs.gov/ocs/resource/liheap-im-2020-02-state-median-income-estimates-for-optional-use-fy2020-and-mandatory-use-fy2021>

**This sliding fee scale is per a child.**