



Rosebud Sioux Tribe
Child Care Services &
Lakota Language Preservation Project
PO BOX 130
Rosebud SD 57570
Phone: (605)747-5264 FAX: (605)747-5856



Mitakuyapi Parents,

Thank you for your interest in the Rosebud Sioux Tribe Child Care Program! We service children from birth to 12 years of age and ages 13-18 who are physically or mentally incapable of self-care.

The Rosebud Sioux Tribe Child Care program offers low income families opportunities to access high quality child care services by sharing information about healthy provider homes so you and your loved ones can choose a safe place for your child to be when you need it.

Child Care providers are equipped with training and pass home inspections to ensure children are being cared for in a nurturing environment.

We take the safety of our children seriously. If you have a concern or complaint, we would like to hear it. You may contact the RST Child Care program and ask to speak with the Director or Provider Coordinator at 605-747-5264 or submit a written complaint that can be emailed to gale.spottedtail@rst-nsn.gov or brought into the office.

Rosebud Sioux Tribe Child Care Program Has a time limit to determine eligibility and notify an applicant of eligibility status will be a total of 5 working days after completed application has been submitted.

Parents/Guardians will receive a letter in the mail and/or be followed up with a phone call notifying them of their eligibility status.

Child Care Qualifications: Parents/Guardians attending or participating in one of the following:

- Working definition
 - Working for salary or wages.
 - Self-Employment
 - Drug or Alcohol Rehabilitation
 - Subsistence activities
 - Volunteering for Job Experience that will lead to employment
 - Travel time to and from the activity
 - Job Search up to three months
- Job Training
 - Enrolled in a job training that will result in a certificate or employment.
 - On the job training or volunteering to gain work experience that will lead to employment.
- Education
 - Attending an educational program
 - Enrollment in High School
 - General Equivalency Program (GED)
 - Sinte Gleska University
 - Online classes that will lead to earning a certificate or degree.
- Children in Protective Services

Protective services are defined as a child who meets eligibility requirements for tribal child care who is in legal custody of the South Dakota Department of Social Services, Sicangu Child and Family Services and any other child placement agency working with the Rosebud Sioux Tribe. The Rosebud Sioux Tribe Child Care Services will add placement of children with a friend of relative that is non-formal and only for the purpose of attending drug and alcohol program. Also to include children from incarcerated parent(s).



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PARENT APPLICATION CHILD CARE ASSISTANCE

☐ NEW APPLICANT

☐ RENEWAL

PLEASE ATTACH THE FOLLOWING DOCUMENTS WITH THIS APPLICATION

- Copy of Picture ID: Tribal ID, Military ID, Driver's License, State ID, or School ID.
- Letter from RST LES-GIS Department for 911 address or a piece of mail with your 911 address. If you have any questions about your 911 address you can call (605)856-8729.
- Income Verification (check stub) or a Copy of Personnel Action form, Verification of Employment form (Please include work schedule) signed by Employer, or Income Tax Returns for Self-Employment.
- Job Training- Verification must be provided by a signed letter from the job site
- Education- Parent/Guardian must provide verification or class schedule.
- A copy of each child's Birth Certificate or for newborns a copy of the crib card from the hospital where they were born can be used for 30 days until the birth certificate becomes available.
- Any Guardianship papers must be signed by a Judge or any verification from the SD Department of Social Services, if applicable.
- Tribal Abstract of Census, Tribal ID immunization records or Pending Letter.
- Any doctor statements or IEP plans.
- SWA composition list (only if living in SWA unit)
- Private Home (attach personal letter for living situation) if not living in SWA.

To avoid a delay in the application process, please attach all documents listed above.

I understand that this application is effective during the RST Child Care Services 20-22 Plan Cycle.
_____ (initial)

I understand that if any information changes, (income, living situation, new family members, etc.)
will need to be reported to the RST Child Care Program. _____ (initial)

Print applicant name

Applicant Signature

Date

Parent/Guardian Information

OFFICE USE ONLY

Date Received: _____

Initial: _____
Revised 11/22/21

Parent/Guradian **FIRST:** _____ **M.I.:** _____ **LAST:** _____

Date of Birth: _____

Parent/Guardian Tribal Affiliation: _____ Tribal ID#: _____

Parent/Guardian Cellphone: _____ Work Phone: _____

Parent/Guradian **FIRST:** _____ **M.I.:** _____ **LAST:** _____

Date of Birth: _____

Parent/Guardian Tribal Affiliation: _____ Tribal ID#: _____

Parent/Guardian Cellphone: _____ Work Phone: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Home phone: _____

Marital Status: SINGLE MARRIED DIVORCED SEPERATED

Is your family experiencing homelessness? ☐ YES ☐ NO

Explain: _____

Do your Children have Lakota names? ☐ YES ☐ NO

Are you interested in getting your Lakota Names? ☐ YES ☐ NO

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

1. Child Name: _____ Date of Birth: _____ Age: _____
- a. Total amount of hours' care is need on a daily basis? _____
- b. Is the Child attending school? ☐YES ☐NO If yes, check one of the following:
☐Head Start ☐Elementary ☐Middle School ☐High School Bus pick up: _____ Drop off: _____
- c. Does your child have any special needs? ☐YES ☐NO (If yes, please attach documents)
- d. Is the child on SSI/ SSDI? ☐YES ☐NO
- e. Is the child receiving Child Support? ☐YES ☐NO
- f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐YES ☐NO ☐PENDING
If yes, enrollment # _____
- g. Is parent enrollment permitted? ☐YES ☐NO (attach abstract)

2. Child name: _____ Date of Birth: _____ Age: _____
- a. Total amount of hours' care is need on a daily basis? _____
- b. Is the Child attending school? ☐YES ☐NO If yes, check one of the following:
☐Head Start ☐Elementary ☐Middle School ☐High School Bus pick up: _____ Drop off: _____
- c. Does your child have any special needs? ☐YES ☐NO (If yes, please attach documents)
- d. Is the child on SSI/ SSDI? ☐YES ☐NO
- e. Is the child receiving Child Support? ☐YES ☐NO
- f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐YES ☐NO ☐PENDING
If yes, enrollment # _____
- g. Is parent enrollment permitted? ☐YES ☐NO (attach abstract)

3. Child name: _____ Date of Birth: _____ Age: _____
- a. Total amount of hours' care is need on a daily basis? _____
- b. Is the Child attending school? ☐YES ☐NO If yes, check one of the following:
☐Head Start ☐Elementary ☐Middle School ☐High School Bus pick up: _____ Drop off: _____
- c. Does your child have any special needs? ☐YES ☐NO (If yes, please attach documents)
- d. Is the child on SSI/ SSDI? ☐YES ☐NO
- e. Is the child receiving Child Support? ☐YES ☐NO
- f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐YES ☐NO ☐PENDING
If yes, enrollment # _____
- g. Is parent enrollment permitted? ☐YES ☐NO (attach abstract)

4. Child name: _____ Date of Birth: _____ Age: _____
- a. Total amount of hours' care is need on a daily basis? _____
- b. Is the Child attending school? ☐YES ☐NO If yes, check one of the following:
☐Head Start ☐Elementary ☐Middle School ☐High School Bus pick up: _____ Drop off: _____
- c. Does your child have any special needs? ☐YES ☐NO (If yes, please attach documents)
- d. Is the child on SSI/ SSDI? ☐YES ☐NO
- e. Is the child receiving Child Support? ☐YES ☐NO
- f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐YES ☐NO ☐PENDING
If yes, enrollment # _____
- g. Is parent enrollment permitted? ☐YES ☐NO (attach abstract)

5. Child name: _____ Date of Birth: _____ Age: _____

a. Total amount of hours' care is need on a daily basis? _____

b. Is the Child attending school? ☐YES ☐NO If yes, check one of the following:

☐Head Start ☐Elementary ☐Middle School ☐High School Bus pick up: _____ Drop off: _____

c. Does your child have any special needs? ☐YES ☐NO (If yes, please attach documents)

d. Is the child on SSI/ SSDI? ☐YES ☐NO

e. Is the child receiving Child Support? ☐YES ☐NO

f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐YES ☐NO ☐PENDING

If yes, enrollment # _____

g. Is parent enrollment permitted? ☐YES ☐NO (attach abstract)

6. Child name: _____ Date of Birth: _____ Age: _____

a. Total amount of hours' care is need on a daily basis? _____

b. Is the Child attending school? ☐YES ☐NO If yes, check one of the following:

☐Head Start ☐Elementary ☐Middle School ☐High School Bus pick up: _____ Drop off: _____

c. Does your child have any special needs? ☐YES ☐NO (If yes, please attach documents)

d. Is the child on SSI/ SSDI? ☐YES ☐NO

e. Is the child receiving Child Support? ☐YES ☐NO

f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐YES ☐NO ☐PENDING

If yes, enrollment # _____

g. Is parent enrollment permitted? ☐YES ☐NO (attach abstract)

7. Child name: _____ Date of Birth: _____ Age: _____

a. Total amount of hours' care is need on a daily basis? _____

b. Is the Child attending school? ☐YES ☐NO If yes, check one of the following:

☐Head Start ☐Elementary ☐Middle School ☐High School Bus pick up: _____ Drop off: _____

c. Does your child have any special needs? ☐YES ☐NO (If yes, please attach documents)

d. Is the child on SSI/ SSDI? ☐YES ☐NO

e. Is the child receiving Child Support? ☐YES ☐NO

f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐YES ☐NO ☐PENDING

If yes, enrollment # _____

g. Is parent enrollment permitted? ☐YES ☐NO (attach abstract)

8. Child name: _____ Date of Birth: _____ Age: _____

a. Total amount of hours' care is need on a daily basis? _____

b. Is the Child attending school? ☐YES ☐NO If yes, check one of the following:

☐Head Start ☐Elementary ☐Middle School ☐High School Bus pick up: _____ Drop off: _____

c. Does your child have any special needs? ☐YES ☐NO (If yes, please attach documents)

d. Is the child on SSI/ SSDI? ☐YES ☐NO

e. Is the child receiving Child Support? ☐YES ☐NO

f. Is this child eligible for enrollment with the Rosebud Sioux Tribe? ☐YES ☐NO ☐PENDING

If yes, enrollment # _____

g. Is parent enrollment permitted? ☐YES ☐NO (attach abstract)

Child Care Assistance

Do you need financial help with child care in order to work? ☐ YES ☐ NO

Place of Employment:

Supervisors name:

Work number:

This employment is:

☐ Permanent/Full-Time

☐ Permanent/Part-time

☐ Temporary/ Full-Time

☐ Temporary/ Part-Time

☐ Contract

☐ Shift Work

☐ Work Study

☐ TANF/GA

☐ Volunteer

Is Child Care Services needed in order to work or attend school? ☐ YES ☐ NO

School name:

Credit Hours:

Start/End Date:

Advisor/Principle Name:

Are your work hours' subject to shift changes? ☐ YES ☐ NO

What is the distance from your home to the provider's home? (miles/minutes)? _____

What is the estimated time/distance that it takes you to get to work from home? _____

Are there any special circumstances regarding transportation? (shuttle, sgu van, etc.) ☐ YES ☐ NO

If yes, explain: _____

Are you enrolled in college training or classes after 5:00 pm? ☐ YES ☐ NO

If yes, explain: _____

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 fill out the boxes below:

Provider Name:

Address:

Phone Number:

Relationship:

Is your Provider currently employed? ☐ YES ☐ NO If yes, where? _____

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 - Direct Blood line grandparents, aunts, uncles, or siblings.

PROGRAM REQUIREMENTS AND FRAUD PREVENTION

- Your child care assistance is authorized for a 12-month period. Based on the sliding fee scale, you may be required to pay a co-payment and any additional costs not covered by our program.
- Your co-payment must be paid directly to your child care provider. The RST Child Care Services will pay for your provider for the remaining portion of the maximum allowance.
- 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 the child care provider you selected chooses not to become licensed or registered or has not begun the registration/licensing process.
- If you are eligible for Child Care assistance, payments will be made directly to your child care provider. Please make sure your child care providers address is correct.
- A parent who fails to pay the co-payment shall be ineligible for child care assistance so long as there is an outstanding balance with a provider. Arrangements must be made with the provider to make payments and the RST Child Care Services must be informed and both parties must be satisfied with those arrangements. Child Care assistance can be reinstated and the parent must produce receipts.
- I understand the amount child care assistance may be changed without advance notice based on this information I have provided on this form.
- I also understand that failure to pay may result in the loss of child care benefits.
- 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 fines and/or imprisonment for any person who fraudulently receives or attempts to receive public assistance.

Applicant signature

Date

AUTHORIZATION TO FURNISH/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 hereby 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.

Print Name

Applicant Signature

Date

Spouse Printed Name

Spouse Signature

Date

PRIVATE HOME FORM

This form is to be used if you **DO NOT** reside in an SWA Unit. Please complete the following information.

If your living situation changes, please let our office know so we can update your file.

Today's Date: _____

Occupied from: _____ to: _____

Owner of the Private Home:

Print Name

Signature

Phone Number: _____ Address: _____

Occupant- Head of Household

Print Name

Signature

Are you renting? ☐ YES ☐ NO

Community: _____

911 address: _____

List your family members (please print):

Name:	Age:	D.O.B.



Employment Verification

This letter is for verification purposes that the following employee _____, is an employee here at the _____ from _____ to _____.

Name of employer:		Date
Supervisor Name:		
Employer phone #:	Employer Fax #:	
EMPLOYEE INFORMATION		
Position:		
Start Date:	End Date:	
Employee hours		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

COMMENTS:

Employer Signature

DATE RECEIVED:

APPROVED:

DISAPPROVED: