

HO-CHUNK NATION COMMUNITY SUPPORTIVE SERVICES

DIVISION OF HO-CHUNK NATION SOCIAL SERVICES

CHILDCARE ASSISTANCE PROGRAM

POLICY MANUAL



OCTOBER 1, 2018 – SEPTEMBER 30, 2019

Updated: 10/22/18

808 RED IRON ROAD* BLACK RIVER FALLS, WI 54615

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ADMINISTRATION

This Policy Manual follows the guidelines as outlined in the Child Care Development Fund (CCDF) block grant, which is received through the Administration for Children & Families in Washington DC. The Grant funding year begins October 1st through September 30th of each year. ***Since grant and supplemental Net Profit Distribution (NPD) funds are limited - funds are obligated to families on a first come, first serve basis with the exception of Protective Services and At-Risk children (priority services given based on funding). If all funding sources have been obligated, applicants will be put on a waiting list until an opening for assistance occurs.***

It is required as part of the application process that the parent(s) must also go through their county/state of residence for child care assistance. Applications are still accepted regardless of approval or denial of state assistance as long as all eligibility requirements were carried out. The Child Care Assistance Program (CCAP) requires parents to utilize all their sources of funding. Policies can change without notice if deemed necessary for the integrity of the program.

It is required that the parent/guardian(s) are current on all financial obligations with their child care provider before acceptance into CCAP.

The Childcare Assistance Program is designed to assist Ho-Chunk families using CCDF grant funds to subsidize child care costs for their tribally enrolled children residing in the following Wisconsin counties:

Adams	Eau Claire	Sauk
Clark	Jackson	Shawano
Columbia	Juneau	Monroe
Crawford	La Crosse	Vernon
Dane	Marathon	Wood

OTHER WISCONSIN COUNTIES/AREA 4 - 5

Net Profit Distribution (NPD) funding is on a first come first serve basis until all funds are obligated. Since all funding sources are limited and amounts vary from year to year; it is required that the parent(s) must first go through their county/state of residence for child care assistance in addition to the tribal application process.

SERVICES OFFERED

The Child Care Assistance Program (CCAP) provides financial assistance for Parent(s)/Guardian(s) for child care expenses. The program operates on a voucher system with payment going directly to the child care provider.

- **Child Care Center Requirements** – Only State licensed, State Certified and Faith Based centers that follow the Wisconsin Model of Early Learning Standards. Boys & Girls Clubs, YMCA’s and YWCA’s are acceptable if they comply with state health and safety standards.
- **Parent(s)/Guardian(s) Requirements** – Parent(s)/Guardian(s) Must be attending an education program and/or working full or part-time at least 20 hours per week.
- **Income Requirements** – Parent(s) gross income cannot exceed the income guidelines as established through CCAP. Per Capita IS NOT included as income. (See Fee Scale located in Appendix)
- **Child Requirements** - Child must be an enrolled Ho-Chunk tribal member or eligible and in the process of enrollment.

SPECIAL NEEDS

Priority services are given to children with Special Needs as it relates to program funding availability. All program requirements apply including family income guidelines and copayments.

Specific Needs Request:

If the child care center has determined that a special need is required for a child to improve the quality of life in the child care center, where the child spends most of their time, a request can be made to CCAP. The funding request must provide the following information:

1. Documentation from a qualified professional; a physician, psychologist, special educator, or other qualified health care professional that has diagnosed the child with a special need.
2. A recommendation by the child care center director including child's name, the nature of the request and how this request would benefit the child's daily activities in the child care center.
3. A cost estimate from at least 3 vendors.

PROTECTIVE SERVICES/AT-RISK

Priority services are given to families with children who are considered in Protective Services and At-Risk based on funding availability. All program requirements apply including family income guidelines and copayments. Copayments will be waived for Placement and Temporary Guardianship only. Appropriate documentation/verification is required. Protective Services include:

1. Indian Child Welfare; Wards of the Ho-Chunk Nation (Placement) or families with Temporary Guardianship.
2. Referrals through a tribal or county Social Services agency.
3. Homeless circumstances or other harmful or crisis situations; which also includes Respite Care.
4. Referrals from other tribal or non-tribal Human Services professionals for children at risk of a health or social condition. (I.e. parents completing a substance abuse program, parents working to assimilate into society after incarceration by obtaining employment/education, etc.)
5. At-Risk also includes families at or below the poverty level for income guidelines established through the program.

Transition from Temporary Placement/Guardianship to Permanent Guardianship:

Once a family becomes a child's Permanent Guardian, the biological parent's rights of that child are terminated and the Guardian's assume the legal parental rights of the child until age 18. At this point, all program guidelines apply including a copayment if still eligible for child care assistance.

Legal court documents are required with application materials. Once the family is eligible for services, legal court documents are required within 5 business days of any change in Placement/Guardianship for re-determination of eligibility of services.

- a. Once notice has been given to the CCAP, a 30-day grace period is given for families to maintain child care assistance and submit additional supporting documentation to determine the new eligibility status for assistance.
- b. All program requirements will then apply to family awarded Permanent Guardianship as family is considered the legal parent of child until age 18.

ELIGIBILITY REQUIREMENTS FOR PARENT(S)/GUARDIAN(S)

Parent(s)/Guardian(s) must be employed or in an educational program as defined:

Definition of Employed:

- Permanent Full-Time/Part-Time Employment
- Job training program
- Contracted Limited Term Employee (LTE)
- 477 Program
- W2 Program
- Must lead to employment in local labor market.

Maximum subsidized care cannot exceed 50 hours per week without prior approval from CCAP Manager. Parent(s)/Guardian(s) must be employed a minimum of 20 hours per week required.

Definition of Educational Program:

- Enrollment in an accredited college of at least 6 credits; which can include online courses.
- Enrollment in classes to obtain HS Diploma/HSED/GED.
- Vocational Rehabilitation/Probation Terms: Until the program ends. Must notify Program immediately.

Documentation of class schedule and/or other supporting documents is required.

ELIGIBILITY REQUIREMENTS FOR CHILDREN

- Child must be an enrolled Ho-Chunk tribal member or in the process of enrollment. *There is a one year grace period for enrollment. If the child still hasn't obtained enrollment within one year of being on the program, the child will no longer be eligible for CCAP services.*
- Child must be a resident of the custodial parent(s)/guardian's home at least 51% of the time. This includes placement/foster care children.
- If assistance is requested by both parents who have shared physical custody (50/50); a separate application is required by each family as they are considered separate households.
- Child must be under the age of 13 unless they are considered 'Special Needs'.
- Documentation is required to determine eligibility.

REPORTING CHANGES

Any changes in (but not limited to) income, person's living in the home, a change in job/education status or child care needs must be reported within 5 business days.

Summer Absences

CCAP does not hold child care spots at child care centers during the summer months when school is not in session. The only exceptions for absences from the child care center that are over a week long is cultural events, a documented illness, or an extenuating circumstance that is approved by CCAP.

CO-PAYMENT

The Parent(s) are responsible for a small portion of their weekly child care charges called a “Co-Payment” amount.

- The Co-Payment amount is determined by the Fee Scale as set forth by the program guidelines. The Fee Scale is based on family size, income and number of children needing child care assistance.
- Co-Payment amounts are a set fee amount the Parent(s) pay weekly to the child care center as their portion/responsibility of the child care charges. If the Parent(s) fails to pay their weekly co-payment amount to the child care center; they are out of compliance with program guidelines and can be dropped from program assistance.
- The Co-Payment amount stays the same every week and does not change nor is it pro-rated if the child is not in attendance for the full week.

END OF EMPLOYMENT/END OF EDUCATIONAL PROGRAM

If the Parent(s)/Guardian(s) employment/education ends, notification is to be given to the CCAP within (5) five business days. Child care assistance can be utilized for up to a consecutive (3) three months for job search/absence from school (i.e. summer break). The Job search/school break time frame is limited to one occurrence within a 12 month period, at which time either employment must be established or payments will not be authorized. The Parent(s)/Guardian(s) co-payment amount (parent responsibility) will be re-adjusted to accommodate the change in family income for those three months.

MATERNITY LEAVE POLICY

Maternity Leave can be given for up to 12 weeks for Parent(s)/Guardian(s) that are on the program that are taking time off of work to be with their new child. This allows for two things: (1) The parent’s children that are already in child care can be home with the parent(s) and new sibling if they so choose (2) The children already in child care have their spot held for them until the parent returns to work.

During this time period, the maternity leave policy allows for payment of the provider’s usual charges (or some portion thereof, if a lower charge for holding the slot can be negotiated) during the 12-week period, whether or not the child attends. Co-Payments are waived while on Maternity Leave status.

REQUIRED DOCUMENTS FOR CONSIDERATION OF ASSISTANCE

Applications for Child Care Assistance are accepted throughout the year. The following documents are required to be considered for assistance and to determine eligibility:

1. **Childcare Assistance Application:** Application located in Appendix section of Manual
Family Size Excludes:
 - a. The non-custodial parent (if mother and father do not live in same residence)
 - b. The child's other non-parental relatives who are not acting in loco parentis over age 18
 - c. Parent(s) children living in the home over 18
 - d. Any persons who may be staying in the applicant's home under age 18 that the Parent/Guardian(s) does not include as providing support
2. **Decision Letter For State Child Care Assistance:** Approval or Denial Letter from State in which you reside. Needs to indicate that parent(s)/guardian(s) have followed through with all eligibility requirements for child care assistance and the decision of that application. Required at initial application and yearly.
3. **Child's certificate of tribal enrollment (copy):** Child must be an enrolled Ho-Chunk tribal member or eligible and in the process of enrollment.
For children who are eligible for enrollment with the Ho-Chunk Nation and are in the process of enrollment:
 - a. Verification is conducted to ensure the child is eligible for enrollment. For newborns, documentation of parental blood quantum will be required to determine enrollment eligibility.
 - b. Parent(s) are afforded one (1) year to complete the enrollment process for their children to maintain child care assistance.
4. **Voucher Payment Policy Agreement:** Agreement located in Appendix section of Policy Manual
5. **Discharge Policy Agreement:** Agreement located in Appendix section of Policy Manual
6. **Release of Information Form:** Form located in Appendix section of Policy Manual
7. **Proof of Income:** The program defines "**Total Family Income**" to include only the parent(s) income where child resides or lives the majority (at least 51%) of the time.
 - a. Working Wages - Provide the last three paystubs from employer. If income is based on tips or hours of employment vary by week; an average of the last three paystubs will be used to calculate an average of income.
 - b. Disability Income – Documentation showing monthly Disability Income received
 - c. Social Security Income (SSI) – Documentation showing monthly SSI Income received
 - d. Per Capita payments is NOT included as income.
 - e. *Child Support IS included in income*
8. **Proof of Residence:** Rent/purchase/lease agreement. CCAP will accept other documentation of proof of residence in lieu of rental/purchase/lease agreement if none is available.
9. **Class Schedule:** Shows number of credits taken in a given semester. (Minimum 6 credits)

FEES COVERED UNDER PROGRAM

- **Yearly Enrollment/Registration Fees for Child Care Center** - Child Care center’s yearly enrollment fees are only allowable for payment once per year/per center/per child. If parent(s)/guardian(s) decides to switch child care centers within a given year, the parent will be responsible for the new enrollment fee at the new child care center.
- **Holidays** – Holidays designated by the center the child attends and/or the Ho-Chunk Nation (if tribal employee) are paid for by the program.

FEES NOT COVERED UNDER PROGRAM

- **Copayments** - are the sole responsibility of the parent(s). A family’s co-payment is based on monthly income, family size and number of children needing care.
- **Absent, sick, snow days, and any other days normally scheduled for a child’s attendance at a child care center.**
 - a. These days may be waived if the parent/guardian provides the program written or verbal notice within 24 hours of the absence.
 - b. These days may be waived if the child care center does not charge the Parent(s)/Guardian(s) for the absent day.
 - c. We realize that extenuating circumstances do occur and approval of absent days is on a case-by-case basis. If a child is absent three or more days from daycare due to illness, a doctor’s note may be required.
- **All other additional child care fees – *Which includes, but not limited to: Holding fees, late fees, pick-up/drop off fees, and copayments that are in arrears.*** If a child is consistently absent from child care and there is a pattern of absences that have developed; the Child Care Assistance Program Manager reserves the right to require supporting documentation on the nature of the absences.

DECISION OF ELIGIBILITY

The Child Care Assistance Program Manager is delegated the authority for reviewing the application as to the accuracy and completeness of submitted application materials. Families who have received prior assistance need to have met any past requirements that were not met while previously on the program such as but not limited to enrollment status and outstanding child care fees. In addition, families need to have left in good standing with the program to be considered for future assistance. Once it is determined that the applicant is eligible; a final review is conducted by the Community Supportive Services Division Coordinator and/or Director. If one person is absent to determine eligibility, the Executive Director of Social Services is included in the decision making process.

APPROVED APPLICATION FOR ASSISTANCE

When the family is determined eligible for services; the Child Care Assistance Program Manager will notify the applicant(s) in writing via mail or electronically (email). The notification will include the following:

- **Acknowledgement of Program acceptance:** To include a start and end dates of service and the co-payment amount the family is responsible for.
- **Co-Payment Agreement:** Agreement indicates the amount the parent(s)/guardian is responsible for weekly (to the child care center); and also includes when services will begin and end.
 - a. Services begin when application is approved, NOT when application was submitted.
 - b. Parent(s)/Guardian(s) and Child Care Provider signature is required on this agreement.
- **Eligibility Worksheet and Sliding Fee Scale:** Establishes how the Parent(s)/Guardian(s) co-payment amount was determined.
- **Program Compliance Form (Previously known as 'Checklist Form'):** This form is validation that all documents have been submitted by Parent/Guardian to be eligible for the program. It is also justification to Ho-Chunk Nation's Treasury Department for payments to be made to the child care center for remaining balance as indicated on payment voucher. Signature is required by Program Manager and Parent/Guardian acknowledging program compliance.

ELIGIBILITY AND REVIEW PROCESS

- Families on the CCAP are required to go through the review process once per year to update required information in order to maintain assistance. The yearly review process ensures program compliance of program/grant guidelines.
- Notices are sent to Parent(s)/Guardian(s) no less than two weeks prior to yearly review date. Parent(s)/guardian(s) will be requested to submit updated documents as requested by Program Manager at each review.

Adjustments to the yearly review can occur at any time if the family's circumstances have changed and modifications need to be made to the family's household, income, or number of children needed assistance. Parent(s)/Guardians are required to notify CCAP within five business days of any changes in household information. Documentation of those changes will be required to determine the new eligibility status.

WAITING LIST ELIGIBILITY

Due to limited funds, a waiting list may form for assistance. Families that have submitted an application and are waiting for assistance are prioritized in the following order:

1. Placement or Temporary Custody
2. Ho-Chunk Enrolled Children. Enrollment certificate included with application
3. Protective Services/At Risk
4. Children who are pending enrollment with proof of eligibility for enrollment.

A family that has received prior assistance with CCAP must have left the program in good standing. If there are any program requirements from past assistance that were not abided by, it is the family's responsibility to correct them before they can become eligible for assistance again with the program.

APPEAL PROCESS

Department of Social Services utilizes a '**Complaint Reporting Form**' for appealing a decision you do not agree with. The Complaint Reporting Form must be submitted within **10 (ten) business days** of date on denial notification. The Complaint Reporting Form is to be submitted to:

Executive Director of Social Services
HCN Dept. of Social Services; P.O. Box 40
Black River Falls, WI 54615

The complaint should state facts and should include:

1. Your identifying information – Name, address, phone and email address (if applicable).
2. The program you have a complaint with (check appropriate box on form).
3. Date of Complaint/Location of Complaint/Time/Person Involved
4. Description of Complaint - why you believe the decision is wrong. Specific information based on facts and what the relief sought is.

All appeals will be addressed in a timely manner and will be followed up with a written response.

OFFICE LOCATION

808 Red Iron Road
Black River Falls, WI 54615
P 715-284-2622
F 715-284-9486

Office hours: Monday – Friday: 8:00 am – 4:30 pm

APPENDIX



Child Care Assistance Program Application

PO Box 40, 808 Red Iron Road, Black River Falls, WI 54615 • (715)-284-2622 • 888-343-8190
Fax: (715)-284-9486

DOCUMENTS TO SUBMIT WITH APPLICATION INCLUDE:

Revised 07/2017

- Decision Letter for State Child Care Assistance
- Copy of child's certificate of Ho-Chunk Nation tribal enrollment
- Voucher Payment Procedure Form
- Discharge Policy Form
- Release of Information Form
- Proof of Income or Educational Training
- Proof of Residence
- Class Schedule – If applicable

See Policy Handbook on Page 7 for descriptions of above documents needed

SECTION I: Applicant(s)

Parent/Guardian Name(s)-Living in Home

Date of Birth

Tribal ID# (last 5 digits)

Parent/Guardian Name(s)/Spouse/Cohabitant

Date of Birth

Tribal ID# (last 5 digits)

Physical Address where you reside:

Home Phone:

Cell Phone:

Mailing Address: (if different)

Email: *****Most Communications are done electronically*****

Any Parent(s) Absent from the home? Please List:

Absent Parent Physical Address:



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Parent's Place of Employment and Job Site/School/
Training Organization

Work Phone

How many hours per week are you employed and/or going to school?

_____ hours

Parent/Spouse/Cohabitant Place of Employment and
Job Site/School/Training Organization

Work Phone

How many hours per week are you employed and/or going to school?

_____ hours

SECTION II: List all children and others who reside in the home (Child must be under 13 years of age unless disabled/verified Special Needs by a Physician to receive child care assistance.)

Child's Full Name	Date Of Birth	Child Care Needed? (Y/N)	Age	Sex	Tribal #
1. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
2. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
3. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
4. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
5. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
6. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
7. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
8. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
9. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
10. _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Family Size Excludes:

- The non-custodial parent (if mother and father do not live in same residence)
- The child's other non-parental relatives who are not acting in loco parentis over age 18
- Parent(s) children living in the home over 18
- Any persons who may be staying in the applicant's home under age 18 that the Parent/Guardian(s) does not include as providing support



Child Care Assistance Program Application

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Fax: (715)-284-9486

SECTION III: Provider/Child Care Center your child(ren) currently attend or are considering:

Center/Provider Name	Phone
_____	_____
Address	Contact Person/People
_____	_____
_____	_____
2 nd Center/Provider Name (If Applicable)	Phone
_____	_____
Address	Contact Person/People
_____	_____
_____	_____

SECTION IV: RIGHTS AND ACKNOWLEDGEMENTS

1. I understand that all necessary documentation must be completed and turned in before the approval process can begin. The child care provider must be a state certified/ state licensed/faith based following WI Early Learning Model Standard or the state of residence equivalent. **Initial** _____
2. I understand that I must apply for child care subsidy and receive a child care assistance determination letter from the state in which I reside before my eligibility for CCAP can be determined. **Initial** _____
3. CCAP is not liable for claims, demands, obligations, losses, costs, damages, fines, or any other type of liability, arising out of or resulting from any act, omission, willful misconduct or gross negligence of the child care provider that is chosen by the parent/guardian. **Initial** _____
4. I understand policies can change without notice and I am subject to an annual review, random reviews and any absent days not reported to the program in a timely manner as set forth by this policy. **Initial** _____
5. **AFFIDAVIT: I swear or affirm that all the information provided above is true and understand that providing false information, deliberate misinformation or intentional omission of information that results in obtaining benefits may result in being barred from the program.** **Initial** _____

THE CHILD CARE ASSISTANCE PROGRAM IS SUBJECT TO CHANGE WITHOUT ADVANCE NOTICE.

I UNDERSTAND THAT I AM RESPONSIBLE FOR ANY CHILD CARE COSTS NOT PAID BY THE TRIBAL CCAP PROGRAM; INCLUDING BENEFITS WHICH MAY HAVE BEEN AUTHORIZED, BUT FOR WHICH I NO LONGER QUALIFY BASED ON A CHANGE IN CIRCUMSTANCES.

I HAVE READ AND UNDERSTAND ALL SECTIONS OF THIS FORM

APPLICANT _____ Date: _____

APPLICANT _____ Date: _____



Child Care Assistance Program

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Fax: (715)-284-9486

VOUCHER PAYMENT POLICY

The submission of the Payment Voucher on a timely basis is the exclusive responsibility of both the parent and the provider. CCAP is not responsible for; vouchers past two-weeks of last day of services, in arrears, and any late fees. Absent days are subject to approval as per policy guidelines. All concerns must be in WRITING within 24 hours of any incident in question not covered by the Program

1. Provider -

- a. *Payment Vouchers are to be submitted on a weekly or bi-weekly basis. CCAP cannot assure payment the same week.*
 - i. *Dates and hours of child care service are to be noted on voucher in either a one or two-week period.*
 - ii. *Indicate county of child care center in space provided on voucher.*
 - iii. *Include full name and age of child.*
 - iv. *Enter the actual daily hours for each child. If a sign-in sheet is used CCAP may request a copy of that form.*
 - v. *Circle the type of Child Care: State Certified, State Licensed, In-home (Special Needs Only).*
 - vi. *Complete Provider section. Payment Voucher must be signed and dated in the presence of parent.*
- b. *Taxes are the sole responsibility of the Child Care Provider*
- c. *Child Care Provider provides yearly amounts paid by Parent(s)/Guardian for tax purposes.*

2. Parent -

- a. *Review dates and charges for accuracy on voucher.*
- b. *Sign and date voucher to acknowledge all is true to your knowledge (so provider can submit for payment).*

I have read and fully understand the process of submitting the Voucher Payment forms. My signature on this form, states I am in agreement to follow these guidelines.

Parent Signature

Date

CCAP Signature - verifying that Voucher Procedures
were discussed with Child Care Provider.

Date



Child Care Assistance Program

DISCHARGE POLICY

CHILD CARE ASSISTANCE PROGRAM (CCAP) RESERVES THE RIGHT TO INITIATE IMMEDIATE/TEMPORARY/PERMANENT TERMINATIONS WHEN NECESSARY DUE TO ANY VIOLATION OF POLICY.

VIOLATIONS

1. *Parent(s)/Guardian(s) failure to pay overdue absent fees or co-payments to your provider.*
2. *Parent(s)/Guardian(s)/Providers consistent inability to comply with Child Care Assistance Program Policies.*
3. *Parent(s)/Guardian(s) failure to notify CCAP regarding any type of changes in writing (i.e., income, address, new provider, phone number, employment, late or unpaid fees) that relate to CCAP, within five (5) working days.*
4. *Parent(s)/Guardian(s)/Providers knowingly giving any inaccurate or false information (verbally or written) to CCAP.*
5. *Parent(s)/Guardian(s)/Providers falsification of signatures, hours and rates of service on any CCAP forms.*
6. *Providers found to have used alcohol or drugs, or prescription drugs during the hours of child care services.*
7. *Providers found to have been convicted of a felony, DWI, or any illegal involvement that would affect the ability to care for children as regulated by state child care certification/licensing laws.*

REPORTING

1. **PARENTS and PROVIDERS are obligated to immediately report any type of Neglect, Physical Abuse, Sexual Abuse, Mental Abuse, and Emotional Abuse to proper authorities.**
2. **PARENTS will give PROVIDERS a TWO-WEEK/14 DAY notice when the parent has become ineligible for assistance or no longer wishes to utilize the child care center.**

- *Parent(s)/Guardian(s) violating policy will be notified in writing and/or verbally of this action.*
- *Parent(s)/Guardian(s) will be given written notification if it is deemed necessary to terminate child care services.*
- *CCAP may proceed with an investigation, if one is deemed necessary. You will be notified by phone by the tenth (10th) work day, regarding the investigation. A decision for continuance of child care services will be discussed at that time.*

My signature acknowledges that I have read and fully understand the CCAP Discharge Policy.



Child Care Assistance Program

PO Box 40, 808 Red Iron Road, Black River Falls, WI 54615 • (715)-284-2622 • 888-343-8190
Fax: (715)-284-9486

RELEASE OF INFORMATION

Complete all sections of this form before you sign at the bottom.

Your information cannot be passed on to any other agency/individual without your written/verbal permission.

RELEASE OF INFORMATION: Permission is given to the Tribe to contact my childcare provider, employer, school, or training program before and after the application has been approved. I hereby give my permission to CCAP to contact my designated child care provider to give notice of eligibility and to schedule a site visit and also to contact the Wisconsin Department of Human Services (or the state's DHS in which you reside) for the purpose of verification of dual participation.

Initial _____

PHOTOGRAPHS: Children from time to time will be photographed, videotaped or audio taped in the context of classroom, playground or off-site activities for child care only. This usage could include but not limited to pictures on the Nation's website, tribal newspaper, federal reporting, brochures and files.

Initial _____

Ho-Chunk Nation Department of Social Services
Division of Community Supportive Services
P.O. Box 40 808 Red Iron Road
Black River Falls, WI 54615

Child's full name:

1. _____
3. _____
5. _____
7. _____
9. _____

Child's full name:

2. _____
4. _____
6. _____
8. _____
10. _____

To release information to:

Either verbal and/or written; regarding your application for assistance/current assistance (Check all that apply below)

- | | | |
|---|--|--|
| <input type="checkbox"/> Client information | <input type="checkbox"/> HCN Enrollment | <input type="checkbox"/> Intake Assessment |
| <input type="checkbox"/> HCN Social Services | <input type="checkbox"/> Child Care Center | <input type="checkbox"/> Court Orders |
| <input type="checkbox"/> Client History | <input type="checkbox"/> School Attendance | <input type="checkbox"/> Place of Employment |
| <input type="checkbox"/> Other (Specify): _____ | | |

A copy of this release serves the same function as the original signed release. This authorization can be revoked at any time prior to this date or action by providing written notice to Ho-Chunk Nation Division of Community Supportive Services. I understand that any information released prior to revocation of this authorization, cannot be retrieved.

Signature of Parent/Legal Guardian/Person Legally Authorized to Consent for Individual

Date

HO-CHUNK NATION
Child Care Co-Payment Schedule Effective 10-1-16

Gross Monthly Family Income & Number in Household									# of Children in Daycare & Weekly Co-Pay					Percentage of monthly income pd by single parent				
2	3	4	5	6	7	8	9	10	1	2	3	4	5+	1 child	2 children	3 children	4 children	5 children
Under	Under	Under	Under	Under	Under	Under	Under	Under	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a	n/a	n/a	n/a
\$1,335.00	\$1,680.00	\$2,025.00	\$2,370.00	\$2,715.00	\$3,061.00	\$3,408.00	\$3,754.00	\$4,101.00	\$6.00	\$10.00	\$16.00	\$21.00	\$27.00	1.80%	2.38%	3.16%	3.54%	3.98%
\$1,422.00	\$1,790.00	\$2,159.00	\$2,527.00	\$2,896.00	\$3,264.00	\$3,633.00	\$4,001.00	\$4,370.00	\$6.00	\$13.00	\$19.00	\$25.00	\$31.00	1.69%	2.91%	3.52%	3.96%	4.28%
\$1,486.00	\$1,872.00	\$2,257.00	\$2,642.00	\$3,027.00	\$3,413.00	\$3,798.00	\$4,183.00	\$4,568.00	\$9.00	\$15.00	\$21.00	\$28.00	\$34.00	2.42%	3.21%	3.72%	4.24%	4.49%
\$1,551.00	\$1,953.00	\$2,355.00	\$2,757.00	\$3,159.00	\$3,561.00	\$3,963.00	\$4,365.00	\$4,767.00	\$13.00	\$19.00	\$25.00	\$31.00	\$40.00	3.35%	3.89%	4.25%	4.50%	5.06%
\$1,616.00	\$2,034.00	\$2,453.00	\$2,872.00	\$3,291.00	\$3,709.00	\$4,128.00	\$4,547.00	\$4,966.00	\$15.00	\$24.00	\$31.00	\$39.00	\$46.00	3.71%	4.72%	5.06%	5.43%	5.59%
\$1,680.00	\$2,116.00	\$2,551.00	\$2,987.00	\$3,422.00	\$3,858.00	\$4,293.00	\$4,729.00	\$5,164.00	\$19.00	\$28.00	\$37.00	\$46.00	\$53.00	4.52%	5.29%	5.80%	6.16%	6.20%
\$1,745.00	\$2,197.00	\$2,649.00	\$3,102.00	\$3,554.00	\$4,006.00	\$4,458.00	\$4,911.00	\$5,363.00	\$21.00	\$31.00	\$40.00	\$51.00	\$59.00	4.81%	5.64%	6.04%	6.58%	6.64%
\$1,810.00	\$2,279.00	\$2,748.00	\$3,217.00	\$3,686.00	\$4,155.00	\$4,624.00	\$5,093.00	\$5,562.00	\$25.00	\$34.00	\$45.00	\$53.00	\$63.00	5.52%	5.97%	6.55%	6.59%	6.84%
\$1,874.00	\$2,360.00	\$2,846.00	\$3,331.00	\$3,817.00	\$4,303.00	\$4,789.00	\$5,274.00	\$5,760.00	\$28.00	\$38.00	\$46.00	\$57.00	\$66.00	5.98%	6.44%	6.47%	6.84%	6.92%
\$1,939.00	\$2,441.00	\$2,944.00	\$3,446.00	\$3,949.00	\$4,451.00	\$4,954.00	\$5,456.00	\$5,959.00	\$31.00	\$40.00	\$51.00	\$60.00	\$69.00	6.40%	6.55%	6.93%	6.96%	6.99%
\$2,003.00	\$2,523.00	\$3,042.00	\$3,561.00	\$4,080.00	\$4,600.00	\$5,119.00	\$5,638.00	\$6,157.00	\$34.00	\$45.00	\$53.00	\$62.00	\$73.00	6.79%	7.13%	6.97%	6.96%	7.16%
\$2,068.00	\$2,604.00	\$3,140.00	\$3,676.00	\$4,212.00	\$4,748.00	\$5,284.00	\$5,820.00	\$6,356.00	\$38.00	\$48.00	\$57.00	\$67.00	\$78.00	7.35%	7.37%	7.26%	7.29%	7.41%
\$2,133.00	\$2,685.00	\$3,238.00	\$3,791.00	\$4,344.00	\$4,896.00	\$5,449.00	\$6,002.00	\$6,555.00	\$40.00	\$52.00	\$63.00	\$74.00	\$85.00	7.50%	7.75%	7.78%	7.81%	7.83%
\$2,197.00	\$2,767.00	\$3,336.00	\$3,906.00	\$4,475.00	\$5,045.00	\$5,614.00	\$6,184.00	\$6,753.00	\$44.00	\$56.00	\$68.00	\$81.00	\$93.00	8.01%	8.10%	8.15%	8.29%	8.31%
\$2,262.00	\$2,848.00	\$3,434.00	\$4,021.00	\$4,607.00	\$5,193.00	\$5,779.00	\$6,366.00	\$6,952.00	\$46.00	\$59.00	\$73.00	\$85.00	\$99.00	8.13%	8.29%	8.50%	8.46%	8.60%
\$2,327.00	\$2,930.00	\$3,533.00	\$4,136.00	\$4,739.00	\$5,342.00	\$5,945.00	\$6,548.00	\$7,151.00	\$50.00	\$62.00	\$74.00	\$88.00	\$101.00	8.59%	8.46%	8.38%	8.51%	8.53%
\$2,391.00	\$3,011.00	\$3,631.00	\$4,250.00	\$4,870.00	\$5,490.00	\$6,110.00	\$6,729.00	\$7,349.00	\$53.00	\$65.00	\$79.00	\$91.00	\$105.00	8.87%	8.64%	8.70%	8.56%	8.62%
\$2,456.00	\$3,092.00	\$3,729.00	\$4,365.00	\$5,002.00	\$5,638.00	\$6,275.00	\$6,911.00	\$7,548.00	\$56.00	\$68.00	\$81.00	\$94.00	\$107.00	9.12%	8.80%	8.69%	8.61%	8.56%
\$2,520.00	\$3,174.00	\$3,827.00	\$4,480.00	\$5,133.00	\$5,787.00	\$6,440.00	\$7,093.00	\$7,746.00	\$59.00	\$73.00	\$85.00	\$98.00	\$111.00	9.37%	9.20%	8.88%	8.75%	8.65%
\$2,585.00	\$3,255.00	\$3,925.00	\$4,595.00	\$5,265.00	\$5,935.00	\$6,605.00	\$7,275.00	\$7,945.00	\$60.00	\$74.00	\$87.00	\$100.00	\$113.00	9.28%	9.09%	8.87%	8.71%	8.58%
\$2,650.00	\$3,336.00	\$4,023.00	\$4,710.00	\$5,397.00	\$6,083.00	\$6,770.00	\$7,457.00	\$8,144.00	\$62.00	\$79.00	\$91.00	\$105.00	\$117.00	9.36%	9.47%	9.05%	8.92%	8.67%
\$2,715.00	\$3,417.00	\$4,121.00	\$4,825.00	\$5,529.00	\$6,231.00	\$6,935.00	\$7,639.00	\$8,369.00	\$64.00	\$80.00	\$94.00	\$108.00	\$119.00	9.43%	9.36%	9.12%	8.95%	8.61%
\$2,780.00	\$3,498.00	\$4,219.00	\$4,940.00	\$5,661.00	\$6,379.00	\$7,100.00	\$7,821.00	Not Eligible	\$66.00	\$83.00	\$98.00	\$111.00	\$122.00	9.50%	9.49%	9.29%	8.99%	8.62%
\$2,845.00	\$3,579.00	\$4,317.00	\$5,055.00	\$5,793.00	\$6,527.00	\$7,265.00	\$8,003.00	Not Eligible	\$68.00	\$86.00	\$101.00	\$113.00	\$126.00	9.56%	9.61%	9.36%	8.94%	8.70%
\$2,910.00	\$3,660.00	\$4,415.00	\$5,170.00	\$5,925.00	\$6,675.00	\$7,430.00	\$8,194.00	Not Eligible	\$70.00	\$87.00	\$104.00	\$116.00	\$128.00	9.62%	9.51%	9.42%	8.97%	8.64%
\$2,975.00	\$3,741.00	\$4,513.00	\$5,285.00	\$6,057.00	\$6,823.00	\$7,595.00	Not Eligible	Not Eligible	\$72.00	\$90.00	\$107.00	\$119.00	\$133.00	9.68%	9.62%	9.48%	9.01%	8.78%
\$3,040.00	\$3,822.00	\$4,611.00	\$5,400.00	\$6,189.00	\$6,971.00	\$7,760.00	Not Eligible	Not Eligible	\$74.00	\$92.00	\$110.00	\$122.00	\$135.00	9.74%	9.63%	9.54%	9.04%	8.73%
\$3,105.00	\$3,903.00	\$4,709.00	\$5,515.00	\$6,321.00	\$7,119.00	\$7,925.00	Not Eligible	Not Eligible	\$76.00	\$95.00	\$113.00	\$125.00	\$138.00	9.79%	9.74%	9.60%	9.07%	8.73%
\$3,170.00	\$3,984.00	\$4,807.00	\$5,630.00	\$6,453.00	\$7,267.00	\$8,020.00	Not Eligible	Not Eligible	\$78.00	\$98.00	\$116.00	\$128.00	\$141.00	9.84%	9.84%	9.65%	9.09%	8.74%
\$3,235.00	\$4,065.00	\$4,905.00	\$5,745.00	\$6,585.00	\$7,415.00	Not Eligible	Not Eligible	Not Eligible	\$80.00	\$101.00	\$119.00	\$131.00	\$144.00	9.89%	9.94%	9.70%	9.12%	8.75%
\$3,300.00	\$4,146.00	\$5,003.00	\$5,860.00	\$6,717.00	\$7,563.00	Not Eligible	Not Eligible	Not Eligible	\$82.00	\$104.00	\$122.00	\$134.00	\$147.00	9.94%	10.03%	9.75%	9.15%	8.75%
\$3,365.00	\$4,227.00	\$5,101.00	\$5,975.00	\$6,849.00	\$7,711.00	Not Eligible	Not Eligible	Not Eligible	\$84.00	\$107.00	\$125.00	\$137.00	\$150.00	9.99%	10.13%	9.80%	9.17%	8.76%
\$3,430.00	\$4,308.00	\$5,199.00	\$6,090.00	\$6,981.00	\$7,846.00	Not Eligible	Not Eligible	Not Eligible	\$86.00	\$110.00	\$128.00	\$140.00	\$153.00	10.03%	10.21%	9.85%	9.20%	8.77%
\$3,495.00	\$4,389.00	\$5,297.00	\$6,205.00	\$7,113.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$88.00	\$113.00	\$131.00	\$143.00	\$156.00	10.07%	10.30%	9.89%	9.22%	8.77%
\$3,560.00	\$4,470.00	\$5,395.00	\$6,320.00	\$7,245.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$90.00	\$116.00	\$134.00	\$146.00	\$159.00	10.11%	10.38%	9.94%	9.24%	8.78%
\$3,625.00	\$4,551.00	\$5,493.00	\$6,435.00	\$7,377.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$92.00	\$119.00	\$137.00	\$149.00	\$162.00	10.15%	10.46%	9.98%	9.26%	8.78%
\$3,690.00	\$4,632.00	\$5,591.00	\$6,550.00	\$7,509.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$94.00	\$122.00	\$140.00	\$152.00	\$165.00	10.19%	10.54%	10.02%	9.28%	8.79%
\$3,755.00	\$4,713.00	\$5,689.00	\$6,742.00	\$7,672.00	Not Eligible	Not Eligible	Not Eligible	Not Eligible	\$96.00	\$125.00	\$143.00	\$155.00	\$168.00	10.23%	10.61%	10.05%	9.20%	8.76%
\$3,820.00	\$4,794.00	\$5,812.00	Not Eligible	\$98.00	\$128.00	\$146.00	\$158.00	\$171.00	10.26%	10.68%	10.05%	n/a	n/a					
\$3,885.00	\$4,882.00	Not Eligible	\$100.00	\$131.00	\$149.00	\$161.00	\$174.00	10.30%	10.73%	n/a	n/a	n/a						
\$3,952.00	Not Eligible	\$102.00	\$134.00	\$152.00	\$164.00	\$177.00	10.32%	n/a	n/a	n/a	n/a							

