

**Leech Lake Child Care Services  
Subsidy Application 21-22**

The purpose of the Leech Lake Subsidy (Tribal Child Care Assistance) program is to help low income American Indian families who are working, attending job training, enrolled in an education program or seeking employment obtain comprehensive support services.

**The Subsidy Program** helps families pay for child care cost while parents/families are working, going to school, attending job training or seeking employment, this program is an income-based program, using the family size and household income to determine a co-pay the families would pay directly to their chosen provider each month. Subsidy qualifications include:

- Your family does not qualify for Child Care Assistance through the county you reside in
- Be income eligible
- Parent OR child be enrolled in a federally recognized tribe
- Reside within our service area: On the Leech Lake Reservation and 10 miles beyond
- Meet employment and training requirements
- Use a legal child care provider (Legal provider includes licensed and unlicensed providers, 18 years of age or older, who are registered with Leech Lake Child Care Service to provide care)
- Submit all required documentation needed to process this application

**Please follow these instructions as you complete your application**

- Read all the instructions carefully and answer all questions completely
- Print your answers using ball point pen
- If you need more room, use additional sheets of paper
- Sign and date the application
- Attach all required documentation to the application (checklist is attached)
- Incomplete applicants will be notified by mail of items needed to complete the application process. The applicant will be granted 30 days to complete the required process to complete the application. After which, the file will close. Once files are closed, families will need to complete the entire application process.

**Need additional information or have questions please contact:**

**Rosella Headbird  
Child Care Specialist  
218-335-4431**

[Rosella.headbird@llojibwe.net](mailto:Rosella.headbird@llojibwe.net)

**Applications may be mailed to:  
Leech Lake Early Childhood Development  
190 Sailstar Drive NW Cass Lake, MN 56633  
Or Dropped off at our building:  
16160 60th Ave NW  
Cass Lake, MN 56633**

**Leech Lake Child Care Services  
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**Family Services Application**

\_\_\_\_\_  
(Family's Last Name- Parent's first name)

**Documentation stating that your family is **not eligible** for Child Care Assistance through the county you reside in**

**Identity for each adult in household**    Current Tribal ID/driver's license  
State identification card  
Birth certificate  
Other \_\_\_\_\_

**Proof of residency (Utility bill, rental lease, or mortgage document)**

**Proof of age for each child in the family (Birth certificate and/or adoption record)**

**Proof of guardianship to applicant for each child in family (if applicable)**  
Current Foster Care Verification  
Current Legal-Guardianship statement or Notarized Delegation of Parental Authority

**Child Official Immunization Records** (records for each child)

**Tribal Enrollment verification** (Parent or Child)

**Request for child care services hours**

**Employment Information Form**    Completed by employer attach work schedules if it varies (page #...)

\_\_\_\_\_  
**Education Verification**    Official school schedule

\_\_\_\_\_  
**Training or Job Search program**    Official enrollment letter and schedule

- Income for current 30 days**    (wages and tips, financial aid award letters or statements)
- Allowable deductions**    (insurance premiums, child/spousal support paid, educational expenses)
- Release of information form**    (To be signed by parent/guardian)
- Children with special needs**    (records detailing special needs specific to child needing care)
- Teen Parent**    (verification of enrolled in high school or GED course)
- Homelessness**    (Contact Child Care Specialist regarding documentation)
- Foster Care placement**    (verification on official letterhead indicating children and placement)

Staff notes/comments:

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**1. Applicant Information: Tell us about you and where you reside**

- Include *proof of your identity*, such as a copy of your driver’s license, state identification card, passport, or birth certificate.
- Include *proof of your residence*, such as a copy of a recent utility bill, rental lease, or mortgage document.
- Include *proof of Tribal Enrollment for parent or children*

Primary Applicant/Head of Household			
Last Name:	First Name:	Middle Name:	
Other Names	Gender	Date of Birth	County you reside in:
Physical Address City, State & Zip Code			
Mailing Address (if different than the physical address) City, State & Zip Code			
Is this address a shared P.O. Box? YES or NO			
Home/Cell Phone	Work Phone	Email	
Marital Status (circle)      Married      Divorced      Separated      Single			
ETHNICITY: Are you or your child enrolled or eligible to be enrolled in a Federally Recognized Tribe? YES or NO			
Who:		Which Tribe:	Attach proof of Tribal Enrollment
Hispanic? YES or NO			
<b>Race: (circle all that applies)</b>			
Asian / Black or African American / American Indian or Alaska Native / Pacific islander or Hawaiian / Caucasian			
<b>Additional Information: (circle all that applies)</b>			
Teen Parent / Single-one parent / Two parent household / Protective services / Foster parent / Legal Custody			
Homelessness: shelter, moving from place to place, doubling up temporarily with family or friends, car outside space or hotel			
<b>Protective Service:</b> at risk of placement or working with Family Preservation or social services program			
<b>Foster Parents:</b> Licensed Foster Care home parent with child/ren placed in home			
<b>Legal Custody:</b> Child/ren have been legally placed in your care via court order, working with Protective Services or DOP signed			
<b><i>Documentation will need to be submitted</i></b>			
Have you ever received child care assistance or been on the Subsidy Program? Yes / No (circle)			
If yes; Where: _____		When: _____	
Have you ever been denied Child Care Assistances? Yes / No (circle)			
Is Yes; Where: _____		When: _____	Why: _____
Notes:			

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**2. Household Members:** Tell us who all resides in your home. Include all household members, both adults and children. Include family members who do not live with you, but are expected to return to your home. *Start with adult to child, oldest to youngest*

**Adults:**

- Include your spouse, the parents of children in your family who live with you, and all other adults living with you that are not family members.
- Include proof of identity for each adult in your family, such as a copy of a driver’s license, state identification card, passport, or birth certificate.

**Children:**

- List all children under the age of 18 who live with you. List children in order from the youngest or oldest.
- Include children 18 or older who live with you, if they are full-time students and you provide 50% or more of their financial support.
- Include *proof of each child’s age*, such as a birth certificate and/or adoption record
- Include proof of relationship to you and ability to apply for services, such as foster care verification, legal guardian statement, or notarized Delegation of Parental Authority form.
- Include proof of each child’s official immunization record.

<b>Family Member</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Is this individual the biological parent of the child needing care? Yes / No</b>				
Relationship to you	Birth date	Gender	Needing Child Care <b>Yes / No</b>	
<b>Family Member</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
Relationship to you	Birth date	Gender	Needing Child Care <b>Yes / No</b>	
<b>Family Member’s</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
Relationship to you	Birth date	Gender	Needing Child Care <b>Yes / No</b>	
<b>Family Member</b>	<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
Relationship to you	Birth date	Gender	<b>Yes / No</b>	
Do any children needing care have any special needs? Yes No List or describe:				
Attach verification.				
Notes				

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**3. Complete this section for all children in your family who are now in school or plan to go to attend school in next 12 months.** *Include children 18 or older if they are full-time students and you provide 50% or more of their financial support attending. Include copy of the school calendar for every child who needs child care with start & end times. For preschool children: indicate "head start" or "preschool" in the grade field if child attends one of those programs.*

<b>Student's Name</b>		<b>School's Name:</b>			<b>Grade:</b>	
Start Date:	Monday	Tuesday	Wednesday	Thursday	Friday	
End Date:						
<b>Student's Name</b>		<b>School's Name:</b>			<b>Grade:</b>	
Start Date:	Monday	Tuesday	Wednesday	Thursday	Friday	
End Date:						
<b>Student's Name</b>		<b>School's Name:</b>			<b>Grade:</b>	
Start Date:	Monday	Tuesday	Wednesday	Thursday	Friday	
End Date:						
<b>Student's Name</b>		<b>School's Name:</b>			<b>Grade:</b>	
Start Date:	Monday	Tuesday	Wednesday	Thursday	Friday	
End Date:						
<b>Student's Name</b>		<b>School's Name:</b>			<b>Grade:</b>	
Start Date:	Monday	Tuesday	Wednesday	Thursday	Friday	
End Date:						
Notes						

**4. Request for child care services hours – Household Employment, Training, and School Activities-**

List all adult family members who need help with child care costs to be able to work, to attend school or training classes.

- Employment Information Form (Attached needs to be completed by employer)
- Include family members participating in GED classes, training classes.
- Include of school schedules that shows the days and times classes meet, including school breaks.
- Include work schedule if it varies, please provide this information for the past 30 days

<b>Adult Name:</b>	<b>Needed for: (Circle)      Employment   or   Educational Activities</b>
	<b>Name of School or Employer:</b>
<b>Adult Name:</b>	<b>Needed for: (Circle)      Employment   or   Educational Activities</b>
	<b>Name of School or Employer:</b>

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**5. Income-Wages and unearned Income:**

- List all *adult* family members who need help with child care costs to be able to work.
- Include proof of unearned income for the last 30 days.
- Include proof of work schedule and all income for the most current 30 days include self employment, wages, tips.

Type	Yes	No	Name of person receiving income	How often received	Income amount
Wages					
Wages					
Public assistance, MFIP, DWP, GA					
Relative Custody Assistances					
Child Support / Spousal Support					
RSDI (Retirement, survivors, disability insurance					
VA (Veterans benefits)					
Student grants or scholarships					
Post-secondary child care grant award					
Notes:					

**6. Allowable Deductions:**

- These expenses maybe deducted from your gross income which determines your monthly copayment.
- Include proof of deductions, such as check stubs award letters or statements

Expense	Amount	How often is it paid
Medical Insurance premiums		
Dental Insurance premiums		
Vision Insurance premiums		
Child Support paid for a child not living in the home		
Court ordered spousal support		
Tuition, books and educational supplies		
Notes		

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**7. Provider Request- Provider must be registered with the Child Care Services program**

<b>Child's Name</b>			
Provider's Name	Address	Telephone Number	Start Date
Licensed Family Child Care Home _____ Licensed Child Care Center _____ Child's Home _____			
Legal Non-Licensed Provider's Home _____ Other _____			
Is Provider related to the child    Yes    No    If yes, relationship: _____			
<b>Child's Name</b>			
Provider's Name	Address	Telephone Number	Start Date
Licensed Family Child Care Home _____ Licensed Child Care Center _____ Child's Home _____			
Legal Non-Licensed Provider's Home _____ Other _____			
Is Provider related to the child    Yes    No    If yes, relationship: _____			
<b>Child's Name</b>			
Provider's Name	Address	Telephone Number	Start Date
Licensed Family Child Care Home _____ Licensed Child Care Center _____ Child's Home _____			
Legal Non-Licensed Provider's Home _____ Other _____			
Is Provider related to the child    Yes    No    If yes, relationship: _____			
<b>Child's Name</b>			
Provider's Name	Address	Telephone Number	Start Date
Licensed Family Child Care Home _____ Licensed Child Care Center _____ Child's Home _____			
Legal Non-Licensed Provider's Home _____ Other _____			
Is Provider related to the child    Yes    No    If yes, relationship: _____			
Notes: <b>Send contact information to Licensing and Support Coordinator to process registration Date Sent:</b>			





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**Please read and sign this application**

By signing below:

Authorization to share information for fraud investigation and audits; I give permission to authorized investigators and third parties to share information about me during the course of investigations regarding fraud, fraud prevention and misrepresentation, and conducting federal or state audits.

Third parties who can share information about me with investigators including but are not limited to financial institutions, credit reporting agencies, landlords, public housing agencies, schools, utility companies, insurance agencies, employers, other government agencies and other as they apply. I also understand that my permission to share information about me remains in effect for six months after my benefits stop.

Provider release:

State and federal privacy laws protect my information, if I am eligible for subsidy, child care staff can share information about the hours and amount of child care assistance I get with my child care provider(s). I understand:

- This information must be shared so that my child care provider knows how much LL Subsidy will pay for the child care provided.
- This information can be shared only if I give my written permission or if the law allows it.
- I can refuse to sign or cancel this release, but if I do, Subsidy may not be able to pay my provider for the child care provided.
- I may cancel this authorization with written notice anytime. This written notice will not affect information already released.
- The person or agency who gets my information may be able to pass it on to others
- If my information is passed on to others, it may no longer be protected by this authorization

This authorization will end one year from signing this application

Perjury and general declarations. I declare under the penalties of perjury that this application is a true and correct statement of every material point.

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SIGNATURE OF APPLICANT

DATE

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SIGNATURE OF SPOUSE OR SECOND APPLICANT

DATE

**Received Completed Application:**

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CHILD CARE SERVICES SIGNATURE

Subsidy

DATE

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**Each parent in the household must be working and is required to have the below employment verification form completed by their employer.**

**If you are self-employed please skip to page 12**

<b>Employee Name and Position Title:</b>		<b>Employer's Name:</b>	
Employer's Address:		Employer's Phone Number:	
Is this employee an essential worker? Circle YES or NO		Was this employee laid off due to COVID? Circle YES or NO	
Original Date of Employment:	Date of Layoff due to COVID:	Date employee returned to work from layoff due to COVID:	Date of employees last check:
Hourly Rate:	# of hours per week:	How often paid?:	Total Check Amount before deductions:
Schedule:  M Tue W Th F Sat Sun	Start Time:  End Time:		
Employment is: Circle one      Year Round      Seasonal-months      Temporary			
Scheduling Comments:			

**I verify the above information is correct and the applicant is employed with us.**

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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Hourly Rate:	# of hours per week:	How often paid?:	Total Check Amount before deductions:
Schedule:  M Tue W Th F Sat Sun	Start Time:  End Time:		
Employment is: Circle one      Year Round      Seasonal-months      Temporary			
Scheduling Comments:			

**I verify the above information is correct and the applicant is employed with us.**

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**PLEASE COMPLETE THIS FORM FOR SELF EMPLOYED FAMILIES**

<b>Business Name/Owner Name:</b>	<b>Services offered:</b>
<b>Business Address:</b>	<b>Business Phone Number:</b>
<b>Are you an essential worker? Circle YES or NO</b>	
<b>Original Date of Self Employment:</b>	
<b>Annual Salary:</b> (Please attached tax forms)	<b>Number of hours worked per week:</b>
<b>Schedule:</b> (Circle all that apply)  M   Tue   W   Th   F  Sat   Sun	<b>Start Time:</b>  <b>End Time:</b>
<b>Business is: (Circle one)</b> Year-Round      Seasonal-months      Temporary  <b>Scheduling Comments:</b>	

**I verify the above information is correct and I am the current business owner.**

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date