Department of Children & Family Services
2025 Child Care Assistance Application
ChildCareAssistance@ctuir.org
(541)429-7813

Eligibility Criteria

1. Reside in the service area, which is on or near the Umatilla Indian Reservation. This includes Pendleton, Helix, Adams, Athena, Weston and Pilot Rock.

2. Child(ren) must be enrolled with a Federally recognized Tribe or a direct descendant of Federally recognized tribe - MUST be verifiable.

3. Child(ren) must be under 13 years of age.

4. Applicant(s) must meet the income eligibility based on the Sliding Fee Scale.

5. Applicant(s) must be at least one of the following while also providing verifiable documentation that supports:
    a. Employed
    b. Job Training
    c. Actively attending school
    d. Active in job searches

Required Documentation Checklist			
All required documents listed below must be submitted in full before your application will be processed.			
Completed application with signature of Applicant and Co-Applicant			
Verification of Tribal Enrollment or Descendancy (i.e. Tribal ID, Copy of CIB or letter from Tribe's Enrollment Office confirming status of enrollment). ○ Descendants: Official document confirming verification of descendancy			
Proof of Full Month of Income – Paystub(s) that reflect an entire month from the prior month or employer generated income print out sheet			
Documentation of Child Support payment(s) received			
Copy of the page from your most recent income tax return that lists all dependents claimed and annual income			
Copy of immunizations -or- copy of state exemption for children receiving services			
Evidence or proof of an Individualized Family Service Plan or Individual Education Plan			
Completed Release of Information by Applicant and Co-Applicant			
Foster Parents and Guardians submit evidence of care, such as placement authorization, guardianship orders or verification from an agency on engagement			

Child Care Assistance Application

Date: ____/____/_____

Applicant Information

Last Name	First Name	Middle Initial	Shirt Size	Employment Status:
Tribal Affiliation				Enrollment Number
Street Address				Landlord/Property Management
City, State, Zip Code				Cell Phone
Reason for Applying:				E-Mail Address
Have you ever applied for/received Child Care Assistance with: ☐ CTUIR ☐ Other State(s) ☐ State of Oregon ☐ Other Federally Recongized Tribe(s)				If yes, please explain when: Eligibility Period:
Mailing Address *(If different from above)*				Preferred method of contact
Are you a part-time/full-time student? *If yes, please provide an unofficial transcript and schedule.*				College/University/Trade School
☐ Yes	☐ No			
Are you experiencing houselessness?	☐ Yes			☐ No

Co-Applicant / Secondary Adult Information- *Must be completed by other parent/adult residing in the household, and/or an individual acting as in loco parentis.*

Last Name	First Name	Middle Initial	Shirt Size	Employment Status
Tribal Affiliation				Enrollment Number
Street Address				Landlord/Property Management
City, State, Zip Code				Cell Phone
Reason for Applying:				E-Mail Address
Have you ever applied for Child Care Assistance with: ☐ CTUIR ☐ Other State(s) ☐ State of Oregon ☐ Other Federally Recognized Tribe(s)				If yes, please explain when: Eligibility Period:
Mailing Address *(If different from above)*				Preferred method of contact
Are you a part-time/full-time student? *If yes, please provide an unofficial transcript and schedule.*				College/University/Trade School
☐ Yes	☐ No			
Are you experiencing houselessness?	☐ Yes			☐ No

Child Information

Last Name	First Name	Middle Initial	Shirt	Relationship to Applicant(s)

Date of Birth	Months	Gender

Social Security Number	Resides in Household: *Circle one.* Yes No

Tribal Affiliation	Enrollment Number

Does the child attend Immersion?	Language(s) spoken:

Age Category: *Check the box that the child falls under.*	Special Needs: *Provide signed documentation.*
☐ Infant – 6 weeks through 23 months ☐ Toddler – 2 years (24 months) through 3 years (35 months) ☐ Preschool – 3 years (36 months) through 5 years (59 months)	☐ IEP ☐ IFSP ☐ Are you interested in an evaluation for intervention services?

Is your child school age? (6 years/60 months through 12 years /155 months)?		School District:
☐ Yes	☐ No	

Name of School	Grade	Title VI Eligible?

Does the child ride the bus?		Which days do they take the bus?				
		M	T	W	TH	F
☐ No	☐ Yes, *please fill in infromation.*					

School Bus Pick-Up	What time does the bus arrive/depart?	
Location(s):	AM	PM
School Bus Drop-Off		
Location(s):	AM	PM

Please use the space below to provide any information you feel is important but was not covered in the above section(s).

Child Information

Last Name	First Name	Middle Initial	Shirt Size	Relationship to Applicant(s)

Date of Birth	Months	Gender

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Tribal Affiliation				Enrollment Number
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☐ Yes	☐ No	

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Location(s):	AM	PM
School Bus Drop-Off		
Location(s):	AM	PM

Please use the space below to provide any information you feel is important but was not covered in the above section(s).

Emergency Contact Information

Name	Relationship
Adress	**Phone Number**

CHILD CARE PROVIDER

Child Care Provider/Center	E-Mail	Phone
Address City State Zip		How did you hear about this provider?
Owner Name:		
Certification/License		License Number
☐ State ☐ Tribe ☐ Other		

Provider Type: *Check one.*

☐ Center ☐ Relative Provider ☐ In-Home Provider ☐ Other

Are all child(ren) currently enrolled with this provider?

How long has your child(ren) attended this provider?

Do you have a signed agreement or enrollment paperwork with this provider?	When does this agreement end/begin?

Does this provider use the Brightwheel app?

Child Care Schedule - Days and Hours – *Establish below when your child(ren) is scheduled to attend.*

Name of Child	Days *Indicate with an X*					Normal Hours in Care		Normal Meals While In Care *Indicate with an X*			
Please Print	*M*	*T*	*W*	*Th*	*F*	*From*	*To*	*BKFST*	*AM Snack*	*Lunch*	*PM Snack*
						AM/PM	AM/PM				
						AM/PM	AM/PM				
						AM/PM	AM/PM				
						AM/PM	AM/PM				
						AM/PM	AM/PM				
						AM/PM	AM/PM				

Please use the space below to provide any information you feel is important but was not covered in the above section(s).
Identify any expected modification to the schedule throughout the year, such as any holiday break.

Applicant Employment Information

Employer	Hourly Wage or Monthly Income: *Include paystub(s) that reflect a full month of income.*
Pay Frequency	
Address	Supervisor
City, State, Zip Code	Phone
Position/Job Title Department	E-Mail
Work Schedule *Indicate Days & Times below.*	

Co-Applicant / Secondary Adult Employment Information

Employer	Hourly Wage or Monthly Income: *Include paystub(s) that reflect a full month of income.*
Pay Frequency	
Address	Supervisor
City, State, Zip Code	Phone
Position/Job Title Department	E-Mail
Work Schedule *Indicate Days & Times below.*	

Applicant Job Training

Program/Agency Name	Hourly Wage: *Include paystub(s) that reflect a full month of income.*
Program Type	Proof of Enrollment attached?
Address	Supervisor
City, State, Zip Code	Phone
Position/Job Title Department	E-Mail
Training Schedule *Indicate Days & Times below.*	
Expected Outcome	Expected Completion Date

Co-Applicant / Secondary Adult Job Training

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City, State, Zip Code	Phone
Position/Job Title Department	E-Mail
Training Schedule *Indicate Days & Times below.*	
Expected Outcome	Expected Completion Date

Applicant / Co-Applicant Treatment Information	
Program/Agency Name	Is this court-ordered?
Program/Facility Type	Scheduled to Begin
Address	Supervisor
City State Zip Code	Phone
Type of Treatment	E-Mail
Expected Outcome	Expected Completion Date
Schedule *Indicate Days & Times below.*	
Please attach a signed verification letter from the treatment provider that includes confirmation, type of treatment, schedule and duration or expected completion date.	

Income Information- *All sources of income must be reported.*		
Income Type *Employer, Child Support, Other (Specify)*	Amount (Gross Monthly)	Proof Attached?
	$	
	$	
	$	
	$	
	$	
Total Income	$	

By signing this application, I/We certify that the answers/information given on this application in reference to household composition, income, and family compostion is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/we also understand that false statements or information, misrepresentation, or omission of relevant information are grounds for termination of Child Care Assistance and termination of services. This application will not be valid unless completely filled out and signed by each applicant. I/We understand that submitting this application does not guarantee eligibility, approval, or receipt of services. All applications are subject to review, and additional documentation may be required.

I/We ackowledge that any findings or misrepresentation may result in penalties, including but not limited to a restriction period of 30, 60 or 90 days during which I/We will be ineligible to apply for services. Furthermore, I/We understand that I/We am/are ultimately responsible for all the child care expenses incurred while my child(ren) are applying or enrolled in the CTUIR Child Care Assistance Program, regardless of any finacial assistance I may be receiving. Incomplete applications will be returned.

Applicant Signature *Required*	Date
Co-Applicant Signature *Required*	Date
DCFS Office Use Only Date and Time Received :	*CCDF Staff Signature*

Applications can be submitted by the following methods:

- Electronically to - ChildCareAssistance@ctuir.org
- In-person to Child Care Development Staff
  73300 July Grounds Lane, Pendleton, Oregon 97801
- In-person to Department of Children and Family Services
  46411 Timine Way, Pendleton, Oregon 97801
- Mailed to: Family Engagement Program
  46411 Timine Way, Pendleton, OR 97801
- In the Nixyaawii Governance Drop Box located in the front parking lot of the Nixyaawii Governance Center
  46411 Timine Way, Pendleton, OR 97801

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Confederated Tribes of the Umatilla Indian Reservation
Department of Children & Family Services
46411 Ti'Míne Way
Pendleton, OR 97801
Phone: 541-429-7300
Fax: 541-278-5385

GENERAL AUTHORIZATION FOR THE RELEASE OF INFORMATION

Consent:
I authorize and direct any federal, state, Local, or Tribal agency/organization, business, or individual to release to the Family Engagement Program any information or materials needed to verify my application for participation in the Child Care Assistance Program through the Child Care Development Grant Fund. I understand and agree that this authorization or the information obtained with its use may be given and used by the Program in coordination with the programs below, to maintain compliance with program policies.

Information covered:
I understand that, depending on program policies and requirements, previous or current information regarding myself or my household may be needed. Verifications and inquiries that may be requested include but are not limited to identifying martial/and or familial status, employment, income, assets, proof of residency and proof of tribal affiliation.

Groups and/or individuals that may be contacted to release information:
The following may be asked to release information. Please add any additional groups or individuals that may need to be contacted by the Program for childcare assistance purposes (e.g. *specify your childcare provider*).

Bureau of Indian Affairs	Mental Health Agencies	Yellowhawk Tribal Health Center
CTUIR (Tribal Agencies)	Child Protective Services	Veteran's Administration
Department of Human Services	Health/Accident Insurance	Child Care Provider
County Agencies	Indian Health Service (HIS)	Courts
Other: _____	Social Security Administration	Tribal Gaming/Per Capita Entities

Conditions:
I agree that a photocopy of this authorization may be used for the purpose of inter-department communication amongst entities, as listed above and/or indicated by the applicant. This authorization will stay in effect for thirteen (13) months from the date of the authorizing signature.

_____	_____	____/____/_____
Applicant Signature	Print Applicant Name	Date
_____	_____	____/____/_____
Co-Applicant Signature	Print Co-Applicant Name	Date