



477 Program

305 4<sup>th</sup> Ave

New Town, ND 58763

Ph: 701-627-6258 Fax: 701-627-2520

## **CHILD CARE APPLICATION**

(Follow checklist below, for a complete file)

- Complete Application
- Income Verification  
(Past calendar year, if this month is June, June-May)
- C.D.I.B  
(Certificate of Degree of Indian Blood)
- Work Schedule  
(Example: Monday-Friday, from 8:00-4:30)
- Provider License  
(Form is in application)

July 1, 2021

## PARENT AGREEMENT

I understand eligibility is based upon a complete and signed application and will retain a copy of my complete application for my records. Eligibility does not guarantee that I will receive services, but is based upon availability of 477 Program funds. I agree to all stipulations in the Child Care Parent handbook and understand this form will be placed in my file.

1. I will receive child care assistance only during the time that I am working, or attending class/lab. (I understand I may have to submit my actual time-card, upon request)
2. I will never sign a blank attendance form.
3. I understand and will inform my provider that if I request additional child care services, out side of my work schedule I agree to pay for any additional services.
4. I will notify the 477 Program in writing of any changes as listed in the parent handbook.
5. I understand that my child (ren) file must be considered approved and active to continue to receive CCDF funds
6. I understand that if my child (ren) file becomes in-active, and I have not contacted the 477 Program in writing, I agree to be held financially responsible for any and all child care payment that is due to my approved provider.
7. I understand that the co-payment amount is the dollar amount that I must pay per eligible child to my approved provider in full each month
8. I understand that if any fraud is committed, I agree to repay the amount of money in question to the 477 Program. I understand I will be unable to participate in the child care program for a period of one (1) year, and/or until all money in question is repaid. I understand I may be subject to prosecution.
9. I understand that I will be required to complete a new application if I am terminated for more than thirty (30) days and wish to participate again.
10. I understand that my child is not approved for the 477 Program until I receive the Approval Notification from the 477 Program.

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

\_\_\_\_\_  
Date

Three Affiliated Tribes  
477 Program  
Box 597, New Town, North Dakota 58763  
Telephone: (701) 627-4455 / Fax: (701) 627-2520

Section I                      Employment Training Application Identification

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 City/Town/Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Tribal Affiliation: \_\_\_\_\_ Enrollment No: \_\_\_\_\_  
 Veteran: \_\_\_ Yes \_\_\_ No      Disabilities: \_\_\_ Yes \_\_\_ No, if Yes Explain: \_\_\_\_\_  
 Female: \_\_\_ Male \_\_\_      Selective Service No: \_\_\_\_\_ (Required if born after 1960)

Section II                      Characteristic of Client

Parent in one-parent family \_\_\_\_\_ Parent in two-parent family \_\_\_\_\_      Single \_\_\_\_\_ Married \_\_\_\_\_  
 Household Size: \_\_\_\_\_ No. of Dependents under 18: \_\_\_\_\_      Divorced \_\_\_\_\_ Other \_\_\_\_\_

Name of Dependent(s) under 18 years old	Age	Date of Birth

Highest Grade Completed: \_\_\_\_\_ High School Diploma \_\_\_ Yes \_\_\_ No      GED: \_\_\_ Yes \_\_\_ No  
 Are you currently attending school/college: \_\_\_ Yes \_\_\_ No      If yes, what year: \_\_\_ 1<sup>st</sup> \_\_\_ 2<sup>nd</sup> \_\_\_ 3<sup>rd</sup> \_\_\_ 4<sup>th</sup>  
 Are you a Full-time student \_\_\_\_\_ Part-time student \_\_\_\_\_ Major: \_\_\_\_\_  
 Are you currently Employed: \_\_\_ Yes \_\_\_ No      If yes, Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours per week \_\_\_\_\_  
 Do you have a current Drivers License: \_\_\_ Yes \_\_\_ No      Permit: \_\_\_ Yes \_\_\_ No  
 Other training certificates \_\_\_ Yes \_\_\_ No      If yes, what type: \_\_\_\_\_

**Work History for the last 2 years or last 2 positions:**

Employer/Address	Telephone No:	From/To	Hour/Wage	Hours/Week

Household income:                    6 Months \$ \_\_\_\_\_                    12 Months \$ \_\_\_\_\_  
 (Wages, self-employed, etc.) There must be an amount in this section or application is considered incomplete.

Are you currently receiving any of the following:

TANF (Temporary Assistance for Needy Families)                    Yes \_\_\_\_\_ No \_\_\_\_\_  
*\*Including Food Stamps, Child Care, Medicare, etc.*

If Yes, what County & Caseworker: \_\_\_\_\_

GA (General Assistance)                    Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what Segment & Caseworker: \_\_\_\_\_

SSI (Social Security Income)                    Yes \_\_\_\_\_ No \_\_\_\_\_

OTHER ASSISTANCE                    Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please list: \_\_\_\_\_

Have you ever participated with the 477 Program before:                    Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, what type assistance was received: \_\_\_\_\_

**Section III                    Employment, Training, and Educational Activities and Related Services**  
 (Please check all that apply to your immediate needs.)

**1. Employment Services**

- \_\_\_ Job Readiness
- \_\_\_ Resume Writing
- \_\_\_ Employment Counseling
- \_\_\_ Evaluation/Skills Testing
- \_\_\_ Job Search Activities
- \_\_\_ Supported Work Services
- \_\_\_ Job Retention
- \_\_\_ Drivers Ed Training

**2. Education/Training**

- \_\_\_ Basic Ed/GED
- \_\_\_ Short-Term Training
- \_\_\_ 2 Year Vocational Training
- \_\_\_ 4 Year Higher Education
- \_\_\_ Tutorial Services
- \_\_\_ Career Counseling
- \_\_\_ JTPA/CT

**3. Supportive Services**

- \_\_\_ Child Care Assistance
- \_\_\_ Transportation
- \_\_\_ Social Services
- \_\_\_ Clothing/Uniform
- \_\_\_ Other
- \_\_\_\_\_
- \_\_\_\_\_

**Certification of Application**

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 verification; and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and / or perjury. I allow release of this information for verification purpose to determine eligibility.

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

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of 477 Staff

\_\_\_\_\_  
 Date



**CHILD CARE  
EMPLOYMENT DEVELOPMENT PLAN  
477 PROGRAM/ THREE AFFILIATED TRIBES**

NAME: \_\_\_\_\_ / \_\_\_\_\_  
 Print Signature  
 Address: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date: \_\_\_\_\_

477 Case Manager: [REDACTED] Bessie Mongram Phone: 627-4756  
 County Social Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

**GOAL: Child Care Assistance for parent to obtain and retain employment.**

Program Activity: Plan of Action: \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

	Start Date	End Date	NOTES
Child Care Provider			
Assisting Months			
Parent Co-Payment			
Parent Work-Site			
Parent Recert. MONTH			
Provider Recert. Lic. MONTH			

**THREE AFFILIATED TRIBES  
477 Program - Child Care Assistance  
PROVIDER REGISTRATION FORM**

PROVIDER NAME	TELEPHONE NUMBER
MAILING ADDRESS	SOCIAL SECURITY NUMBER

**TYPE OF CHILD CARE PROVIDER**

- |  |  |
|--|--|
| <input type="checkbox"/> CENTER          | <input type="checkbox"/> SELF CERTIFIED    |
| <input type="checkbox"/> GROUP           | <input type="checkbox"/> REGISTERED        |
| <input type="checkbox"/> LICENSED FAMILY | <input type="checkbox"/> APPROVED RELATIVE |

PROVIDER NO: \_\_\_\_\_ EXPIRE DATE: \_\_\_\_\_

NAME OF APPROVED CHILD:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

By signing I certify that as a provider my home or place of business meets all applicable health and safety requirements and I have never been accused of child abuse or neglect. I understand my participation in the 477 Program may be terminated based upon failure to comply with North Dakota Department of Human Services (Licensing Division) and/or the Three Affiliated Tribes Children and Family Service program.

I understand that as a parent and/or provider participating on the 477 Program that 477 Program staff may investigate any complaints on me as a parent and/or provider.

Provider Signature	Date
Parent Signature	Date
Child Care Case Manager, Signature	Date

CHANGE OF PROVIDER FORM:

By signing I agree that this parent has a zero balance: \_\_\_\_\_  
Previous Provider Signature / Date