

Confederated Tribes of the Goshute Reservation

Child Care Development Fund (CCDF) Program

Child Care Assistance Application

Program Overview

The CTGR CCDF Program provides child care assistance to eligible families from federally recognized tribes and helps connect families with licensed child care providers.

Our Mission

Our mission is to support Native children and families by increasing access to safe, high-quality child care while strengthening families and honoring cultural identity.

Important Information

- Completing this application does not guarantee eligibility or enrollment.
- Documentation may be required, including proof of income, employment or school verification, and identification.
- Child care assistance cannot begin until eligibility has been approved and required contracts are signed.

Payment Notice

The CCDF Program cannot pay for child care services until:

- A contract is signed between the parent/guardian and the CTGR CCDF Program
 - A contract is signed between the child care provider and the CTGR CCDF Program
- Child care services obtained prior to approval will not be reimbursed.

Please complete all sections of this application and submit required documentation for review.

CONTACT INFORMATION

CTGR Child Care Development Fund Program
6671 S Redwood Rd Suite 101
West Jordan, UT 84084

Phone: 801-883-9103
Email: marisa.platero@ctgr.us

Office Hours:
Monday – Friday | 9:00 AM – 4:30 PM



Follow us for updates and resources – Facebook @Ctgr Childcare



Confederated Tribes of the Goshute Reservation
CHILD CARE DEVELOPMENT FUND PROGRAM

6671 S Redwood Rd., Suite 101 – West Jordan, UT, 84084

Phone: (801) 883-9103

Email: marisa.platero@ctgr.us



REQUIRED FORMS & DOCUMENTATION

Parent/Guardian Name(s): _____

- ☐ Parent Enrollment Form
 - ☐ Parent/Guardian's identification (Utah driver's license or ID)
 - ☐ Proof of Residency *If you have an out-of-state license or ID
 - ☐ Updated Utah state ID required by 6-month date: _____
- ☐ Tribal Enrollment Card or Certificate of Indian Blood (CIB)
- ☐ Parent/Guardian income
 - ☐ 4 recent paycheck stubs **OR**
 - ☐ Employment Verification Form
- ☐ Other Qualifications:
 - ☐ Class schedule and/or acceptance letter to an education institution
 - ☐ Job training verification letter from employer
 - ☐ Self-certification letter documenting current status
- ☐ Child(ren) birth certificate(s)
 - ☐ Custody/guardianship documentation (*if not biological parent*)
- ☐ Child Care Provider Enrollment Form
 - ☐ Provider W-9
 - ☐ Rate Sheet
 - ☐ Invoice for the first 2 months of care
 - ☐ Copy of current State of Utah Child Care License
 - ☐ Direct Deposit Authorization Form (*optional*)

Applications will not be processed without all required documentation.



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PARENT ENROLLMENT FORM

Mother/Guardian:	Tribal Affiliation:
Physical Address:	Tribal Enrollment #:
City/State/Zip Code:	Phone #:
Mailing Address:	Email:
City/State/Zip Code:	☐ Check if other parent is in the household

Father/Guardian:	Tribal Affiliation:
Physical Address:	Tribal Enrollment #:
City/State/Zip Code:	Phone #:
Mailing Address:	Email:
City/State/Zip Code:	☐ Check if other parent is in the household

LIST ALL FAMILY MEMBERS RESIDING IN THE HOUSEHOLD

Family Size: _____ # of Adults: _____ # of Children: _____			Single Parent: ☐ / ☐
Name of Child:	DOB:	Gender:	# of hours of care needed: _____ per day, _____ per week
Name of Child:	DOB:	Gender:	# of hours of care needed: _____ per day, _____ per week
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Name of Child:	DOB:	Gender:	# of hours of care needed: _____ per day, _____ per week
Name of Child:	DOB:	Gender:	# of hours of care needed: _____ per day, _____ per week

Please complete the following information for Parent/Guardian(s) who reside in the same household as the child(ren) in need of care.

Mother/Guardian:

- ☐ Employed
☐ Job Training Program
☐ Educational Program
☐ Other _____

Father/Guardian:

- ☐ Employed
☐ Job Training Program
☐ Educational Program
☐ Other _____

EMPLOYMENT/JOB TRAINING AGENCY INFORMATION

Mother/Guardian Employer/Agency:	Father/Guardian Employer/Agency:
Employer/Agency Address:	Employer/Agency Address:
City/State/Zip Code:	City/State/Zip Code:
Phone #:	Phone #:
Salary: ☐ Part-time ☐ Full-time	Salary: ☐ Part-time ☐ Full-time

EDUCATIONAL PROGRAM INFORMATION

Mother/Guardian Name of Institution:	Father/Guardian Name of Institution:
Institution Address:	Institution Address:
City/State/Zip Code:	City/State/Zip Code:
Phone #:	Phone #:

I certify that all information on this form is true to the best of my knowledge. I understand that falsification can result in denial of subsidized childcare. I understand all information will be verified with, any or all, tribal, county, state, and federal agencies to ensure no duplication of services. In addition, I give Confederated Tribes of the Goshute Reservation, Child Care Development Fund Program, the right to verify all required information submitted to determine eligibility.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CCDF CASEWORKER SIGNATURE: _____ DATE: _____

RECEIVED:



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CHILD CARE PROVIDER ENROLLMENT FORM

Name of Parent/Guardian:	
Name of Center:	
Name of Director:	
Phone:	Email:
Licensed Provider: ☐ YES ☐ NO License #: _____	
Type of Provider: ☐ Center Based ☐ Group Home ☐ **Family Home ☐ **In-Child's Home	
Social Security #:	OR Tax ID #:
Physical Address:	
City/State/Zip Code:	
Billing Name: (Who the check will be made out to)	
Billing Address: (Where the check will be sent)	
City/State/Zip Code:	

*** Please attach a completed W-9 and a copy of your current State of Utah Child Care License.**

RELATIVE PROVIDERS ONLY

Previous Employer:	Phone #:
Address:	Wages:
**Driver's License or Identification Card #/State:	
**Relationship to the children in your care:	

Important Notice:

For direct deposit, the address on the W-9, Child Care License, and Direct Deposit Form must match. Providers without direct deposit will receive payment by check mailed to the W-9 address.

Start Date: _____

Please write the date your child will begin care with the provider.

***Please provide the agreed-upon rate and days/times for EACH child needing care.**

CHILD'S NAME:	RATE: \$ _____ (Please circle one) Month ☐ Week ☐ Dai ☐	MON	TUES	WED	THURS	FRI	SAT/SUN
CHILD'S NAME:	RATE: \$ _____ (Please circle one) Month ☐ Week ☐ Dai ☐	MON	TUES	WED	THURS	FRI	SAT/SUN
CHILD'S NAME:	RATE: \$ _____ (Please circle one) Month ☐ Week ☐ Dai ☐	MON	TUES	WED	THURS	FRI	SAT/SUN
CHILD'S NAME:	RATE: \$ _____ (Please circle one) Month ☐ Week ☐ Dai ☐	MON	TUES	WED	THURS	FRI	SAT/SUN

***Please attach a rate sheet and itemized invoice indicating rates for the first 2 months of care.**

The Confederated Tribes of The Goshute Reservation (CTGR), Child Care Development Fund (CCDF) Program is a determined parental choice program, meaning: the parent chooses or determines the childcare provider at their discretion and cannot hold the CTGR CCDF responsible for any accidents or liabilities. By signing this agreement, the parent and the provider agrees to the rates stated above. At any time, if the parent wishes to stop care with the current provider, the parent will have to fulfill all obligations with this provider above before transferring to a new provider. A closeout form from the current provider must be submitted. The provider must contact the local law enforcement agency and submit a background check and fingerprints. This information will be kept confidential unless there are significant findings that can prevent the provider from being CTGR CCDF Certified. The Parent/Guardian should have access to the child(ren) at any time. The Parent has the right to switch any time with a 2-week notice given, there are case by case basis to certain reasons.

If all parties are agreeable, please sign and submit with the CCDF application.

CHILD CARE PROVIDER SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

CCDF CASEWORKER SIGNATURE: _____ DATE: _____

RECEIVED:

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 ☐ 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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 ►
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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.



CONFEDERATED TRIBES
of the
GOSHUTE RESERVATION
HC 61, Box 6104
Ibapah, Utah 84034
(833) 228-6502 or (435) 234-1138 (office)
(833) 228-6507 (fax)

DIRECT DEPOSIT AGREEMENT FORM

Vendor Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

I hereby authorize Confederated Tribes of the Goshute Reservation to initiate automatic deposits to my account at the Financial Institution named below. I also authorize Confederated Tribes of the Goshute Reservation to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Confederated Tribes of the Goshute Reservation responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my Financial Institution or due to an error on the part of my Financial Institution in depositing funds to my account.

This agreement will remain in effect until Confederated Tribes of the Goshute Reservation receives a written notice of cancellation from me or my Financial Institution or until I submit a new direct deposit form to the Finance Department.

ACCOUNT INFORMATION

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

☐ Checking

☐ Savings

SIGNATURE

Authorized Signature (Primary): _____