

# CHILD CARE ASSISTANCE PROGRAM

## PARENT/GUARDIAN MANUAL

*October 1, 2020 - September 30, 2022*



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## MISSION STATEMENT

To subsidize childcare costs for our Ho-Chunk Children.

## 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 and Families in Washington DC. The CCDF Grant funding years begins October 1<sup>st</sup> through September 30<sup>th</sup> each year. ***Since grant and supplemental Net Profit Distribution (NPD) funds are limited – funds are obligated on a first come first serve basis to our families with the exception of Protective Services, Temporary Custody and Special Needs children.*** If all funding sources have been obligated, applicants will be placed on a waiting list until an there is an opening for assistance.

It is a requirement as part of the parent(s)/guardian(s) application process that they apply through the state/county of residence for child care assistance. Applications are accepted regardless of approval or denial of assistance as long as they carried out all the eligibility requirements. The Child Care Assistance Program (CCAP) require our parent(s)/guardian(s) to utilize all sources of funding. Policies can change without notice if deemed necessary for the integrity of the program.

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

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

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

## OTHER WISCONSIN COUNTIES/OUT OF STATE

Net Profit Distribution (NPD) funding is on a first come first serve basis until all funds are obligated. Funds are limited and are first come first serve basis.

## SERVICES OFFERED

The Child Care Assistance Program (CCAP) provides financial assistance to our parent(s)/guardian(s) for child care expenses. *The program operates on a voucher system with payment going directly to the child care providers.*

- **Child Care Center Requirements** – Only State licensed, State Certified and Faith Based Centers that follow the Wisconsin Model of Early Learning Standards (WMELS) <https://dpi.wi.gov/early-childhood/practice>. Boys & Girls Clubs, YMCA's and YWCA's are acceptable if they comply with state health and safety standards. *No camps, day camps, tuitions, etc.*

- **Parent(s)/Guardian(s)/ Requirements** – Parent(s)/Guardian(s) Must be attending an education program with a minimum of  $\frac{3}{4}$  status (ex. 9 credits) or working at least 35 hours per week. A combination of each is acceptable with education programs part time (ex. 6 credits) and working a minimum of 24 hours weekly. Parent/Guardian attending an inpatient or outpatient drug or alcohol rehabilitation program (must provide proof).
- **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 or eligible to be enrolled as a Ho-Chunk tribal member. Children have a *one year grace period* to become enrolled through the Ho-Chunk Nation.

## SPECIAL NEEDS

Priority Services are given to children with Special Needs as program funding is available.

All program requirements apply.

### Documentation Required:

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. To be prioritized in the program as special needs, the diagnosis must show the child has needs beyond the basic care given in the child care center and the daily care given for the child will be modified to accommodate said needs.

## PROTECTIVE SERVICES, TEMPORARY PLACEMENT/GUARDIANSHIP

Priority services are given to families with children who are considered vulnerable, in protective services or temporary placement/guardianship dependent on funding availability.

Appropriate documentation is required and 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, crisis and/or harmful situations; which also includes Respite Care.
4. Referrals from other tribal or non-tribal Human Services Professionals for children vulnerable of a health or social condition. (Parents working to assimilate into society after incarceration by obtaining employment/education, etc.)
5. “Authorization Form-Placement Parent” from your Ho-Chunk Nation assigned Social/Case Worker
6. Legal court documents

## 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 the age of 18. Once Permanent Guardianship is official, **all** program guidelines apply, including income guidelines and co-payments.

Legal court documents are required to be submitted within 5 business days of any change in Placement/Guardianship.

Families are required to complete a new application during this transition.

*Once notice has been communicated to the Child Care Assistance Program Manager, a 30-day grace period is given so families can maintain child care assistance and submit any additional documentation that may be required. At that time the Program Manager will review the participants file to assess eligibility.*

**Maximum subsidized care cannot exceed 50 hours per week without prior approval from the CCAP Manager.**

## ELIGIBILITY REQUIREMENTS AND/OR ALLOWABLE ACTIVITIES FOR PARENT(S)/GUARDIAN(S)

Parent(s)/Guardian(s) must meet the criteria defined below to be considered for assistance:

### Definition of Employment:

- Permanent Full-time employment of a minimum of 35 hours weekly.
- Contracted Limited Term Employee (LTE) with a minimum of 35 hours weekly.
- Actively participating in either the 477 or W2 Programs (must provide proof of enrollment)
- The 3 month job search is now allowable upon entry of program. The job search is limited to a one time occurrence per household within a 12 month period.

***Participants who are unemployed, in the 477 or W2 programs, are required to complete and submit the Job Search Form that is found in the appendix of the application.***

**A minimum of 8 job searches per month must be completed and the job search form must be submitted to the CCAP Manager for continual participation in CCAP.**

*\*\*Failure to complete and submit will result in suspension from program until employment is obtained and/or job searches have been fulfilled. During this period Participants are responsible for their child care costs.\*\**

### Definition of Education Program:

- Enrolled in an accredited college course with a minimum of 9 credits; which can include online courses.
- Enrollment in classes to obtain HS Diploma/HSED/GED with a minimum of ¾ time status
- Vocational Rehabilitation/Probation Terms: Until the program is completed. Must notify the Program Manager immediately.

- Drug or Alcohol Rehabilitation Programs: This can either be inpatient and/or outpatient. *Must provide proof of enrollment.* The program MUST be completed and Program Manager is to be notified immediately upon completion.

*Documentation of class schedules and/or other supporting documentation of enrollment in the above education programs is a requirement.*

## END OF EMPLOYMENT/END OF EDUCATIONAL PROGRAM/LOSS OF CHILDCARE

If the parent(s)/guardian(s) employment/education ends, notification is to be given to CCAP within 5 business days. Child Care Assistance can still be utilized for a maximum of (3) three consecutive months for job search/absence from school. The job search/school break time frame is limited to a one time occurrence per household within a 12 month period. At that time, employment or return to school must be established or payments will not be authorized and your household will then be removed from the program. You are able to re-apply when you have returned to school or employment is gained. During this time, co-payments will be adjusted to reflect the new household income.

*Participants who are unemployed, in the 477 or W2 programs, are required to complete and submit the Job Search Form that is found in the appendix of the application.*

A minimum of 8 job searches per month must be completed and the job search form must be submitted to the CCAP Manager for continual participation in CCAP.

Parent/Guardian's must give CCAP a two week notice before changing providers. If you are a current participant on the program, you have 90 days to secure new childcare. If childcare is not secured before the 90 day period, your family will be removed from the program and placed on the waitlist. CCAP will not hold a position on the program past the 90 day loss of childcare period.

## HOURS OF SUBSIDIZED CARE ALLOWABLE WEEKLY

Maximum subsidized care cannot exceed 50 hours per week without prior approval from CCAP Manager. If not approved and there are charges due to the overage of hours, the parent(s)/guardian(s) maintain sole responsibility of payment for that difference.

## ABSENCES POLICY

- Each family is allotted one week of "vacation" time that CCAP will pay subsidy for in a 12 month period.
- Children must be in attendance a minimum of 85% of their scheduled time or parent(s)/guardian(s) have the sole responsibility for payment of those absent days.
- Absences due to illnesses that are 3 consecutive days or more require a written doctor's note submitted to the Program Manager.

*The only exception for absences from the child care center that are over a week long is cultural events, a documented illness, maternity leave or an extenuating circumstances that is approved by the CCAP Manager.*

The Child Care Assistance Program does not hold child care positions at any child care centers with the exception of Maternity Leave.

## MATERNITY LEAVE POLICY

Maternity Leave can be given for up to 12 weeks for Parent(s)/Guardian(s) that are currently participating in the program to take time off work to be with their newborn. This allows not only the Parent(s)/Guardian(s) and siblings to bond but also to hold your position at the child care center until your return to work.

During the Maternity Leave period, CCAP allows for payment of the provider's usual charges (or some portion thereof, if a lower charge cannot be negotiated to hold that spot) during the 12 week period whether or not the children attend.

**Co-payments will be adjusted to reflect the difference in wages during this time.**

*If a parent/guardian chooses to not return to work after maternity leave, the parent will be removed from CCAP permanently.*

## NEWBORNS FOR CURRENT PARTICIPANTS

If you are a current participant and become pregnant, your newborn is not guaranteed to be placed on the program. If funds are not available and there is a current waitlist, your newborn only will be placed on the waitlist in the appropriate order, but your children currently participating will remain on the program. *\*see waitlist eligibility\**

## 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 enrollment is not obtained or the child has not been named in the Ho-Chunk Nation Worak prior to the year deadline, the child will no longer be eligible for CCAP assistance until enrollment is complete. This means your child will be suspended from the program until enrollment is completed. Suspension will only apply to your child that did not make the one year grace period for enrollment, any other children remain and continue as participants.*
- Child must be a resident of the custodial parent(s)/guardian(s) home of a minimum of 51% of the time. This includes placement/foster care or temporary custody children.
- If assistance is requested by both parents sharing physical custody (50/50), a separate application is required for each parent as they are considered to be separate households. If custody is not 50/50, the parent over 50% custody will be eligible for participation. *Court Documentation is required, unless approved by the CCAP Manager.*
- Child must be under the age of 13 unless they are considered "special needs" (*documentation is required to determine eligibility*)

## DEFINITION OF HOUSEHOLD

Below are the individuals that are required on the Child Care Assistance Program application.

- Parent(s)/Guardian(s)
- Dependent children under the age of 18 living in your home
- Unmarried domestic partner if you have a child together and/or guardianship

- Married partners

*\*If a household member is currently incarcerated or becomes incarcerated during program participation, the family is still eligible for participation within the program. Co-payments will be adjusted for income and household size during this time\**

## COMBINING OF HOUSEHOLDS

### Co-Habitation:

- If co-habiting and you have a child together, a new **complete** application will be required to combine households and income from both parent(s).
- Co-habiting with no children together you are considered single and fill out the application as such.

### Marriage:

- If you get married a new **complete** application will be required and income from both parent/guardian and spouse is required. You are combining households, which means all eligible individuals are to be entered on the application.

*Combining of households does not guarantee children from your partner/spouse can and will be added immediately. If there is a current waitlist those children will be added in the appropriate order.*

## DIVORCE/SEPARATION

If current participants divorce, it is required to show legal documentation to the Program Manager. Until legal documentation has been given, the application will remain as is, as well as the Co-payment, etc.

In the event of separation, notice must be giving within 10 business working days. *\*See Discharge Policy\**

## DEFINITION OF INCOME

The Child Care Assistance Program defines “Total family income” as parent(s)/guardian(s) income stated below (with the exception of Per Capita) where the child resides a minimum of 51% of the time or in a 50/50 shared custody household.

Income below must be submitted with your application:

- Working wages – If wages are based on tips and/or hours vary; an average will be calculated using a minimum of the last three paystubs. *Dependent on the work performed a 12 month period may be used to calculate the average.*
- Disability income
- Child Support
- Social Security Income (SSI)

*Must provide proof of income to Program Manager.*

## ASSETS

You are required to list all assets on the application. *Regardless of income level, assets with a total value of 1 million or more you are ineligible for the Child Care Assistance Program.*

What is an asset: An asset is a resource that holds monetary value and can be converted into cash.

Examples:

- Cash
- Checking and Savings Accounts
- Real Estate
- Stocks, Bonds, Certificate of Deposits
- Automobiles, Boats, etc.
- Electronics, Jewelry and Collectibles

## CO-PAYMENT

The parent(s)/guardian(s) have the sole responsibility for a small portion of their weekly child care charges called a “co-payment”.

- The co-payment is determined using the fee scale created by the program. The fee scale is based income and how many children require child care assistance.
- Co-payments are to be paid weekly to the child care center as their portion/responsibility of the child care charges. If the co-payments are outstanding or overdue, the parent(s)/guardian(s) are out of compliance and will be suspended from the Child Care Assistance Program until those amounts are brought current. *We need to ensure that integrity is maintained with our providers.*
- The current calculated Co-Payment amount is a set amount and is not pro-rated upon the child’s attendance.

## REPORTING CHANGES

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

After 10 business days you may be suspended and/or terminated from the Child Care Assistance Program.

## FRAUD

The Child Care Assistance Program defines fraud as withholding pertinent information intentionally from the Ho-Chunk Nation Child Care Assistance Program that could change/alter your eligibility, status, income, household, etc. The Child Care Assistance Program follows the Ho-Chunk Nation’s Policies and Procedures in the event of fraud in recovering any overpayments.

*\*This will result in permanent removal from the Ho-Chunk Nation Child Care Assistance Program\**

## FEES COVERED UNDER THE PROGRAM

- **Yearly Enrollment/Registration Fees for the Child Care Center** – Child Care Center’s yearly enrollment fees are allowable for payment once per 12 month period/per child. If a parent/guardian 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 a tribal employee) are paid for by the program.

## FEES NOT COVERED BY THE PROGRAM

- Co-Payments- are the sole responsibility of the parent/guardian.
- Absent days beyond the 85% monthly attendance minimum  
*\*exception being approval from CCAP Manager\**
- All other addition child care fees – which includes, but is limited to: Holding fees, late fees, pick up/drop off fees, application fees, provider/center closed and co-payments in arrears. If a child is consistently absent from child care and there is a pattern of absences that have been developed; the Child Care Assistance Program Manager reserves the right to require supporting documentation on the nature of the absences.

## REQUIRED DOCUMENTS FOR A COMPLETE APPLICATION TO DETERMINE ELIGIBILITY

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

1. **Child Care Assistance Application:** Application is located in the Appendix  
Family Size Excludes:
  - a. The non-custodial parent (if mother and father do not live in the same residence)
  - b. Unmarried partner without guardianship and/or like child
  - c. The Child’s other non-parental relatives living in the home
  - d. Parent/Guardian children living in the home over the age of 18
  - e. Any persons who may be staying in the applicant’s home under age 19 that is not included as providing support.
2. **Decision Letter from the State Child Care Assistance:** Approval or Denial Letter from the state in which you reside. It needs to indicate that parent(s)/Guardian(s) have followed through with all eligibility requirement for Child Care Assistance and the decision on that application. *The exception are parent(s)/guardian(s) who are in a Drug or Alcohol rehabilitation Program and have been approved through CCAP.* The entire letter must be submitted, not just the page stating you were approved or denied. Parents/Guardians will be not eligible for participation until the entire letter has been submitted to the CCAP Manager.
3. **Child’s certificate of tribal enrollment (copy):** Child must be an enrolled Ho-Chunk Nation tribal member or eligible and in the process of enrollment.
4. **Enrollment Eligibility Form *If your child is not currently enrolled (must be notarized):*** If a child is not enrolled, but is eligible for enrollment and/or in the process of enrollment there is a one year grace

period from start date with the program. The Enrollment Eligibility Form is required upon submission off application and must be notarized.

5. **Application Completion Checklist:** Located in Appendix Section of this manual.
6. **Parent/Guardian Policy Handbook Receipt Acknowledgement Form:** Located in Appendix Section of this manual.
7. **Discharge Policy Form:** Located in Appendix Section of this manual.
8. **Release of Information Form:** Located in Appendix Section of this manual.
9. **Proof of Income:** The Child Care Assistance Program requires proof of income (per capita is not included) from the income defined below.

Income includes:

- Working wages – If wages are based on tips and/or hours vary; an average will be calculated using the last three paystubs. Dependent on employment an average may be completed using the last 12 months of income.
  - Disability income
  - Child Support
  - Social Security Income (SSI)
10. **Proof of Education Training-if applicable:** Proof of enrollment in an educational program which contains hours and/or schedule of training.
  11. **Drug or Alcohol Rehabilitation Program:** Proof of enrollment which contains hours and/or schedule must be submitted. Program must be completed.
  12. **Class Schedule-if applicable:** Show the number credits taken in each semester (minimum of 9)
  13. **Proof of Residence:** Rent/Lease/Purchase agreement. CCAP will accept other documentation as proof of residence if not available. These forms must be discussed and be approved prior to submission with the Program Manager.

## DECISION OF ELIGIBILITY

*The Child Care Assistance Program Manager is delegated the authority for reviewing the application to determine the accuracy and completeness of submitted application materials to determine eligibility. Families who have received assistance previously on the program and are seeking assistance again need to have left in good standing for future assistance. In addition, families need to have met any outstanding requirements from previous participation (enrollment, outstanding fee, etc.) and meet the current criteria for eligibility.*

*Once it is determined that the applicant is eligible; a final review is conducted by the Community Supportive Services Coordinator and/or Director. If both are absent to determine eligibility, the Executive Director of Social Services is included in the decision making process.*

**The Child Care Assistance Program Manager has 30 days to determine eligibility. If all supporting documentation and/or the application remains incomplete after the 30 day period, the applicant is required to start the application process over.**

## WAITLIST ELIGIBILITY

Due to limited funds, a waitlist may be formed. Families that have submitted an application are placed on a waitlist for assistance. *The complete application must be submitted with all supporting documentation and acknowledgement forms signed. Applying for state will not be necessary until you are being placed on the program unless you are able to receive state benefits and/or directed by the CCAP Program Manager.*

*Placement/temporary guardianship, vulnerable children and special needs have priority on the waitlist. The waitlist is compiled by child. For example if you are on the waitlist with your two children and one placement child, the placement child will have priority, but your two children will maintain their position on the waitlist.*

*Participants that become pregnant are not guaranteed a position for their newborn child. If a current waitlist is formed, that newborn will be placed on that waitlist, but your children currently participating will remain on the program.*

## APPROVED APPLICATION FOR ASSISTANCE

When a family is determined eligible for services; the Child Care Assistance Program Manager will notify the applicant(s) in writing. This is done either through mail, telephone or via email. If there is no response within 10 business days, you will be moved to the bottom of the waitlist and we will contact the next family. If a family has not completed the state application, this must be completed before participation in CCAP.

The following forms will be required after the application is been complete and has been approved for CCAP participation:

- **Family Acknowledgement Form:** This form reiterates the responsibilities the parent/guardian has to maintain assistance in CCAP.
- **Co-Payment Agreement:** The Agreement contains the amount that the parent/guardian has sole responsibility to pay weekly to the child care center. In addition this form will also have the start and end date of eligibility period.
  - *Services/Assistance begins when the completed application is approved, not when the complete application is submitted.*

- *Parent(s)/Guardian(s) and the Child Care Provider are required to sign this agreement and fill it out in its entirety.*
- **Program Compliance Form:** This form is a validation that all the required documents for eligibility has been submitted and received by the parent/guardian. *This is also the justification form to the Ho-Chunk Nation's Treasury Department for payment to the Child Care Providers.* Signature is required by both the Program Manager and the Parent/Guardian acknowledging Program Compliance.

## ELIGIBILITY AND REVIEW PROCESS

- Families currently participating in CCAP are required to go through the review process once per year to update required information in order to maintain assistance. This is to ensure the program maintains compliance for our program/grant guidelines.
- Notices are sent to families prior to their annual review date by mail or email with a date the annual review is to be completed. It is a requirement to have all updated information completed and submitted by that date or families will be suspended until completed and will have responsibility for full payment of child care rates until reinstatement to the program. *The Program Compliance Form is part of the annual review process and if this form is not updated, payment will/cannot be authorized.*

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

## YOUNGSTAR

As a parent/guardian it can be challenging to find provider that is a good fit for your children. Youngstar gives you the ability to search what centers are in your area (in Wisconsin), what they are currently rated at as well as any violations if any there may be. The link is below for your review.

<https://dcf.wisconsin.gov/youngstar>

## APPEAL PROCESS

Department of Social Services utilized a “Complaint Reporting Form” for appealing a decision you are not in agreement 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 Department 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 you are seeking.

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  
Phone: 715-284-2622  
Fax: 715-284-9486

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

*\*\*\*The form is the last page of the appendix*

# APPENDIX



# 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

## APPLICATION COMPLETION CHECKLIST:

- Application Completion Checklist
- Decision Letter for State/County Child Care Assistance
- Copy of Child's certification of Ho-Chunk Tribal Enrollment
- Parent/Guardian Policy Handbook Receipt Acknowledgement Form
- Discharge Policy Form Must be notarized
- Voucher Payment
- Release of Information Form Must be notarized
- Enrollment Eligibility Form (if child is not currently enrolled) Must be notarized
- Proof of Income
- Proof of Educational Program and/or Training – If applicable
- Proof of Substance Or Alcohol Rehabilitation Program – If applicable
- Proof of Residence
- Class Schedule – If application
- Job Search form – If Applicable
- Completed Application

By Signing Below I understand in order for my application to be considered complete, all of the above items must be submitted to CCAP to determine eligibility. Funds are first come, first serve so I may be placed on a waitlist in the appropriate order as defined within the handbook.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



# 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

Revised 6/1/19

## SECTION I: Applicant(s)

Parent/Guardian Name(s)-Living in the Home

Date of Birth

Tribal ID# (last 5 digits)

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Parent/Guardian Name(s)/Spouse/Cohabitant

Date of Birth

Tribal ID# (last 5 digits)

---

---

---

Physical Address where you reside

Home Phone: \_\_\_\_\_

---

Cell Phone: \_\_\_\_\_

---

Work Phone: \_\_\_\_\_

---

Mailing Address (if different)

---

---

---

Email: *\*Primary Communication is done electronically\**

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Parent(s) Absent from the home? Please list below:

Absent Physical Address:

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# 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

Parent/Guardian Place of Employment and Job Site/School/Training  
Organization and/or Program

---

---

---

Work Phone:

---

How many Hours per week are you employed or attending an education program?

Hours

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

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Work Phone:

---

How many Hours per week are you employed or attending an education program?

Hours

---

Parent/Guardian Household Asset Limitation:

*I hereby affirm that my/our household assets do not exceed the one million maximum limitation.*

**Initials** \_\_\_\_\_



# 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

**SECTION II: List all children 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.*)

**Family Size EXCLUDES:**

- *The non-custodial parent (if mother and father do not live in the same household)*
- *Parent(s)/Guardian(s) partner if they do not have a child together or placement/temporary guardianship of a child together*
- *The Child's other non-parental relatives living in the household*
- *Parent(s)/Guardian(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 does not include as providing support*

	<u>Child's Full Name</u>	<u>Date of Birth</u>	<u>Child Care Needed?</u> <u>(YES/NO)</u>		<u>Age</u>	<u>Gender</u>	<u>Tribal #</u>
1.	_____	_____	YES	NO	_____	_____	_____
2.	_____	_____	YES	NO	_____	_____	_____
3.	_____	_____	YES	NO	_____	_____	_____
4.	_____	_____	YES	NO	_____	_____	_____
5.	_____	_____	YES	NO	_____	_____	_____
6.	_____	_____	YES	NO	_____	_____	_____
7.	_____	_____	YES	NO	_____	_____	_____
8.	_____	_____	YES	NO	_____	_____	_____
9.	_____	_____	YES	NO	_____	_____	_____
10.	_____	_____	YES	NO	_____	_____	_____



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## SECTION III: Provider/Child Care Center your child(ren) currently attend or on waitlist to attend:

Center/Provider Name

Contact: \_\_\_\_\_

Address

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2<sup>nd</sup> Center/Provider Name *(if applicable)*

Contact: \_\_\_\_\_

Address

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- *Please note that registration fees may be paid once in a twelve month period. If you choose to change child care centers within the twelve month period, those registration fees are your sole responsibility.*
- *CCAP does not assist with application fees.*



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## SECTION IV: *Rights and Acknowledgements*

1. *I understand that all necessary documentation must be completed and submitted in before the approval process can begin.* **Initial** \_\_\_\_\_
2. *I understand that any changes within the household that could impact your eligibility must be communicated in writing to CCAP within ten business days.* **Initial** \_\_\_\_\_
3. *I understand that the Child Care Provider must be a state certified/state licensed or faith based center following WI Early Learning Model Standard or the state of residence equivalent.* **Initial** \_\_\_\_\_
4. *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 is determined. I understand I need to carry out all eligibility requirements when applying through the state and submit the entire approval or denial letter to CCAP.* **Initial** \_\_\_\_\_
5. *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** \_\_\_\_\_
6. *I understand that regardless of my household income, if my assets total 1 million dollars or more I am not eligible for child care assistance.* **Initial** \_\_\_\_\_
7. *I understand I am required to complete an annual review and could be subject to random reviews.* **Initial** \_\_\_\_\_
8. *I understand that I am required to give notice to CCAP of any absences within 24 hours. Any absences that are more than three consecutive days may require a doctor's note.* **Initial** \_\_\_\_\_
9. *I understand policies can change without notice to maintain compliance and/or program integrity.* **Initial** \_\_\_\_\_
10. **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 removed from the Ho-Chunk Nation Child Care Assistance Program.** **Initial** \_\_\_\_\_

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

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

**I HAVE READ ALL SECTIONS OF THIS FORM**

APPLICANT \_\_\_\_\_

DATE: \_\_\_\_\_

APPLICANT \_\_\_\_\_

DATE: \_\_\_\_\_



# Child Care Assistance Program

## Parent/Guardian Policy Handbook Receipt

I have received and read the Parent/Guardian Child Care Assistance Program Policy Handbook.

1. I have read, understand and will adhere to the policies that are within this handbook.
2. I understand that policies can change at any given time to maintain integrity and/or compliance of the Ho-Chunk Nation Child Care Assistance Program.

*By signing below we acknowledge receipt and review of the Child Care Assistance Program's Parent/Guardian Policy Handbook.*

\_\_\_\_\_  
*Parent/Guardian Signature*

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

\_\_\_\_\_  
*Parent/Guardian Signature*

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

\_\_\_\_\_  
*CCAP Manager Signature*

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



# Child Care Assistance Program

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Fax: (715)-284-9486

## DISCHARGE POLICY

**THE HO-CHUNK NATION CHILD CARE ASSISTANCE PROGRAM (CCAP) RESERVES THE RIGH TO INITIATE IMMEDIATE/TEMPORARY/PERMANENT TERMINATIONS WHEN NECESSATY DUE TO ANY VIOLATIONS OF POLICIES.**

1. *Parent(s)/Guardian(s) failure to pay overdue fees or co-payments to providers.*
2. *Parent(s)/Guardian(s) consistent inability to comply with the Child Care Assistance Program Policies.*
3. *Parent(s)/Guardian(s) failure to notify CCAP of any types of changes in writing that relate to CCAP within the maximum of 10 business days.*
4. *Parent(s)/Guardian(s) submitting fraudulent information both verbally and/or written to CCAP.*
5. *Parent(s)/Guardian(s) falsification of signatures, hours and rates of services on any CCAP form.*

### REPORTING

1. Parents are obligated to immediately report any type of Neglect, Physical Abuse, Sexual Abuse, Mental Abuse and Emotional Abuse to the proper authorities
2. **Parents will give providers a two week/14 day notice when the parent has either 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 either written or verbally by the 10<sup>th</sup> 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.**

\_\_\_\_\_  
*Parent/Guardian Signature*

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

\_\_\_\_\_  
*Parent/Guardian Signature*

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

Subscribed and sworn before me, I \_\_\_\_\_, a Notary Public, in and for the (County) and (state) \_\_\_\_\_, do hereby declare the parties above did personally appear before me and furnish to me adequate identification of providing their identity and stated they did in fact sign the document of Their own free will, on this \_\_\_\_\_ day, of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

(Affix Seal)



# Child Care Assistance Program

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## VOUCHER POLICY

*The submission of the Payment Voucher on a timely basis is the exclusive responsibility of both the parent/guardian and provider. CCAP is not responsible for payment of vouchers past two weeks of the last date of service, 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.***

**Parents:**

- 1. Review dates, hours and charges for accuracy.*
- 2. Verify parent/guardian information is both completed and accurate.*
- 3. Sign and date voucher WEEKLY to acknowledge all is true to your knowledge so the provider may 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 and will follow the guidelines.*

\_\_\_\_\_  
*Parent/Guardian Signature*

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

\_\_\_\_\_  
*Parent/Guardian Signature*

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



# Child Care Assistance Program

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## RELEASE OF INFORMATION

*Please review all sections of this form before signing below.*

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

**RELEASE OF INFORMATION:** I, \_\_\_\_\_ hereby authorize the Ho-Chunk Nation Division of Social Services (Child Care Assistance Program –CSS) to disclose and /or retrieve information and/or documentation pertaining to my application, participation or eligibility either written and/or verbally to the following: Place of Employment, State Department of Human Services, HCN Social Services, Child Care Center, children(s) school, HCN Enrollment; other specified here: \_\_\_\_\_

*The purpose of this authorization is to enable the Ho-Chunk Nation Child Care Assistance Program to determine eligibility, verify information and process my application for assistance. I understand that my records are protected under federal regulation regarding Confidentiality of Records and cannot be disclosed without written consent unless otherwise provided for in the regulations.*

**PHOTOGRAPHS:** *Children from time to time may be photographed, videotaped or audiotaped in the context of classroom playground or off-site activities for child care only. This usage could include but not limited to pictures in the Nation’s website, tribal newspaper, federal reporting, brochures, CCAP Facebook page and files. (if you prefer approval before using the photographs, videos or audio, please specify below)*

**Initial** \_\_\_\_\_  
With prior approval \_\_\_\_\_

**Child’s Full Name**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_

**Child’s Full Name**  
6. \_\_\_\_\_  
7. \_\_\_\_\_  
8. \_\_\_\_\_  
9. \_\_\_\_\_  
10. \_\_\_\_\_

*A copy of this release serves the same function as the original signed release. This authorization can be revoked at any given time by providing written notification to the Ho-Chunk Nation Division of Community Supportive Services CCAP. I understand that any information released prior to revocation of this authorization, cannot be retrieved. By signing below I have acknowledge I have read and understand the above information.*

\_\_\_\_\_  
**Parent/Guardian Signature**

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

\_\_\_\_\_  
**Parent/Guardian Signature**

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

Subscribed and sworn before me, I \_\_\_\_\_, a Notary Public, in and for the (County) and (state) \_\_\_\_\_, do hereby declare the parties above did personally appear before me and furnish to me adequate identification of providing their identity and stated they did in fact sign the document of Their own free will, on this \_\_\_\_\_ day, of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

(Affix Seal)

\_\_\_\_\_  
Date



# Child Care Assistance Program

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## ELIGIBILITY OF ENROLLMENT FORM

I, \_\_\_\_\_ (*Parent/Guardian*) affirm that \_\_\_\_\_ (*child*) is eligible for enrollment with the Ho-Chunk Nation. I understand that I have one years' time from the start date of participating in the Ho-Chunk Nation Child Care Assistance Program to have my child enrolled.

If it is found that my child is not eligible for enrollment, I understand that I have the sole responsibility to return 100% of the subsidy received during the enrollment grace period I have been allotted and pay back said funds to CCAP.

If I do not get my child enrolled within the one year grace period given, I understand that I will be suspended from CCAP until enrollment has been completed.

I UNDERSTAND BY SIGNING BELOW I AM AFFIRMING TO THE BEST OF MY KNOWLEDGE THAT MY CHILD IS ENROLLABLE WITH THE HO-CHUNK NATION AND I HAVE THE SOLE RESPONSIBILITY TO ENSURE ENROLLMENT IS COMPLETED IN THE ALLOTTED ONE YEAR GRACE PERIOD.

\_\_\_\_\_  
*Parent/Guardian Signature*

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

\_\_\_\_\_  
*Parent/Guardian Signature*

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

Subscribed and sworn before me, I \_\_\_\_\_, a Notary Public, in and for the (County) and (state) \_\_\_\_\_, do hereby declare the parties above did personally appear before me and furnish to me adequate identification of providing their identity and stated they did in fact sign the document of Their own free will, on this \_\_\_\_\_ day, of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date

(Affix Seal)



HO-CHUNK NATION DEPARTMENT OF SOCIAL SERVICES

# 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

## Weekly Co-Payment Percentages

Eligibility Based on Gross Monthly Family Income & Number in Household		Percentage of monthly income pd by parent									
		1 child	2+ Children Each Child is an additional 10% of the co-payment rounded to the nearest whole dollar PER child								
40% SMI	Under	Under	Under	Under	Under	Under	Under	Under	Under	Under	Under
	\$ 1,996	\$ 2,466	\$ 2,936	\$ 3,406	\$ 3,875	\$ 3,964	\$ 4,052	\$ 4,140	\$ 4,228	\$ 4,228	\$ 4,228
75% SMI	Under	Under	Under	Under	Under	Under	Under	Under	Under	Under	Under
	\$ 3,743	\$ 4,624	\$ 5,505	\$ 6,386	\$ 7,266	\$ 7,432	\$ 7,597	\$ 7,762	\$ 7,927	\$ 7,927	\$ 7,927
80% SMI	Under	Under	Under	Under	Under	Under	Under	Under	Under	Under	Under
	\$ 3,993	\$ 4,932	\$ 5,872	\$ 6,811	\$ 7,750	\$ 7,927	\$ 8,103	\$ 8,279	\$ 8,455	\$ 8,455	\$ 8,455

<https://www.acf.hhs.gov/ocs/resource/state-median-income-estimates-for-optional-use-in-fy-2018-and-mandatory-use-in-fy-2019>

**Examples:**

*Family of 4 with a monthly gross income of \$4610 and one child utilizing child care assistance=*

*\$4,610 x 7% = \$323*

*\$323 / 4.3 (week average) = \$75 Weekly Co-Payment*

*Family of 6 with a monthly gross income of \$7300 and 3 children on the program=*

*\$7,300 x 8% = \$584*

*\$584 / 4.3 (week average) = \$136*

*20% of \$136 = \$27*

*\$136 + \$27 = \$163 Weekly Co-Payment*



# 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

## Ho-Chunk Nation Child Care Assistance Program Job Search Form

Phone: 715-284-2622 Ext. 5148

Fax: 715-284-9486

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

This form is to be completed and submitted to the Child Care Assistance Program Manager for Approval a minimum of once per month (from the first date of job search status) during the 3 consecutive month job search period as stated in the policy. There is a minimum of eight job searches per month required during this time.

<i>Date</i>	<i>Name and Address of Agency</i>	<i>Name of Contact Person (Printed)</i>	<i>Signature of Contact Person</i>	<i>Phone Number</i>	<i>Results</i>	<i>Application Completed</i>
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

**The above job searches can and/or will be contacted for verification.**

*I understand that failure to complete and submit the required job searches can result in suspension from the program. Fraud as defined in the policy will result in permanent termination from CCAP.*

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

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



# Child Care Assistance Program

## Resource Request Form

*Please let us know if you would like any information on the following additional resources:*

### HCN=Ho-Chunk Nation

HCN-Life Skills (*budget counseling, job skills, healthy coping skills, organizational skills, cultural activities, etc.*)

VRNA-Vocational Rehabilitation for Native Americans

HCN-Labor Department

HCN-Housing Authority

HCN-Department of Housing

HCN-Headstart

HCN-Tribal Aging Unit (TAU)

HCN-Language Division

Mckinney-Vento Act of 1987

Wisconsin Afterschool Network (WAN)

HCN-Veterans Affairs

HCN-Economic Assistance Program

HCN-Youth Services

HCN-Food Distribution

HCN-Healthcare Center (715)284-9851

HCN-House of Wellness (608)355-1240

Workforce Development

Food and Nutrition Resources

Job Centers of Wisconsin: (Please Specify what County)

HCN-477 Program

AODA (Alcohol and Other Drug Abuse Resources: (Please Specify what County)

TANF (Temporary Assistance for Needy Families)

HCN-Social Services Intake Line: 1-855-659-8820

### **HCN: AODA Contact Information**

Black River Falls (715) 284-2622

Wittenberg (715) 253-3640

Tomah (608) 372-5202

Nekoosa (715) 886-5444

Baraboo (608) 355-1254

La Crosse (608) 784-3083

Other: \_\_\_\_\_



# COMPLAINT REPORTING FORM

The purpose of this form is to assist you in filing a complaint with the Ho-Chunk Nation Social Services Department.

*STATE YOUR NAME AND ADDRESS:*

Date Reporting: \_\_\_\_\_

Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

## *DIVISIONS*

Please check which division you have a complaint with.

Youth Services (YS)

Child and Family Services (CFS)

Community Support Service (CSS)

Tribal Aging Unit (TAU)

Domestic Violence (DV)

Child Support Enforcement (CSE)

Date of Complaint: \_\_\_\_\_

Location of Complaint: \_\_\_\_\_

Time: \_\_\_\_\_

Person(s) involved: \_\_\_\_\_

## **DESCRIPTION OF COMPLAINT:**

(Please describe your complain in detail below, if you need more space to write, please use another sheet of paper.)

---

Once the report is received by the department, we will investigate the complaint and respond within 10 (ten) business days.

Documents Attached

### **Please Mail the copies to:**

Attn: Executive Director of Social Services HCN Dept.  
of Social Services  
PO Box 40  
Black River Falls WI 54615