



Rosebud Sioux Tribe
 Child Care Services &
 Lakota Language Preservation Project
 PO Box 430
 Rosebud, South Dakota, 57570
 605-747-5264 phone 605- 747-5856 fax



**COVID-19 TEMPORARY EMERGENCY
 CHILD CARE ASSISTANCE
 PARENT APPLICATION**

PLEASE ATTACH THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

- Parent Application
- Copy of Picture ID: Tribal ID, Military ID, Driver’s License, State ID or School ID
- Verification letter from Employer stating “Essential Employee for COVID-19”

IF AVAILABLE

- Child/Children’s Birth Certificate or for newborns a copy of the crib card from the hospital they were born can be used for 30 days until the birth certificate becomes available.
- Any Guardianship papers signed by Judge or any verification from the SD Dept. Social Services if applicable.
- Tribal Abstract of Census, Tribal ID or Pending letter or copy of Parent’s Tribal ID or Abstract
- Immunization Records

To avoid a delay in your Application process, please attach all documents listed above.

Print Applicant Name

 Applicant Signature

 Date

Revised 3/16/2020

Office Use Only:
 Received Date & Initial: _____

PARENT/GUARDIAN INFORMATION

I understand that this application is “TEMPORARY EMERGENCY ASSISTANCE”, provided through the period we are under a Presidential Emergency Declaration due to COVID-19. _____ Initial

I understand the RST Child Care Services Program will request documentation when available because I cannot provide it at this time with this application. _____ Initial

Guardian / Parent Name; _____ M.I. ____ LAST: _____

Date of Birth: _____

Guardian / Parent Tribe affiliation; _____ Tribal ID#: _____

Guardian / Parent Cell Number: _____ Guardian / Parent Work number: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Home Number: _____

Marital Status: Single Married Divorced Separated

HOUSEHOLD INFORMATION

Please list ALL persons living in the household

NAME:	RELATIONSHIP:	GROSS MONTHLY INCOME:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

CHILD CARE NEEDS

Answer all questions completely, this will enable the program to better serve you.

1. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours child care is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)
2. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours childcare is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)
3. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours childcare is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)
4. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours childcare is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)
5. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours childcare is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)
6. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours childcare is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)
7. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours childcare is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)
8. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours childcare is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)
9. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours childcare is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)
10. Child Name: _____ Date of Birth: _____ Age: _____
 - a. Total hours childcare is needed daily? _____
 - b. Does your child have any special needs? Yes or No (If yes, please attach documents.)

CHILD CARE ASSISTANCE

Do you need financial help with childcare in order to work? Yes or No

Place of Employment:

Supervisors Name:

Work number:

This employment is due to Tribal Emergency Declaration:

- Permanent/Full-Time Permanent/Part-Time Temporary/Full-Time Temporary/Part-Time
 Shift Work Volunteer-Community Service
- Are you subject to shift change of scheduled work hours and days Yes No
- What is the distance from your home to the provider's home? Miles/minutes _____
- Please give an estimated amount of time it takes you to arrive from your home to your place of employment or school. _____
- Is there any special circumstances regarding transportation? (casino shuttle/ SGU Van etc) _____

CHILD CARE PROVIDER INFORMATION

- Is your primary Child Care Provider Registered with the RST Child Care Program? Yes No
- Is your alternate Child Care Provider registered with the RST Child Care Program? Yes No

If you answered YES to either of the above, give name, address, phone#, and relationship for all providers listed:

Provider Name:

Address:

Phone #:

Relationship:

Provider Name:	Address:	Phone #:	Relationship:

Check which statement best describes your primary child care provider:

- Family Day Care Provider (Care is given in the provider's home)
- In Home Care Provider (Care is given in the child's home)
- Group Family Day Care Center
- Relative Care (Grandparents, Aunts, Uncles, or Sibling).

PROGRAM REQUIREMENTS AND FRAUD PREVENTION

- Your childcare assistance is authorized through the period the Rosebud Sioux Tribe has issued an emergency declaration AND/OR you are required to work POST Disaster. It is your responsibility to update your application to the Child Care Services whenever you experience any change in circumstances.
- Assistance cannot be provided to you if your childcare provider is on the sex offender registry. Due to extraordinary circumstances background checks and monitoring will be waived, however, they will be screened on the National Crime Information Center (NCIC) National Sex Offender Registry (NSOR) and required to complete a home self-assessment.
- If you are eligible for Child Care assistance, payments will be made directly to your childcare provider. Please make sure your child care provider's address is correct.
- I understand the amount of childcare assistance I receive will be based on the information I have provided on this form.
- I also understand that the amount of childcare assistance may be changed without advance notice based on this information I have provided on this form.
- I declare and affirm under the penalty of perjury that to the best of my knowledge, the information I have provided herein is true and correct.
- I declare that I do not have any assets that exceed \$1,000,000.00
- I understand that the Child Care Services will verify the information that I have provided and that federal, state, and tribal laws provide for fines and / or imprisonment of any person who fraudulently receives or attempts to receive public assistance to which only for the eligible hours of child care that I actually use while I am working or going to school.

Applicant Signature

Date

SELF CERTIFICATION:

_____ **I certify that my child (ren) listed is enrolled or eligible for enrollment with the Rosebud Sioux Tribe**

_____ **I certify that my child (ren) is not 13 years old or older at the time of this application**

_____ **I certify that my child (ren) are immunized**

_____ **I certify that I live within the boundaries of the Rosebud Indian Reservation**

AUTHORIZATION TO FURNNISH/RELEASE OF INFORMATION

Please read and sign the authorization to furnish or release information for verification of wages, student status, and child care cost. *This authorization must be signed in order to process your application.*

TO WHOM IT MAY CONCERN:

I hereby _____ authorize any person, agency, or institution to supply information, regarding me or my family as requested by the RST Child Care Services Program and to allow inspection reproduction for records in their possession by any duly authorized representative for the RST Child Care Services Program.

I further Authorize the RST Child Care Services Program to release such information to cooperating State, Federal, or Tribal Agencies.

I herewith release any person, agency, or institution from any and all liability for supplying such information. This authorization is given in connection with its use by the RST Child Care Services Program in its administration of Child Care and for no other purposes.

Printed Name

Applicant Signature

Date

Spouse Printed Name

Applicant Signature

Date