Grandview Early Learning Center

SUBSIDIZED CHILD CARE APPLICATION

NON-RELATIVE PROVIDER

MUST CARE FOR CHILDREN IN THE CHILD'S HOME

PUYALLUP TRIBE OF INDIANS
3580 E Grandview Ave
Tacoma, WA 98404
253-382-6371 office 253-680-5517 fax
GELC.Subsidy@PuyallupTribe-nsn.gov

GRANDVIEW EARLY LEARNING CENTER
Subsidized Childcare Application
Non-Relative Provider

PROVIDER CHECK OFF LIST

A Completed Application Must Include the Following:

- ☐ Proof of residency: Cannot live in the same home with child
- ☐ Copy of driver's license or ID card
- ☐ Copy of car insurance or sign attached transportation waiver
- ☐ Provider's CPR/First aid certification
- ☐ Background check to be completed at:

  Puyallup Tribal Administration Human Resources Dept

  3001 Puyalupabsh St
  Tacoma, WA 98404
  (253) 573-7836

  Hours of operation:
  Mon-Fri 8 am to 5 pm
  No appointment needed

- ☐ W-9

Optional:

- ☐ ACH Direct deposit form
  - Notary **REQUIRED**, unless turned into accounting in person
  - Voided check/letter from bank are REQUIRED
  - You can also sign up for ACH online

***Please Note**:*

- *Family Priority List: Protective Services, Homeless, Low to Moderate Income.*
- *CCDF Program does not cover Homeschooled children.*
- *Non-Licensed Providers must complete 12 Health and Safety Trainings within 90 days of hire. Cost covered by program. 35 Hours to Complete.*
- *Payments to Providers will begin once application is approved. Back payments will not be allowed.*

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WELCOME TO THE PROGRAM!

GUIDELINES:

The Puyallup Tribe Subsidized Child Care Program assists with childcare costs to approved providers for qualified Native American and Alaskan Native Families. This program is federally funded through the Child Care Development Fund (CCDF) and prioritizes services for placement families, homeless families, and low to moderate income families.

Per our grant rules, providers cannot live in the same home as the children they are providing care for. Proof of residency for the provider is required.

DEFINITION OF NON-RELATIVE PROVIDER:

For the purposes of the CCDF grant, a non-relative provider is any caregiver who is not a grandparent, great-grandparent, aunt, uncle, or older sibling NOT living in the same household as the child. Cousins, as well as any other individuals outside the above specified relationships, are considered non-relative providers.

DISQUALIFYING CRIMES:

Child care staff members (Providers) cannot be employed by a child care provider (Grandview Early Learning Center-GELC) receiving CCDF subsidy funds if they refuse a background check, make materially false statements in connection with the background check, or are registered or required to be registered on the state or National Sex Offender Registry. Potential providers cannot be employed by a provider receiving CCDF funds if they have been convicted of: a felony consisting of murder, child abuse or neglect, crimes against children, spousal abuse, crimes involving rape or sexual assault, kidnapping, arson, physical assault or battery, or a drug related offense committed during the preceding 5 years; a violent misdemeanor committed as an adult against a child, including the following crimes—child abuse, child endangerment, or sexual assault; or a misdemeanor involving child pornography. In addition to the above, further disqualifying crimes are: A violation of the Uniform Controlled Substances Act of the Puyallup Tribal Code within the last five years, unlawfully manufacturing, delivering or possessing a controlled substance with intent to deliver, or unlawfully using a building for
drug purposes, a series of misdemeanor convictions within the past five years taking in to account the seriousness of the offenses, animal cruelty and weapons violations unrelated to hunting.

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PAYMENT PROCESS:

This program pays providers monthly after services are provided. Direct deposit is available. Timesheets are due on the first of each month following the month of services. For example, May's timesheet should be turned in on June 1 for services completed for May. Timesheets must be signed each month by both the parent and the provider. Turn your timesheets in by scanning or taking a photo of them and emailing to GELC.Subsidy@PuyallupTribe-nsn.gov. Once the timesheet is received, it is calculated and entered into our payment system. It is then sent to the manager of the program, Administration and finally Accounting. All of these departments must sign off on the check request before it goes to Accounting for final processing. With all of those departments involved in the approval process, the Accounting office is asking for a two-week turnaround to receive direct deposit.

CHILDCARE PAYMENTS ARE TAXABLE INCOME

Please be advised that any money paid to you by the Puyallup Tribe of Indians for childcare services is taxable income. **You will receive a tax form called a 1099 at the end of the year.**

Upon signing below, I understand that all income received by me from the Puyallup Tribe of Indians for childcare services over the amount of $600 is taxable income and may need to be reported by me to the Internal Revenue Service when I do my personal yearly taxes.

Provider Signature _____ Date _____

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Non-Relative Provider

NON-RELATIVE PROVIDER'S INFORMATION			
Name:			
Tribe/ID#:			
Address:			
City, State, Zip:			
Contact Phone:			
Contact Email:			
Scheduled Hours:			
Relation to Child:			
Start date: **Required for new providers**		Date background was submitted to HR:	
Respite Care ONLY:		ONLY Check here if you're providing respite care for placement family. Up to 72 hours per month.	

Who are you requesting to provide services for:

Note: Children must be **age 12 or younger at time of enrollment.**

Parents/Guardians:
Has the family submitted the Family Application?
Note: We cannot process this application without the family portion.
Children needing services:

By signing this page, you hereby certify that you do not live in the same home of the children you are applying to care for.

Provider Signature _____ Date _____

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Please answer the following:

Do you have a history of negative CPS involvement? _____

Have children ever been removed from your care? _____

Have you ever been convicted of crimes that would preclude you from providing childcare? _____

If you answered yes to any of the above, please give a detailed description:

_____

_____

_____

STATEMENT OF GOOD MORAL CHARACTER

As a childcare services provider, I certify that I am of good character. I do not engage in illegal use of drugs or excessive use of alcohol. I have the understanding, ability, physical health, emotional stability, and personality suited to meet the physical, mental, emotional, and social needs of the children in my care. I have not been convicted of child abuse and/or any crime involving physical harm to another person. I have not been a perpetrator of substantiated child abuse.

_____

Printed Name

_____ _____

Provider Signature Date

GRANDVIEW EARLY LEARNING CENTER

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Only required if provider does not have BOTH their driver's license and proof of car insurance

CCDF Childcare Assistance Program
Provider Transportation Waiver Letter

As a childcare provider for this program who is unauthorized to transport the below listed children, I agree and certify that I will not transport the children in my care in any event or circumstance. If there is an emergency, I will notify the parents/guardian on file and call 911 if needed.

Children	DOB

In signing below, I agree and certify that I will never transport the children listed above in my care at any time. This restriction on transportation shall be binding unless otherwise explicitly removed through a subsequent agreement upon showing of driver's license and insurance and signed waiver agreeing to transportation by required parents/guardians. With respect to any liability, including but not limited to claims asserted or costs, losses, or payments for injury to any person or property caused or claimed to be caused directly or indirectly by the unauthorized transportation of the above child(ren), I agree to hold harmless, indemnify, release and forever discharge The Puyallup Tribe from all claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the minor child, or me, or any other person, or other property resulting from my transportation of child(ren).

Childcare Provider Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person** ► **Date** ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*