

# Childcare Reimbursement Program

## Now Accepting Applications



**Purpose:** Tribal Funding allocated to assist families with high costs of child care through a partial reimbursement program through the Social Services Department.

- ◆ This is a first come first serve program
- ◆ Full applications and supporting documents must be received to process application
- ◆ Approved applicants will receive the reimbursement September 1 through August 31 of the current year
- ◆ Each household will receive up to a \$100 monthly reimbursement per eligible child
- ◆ Social Services will maintain a waiting list based on date/time of application in the event that approved applicants become ineligible at any point during the current application year

### **Eligibility:**

- ◆ The child receiving childcare must be a Confederated Tribes of Grand Ronde (CTGR) member and 12 years old or younger
- ◆ Child must attend a Certified Licensed Childcare Facility
- ◆ Parent (s) / Guardian must be currently employed at least 20 hours per week or more and /or attending school as a part-time student minimum
- ◆ Two parent/guardian household, both parents/guardians must be working or attending school
- ◆ Household must meet the income criteria of HUD Low Income Limit (80% of Median)

### **Documentation required:**

- ◆ Completed Application
- ◆ Verification of child(s) residence or custody agreement (ie. 2020 Taxes, Rental Agreement, Snap report etc.).
- ◆ Copy of childcare facility license
- ◆ Release of Information for the childcare facility
- ◆ Copies of wage stubs for the past 30 days and / or current classroom schedule. For two parent/guardian households, both parents must provide documentation

**Contact Social Services at (503) 879-2034**

## HUD Low Income Limit (80% of Median)

<b>Size of Family</b>	<b>Gross Monthly Income</b>
2	\$4916
3	\$5529
4	\$6141
5	\$6633
6	\$7125
7	\$7616
8	\$8108

**Please mail application to:**

**Confederated Tribes of Grand Ronde**

**Social Services Department.**

**9615 Grand Ronde Rd**

**Grand Ronde, OR 9734**

**You may also email to: [ssdinfo@grandronde.org](mailto:ssdinfo@grandronde.org)**





Confederated Tribes of Grand Ronde  
Social Services Department  
Childcare Reimbursement Application  
9615 Grand Ronde Road  
Grand Ronde OR. 97347  
503-879-2034  
Fax 503-879-5127

**1. PERSONAL INFORMATION**

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

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work/Alternate Phone: \_\_\_\_\_

**2. PERSONS IN HOUSEHOLD**

NAME	AGE	DOB	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**3. WORK/SCHOOL INFORMATION**

**PARENT 1**

Average Daily Work Hours: \_\_\_\_\_

Average Weekly Work Days: \_\_\_\_\_

Attending School: Name and Location of School: \_\_\_\_\_

**PARENT 2**

Average Daily Work Hours: \_\_\_\_\_

Average Weekly Work Days: \_\_\_\_\_

Attending School: Name and Location of School: \_\_\_\_\_

**4. CHILDCARE INFORMATION**

NAME OF CERTIFIED LICENSE DAYCARE FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Child(ren) Attending Day Care**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Roll # \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Roll # \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Roll # \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Roll # \_\_\_\_\_

**Please provide copy of Certified License from Daycare Facility**

By signing this Application you certify that all information is true and accurate, that you are the parent or legal guardian of all children you are requesting childcare reimbursement for, and that all children reside with you.

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

**SIGNATURE:** \_\_\_\_\_