

Childcare Reimbursement Program

Applications accepted September 1, 2020



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 185% of Federal Poverty Level

Documentation required:

- ◆ Completed Application
- ◆ Verification of child(s) residence or custody agreement (ie. 2019 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 current classroom schedule. For two parent/guardian households, both parents must provide documentation

Contact Social Services at (503) 879-2034



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: _____