



Puyallup Tribe of Indians

FY 2025

**CHILDCARE ASSISTANCE
PROGRAM
APPLICATION
&
POLICIES &
PROCEDURES**

SUBMIT TO:

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PUYALLUP TRIBE OF INDIANS

FY 2025

(October 1, 2024-September 30, 2025)

CHILDCARE ASSISTANCE PROGRAM (CCAP) APPLICATION

PURPOSE

The Puyallup Tribe Childcare Assistance Program (PTCAP) began November 2001 by the Puyallup Tribal Council. The PTCAP provides childcare assistance to enrolled Puyallup Tribal Members with children 12-under or 16 years of age with documented disability who meet the application requirements. Childcare providers can be a:

- 1) Licensed childcare facility;
- 2) In-home licensed provider;
- 3) Non-licensed childcare provider (see policy and procedures for qualifications); or
- 4) Therapeutic childcare provider (documentation required).

APPLICATION

Please **complete application in full** and provide the following documents as needed, based on your status.

1. Photocopies of Tribal enrollment card (front and back) identification for child;
2. Employment verification from all members of the household (applicant, spouse, significant other if child's parent. Employment verification can include: current check stub, letter from employer indicating whether you are employed full or part time.
3. Class registration and/or training enrollment documentation (whichever is appropriate). If section does not apply, write N/A in that section;
4. W-9 and ACH Forms Signed by Childcare Licensed and Non-Licensed Providers and Non-Puyallup Tribal member Applicant;
5. Copies of CPR and First Aid cards for Non-Licensed Providers;
6. Criminal background checks for non-licensed providers will be conducted by the Puyallup Tribe of Indians Human Resource Department. In addition, parents needing a non-licensed provider will be required to sign a Release and Waiver of Liability Agreement From (notarized) that indicates and releases the Tribe from any liability should an incident occur. (Submit with CCAP application).
7. If you are applying for therapeutic childcare, you must provide certification/documentation from medical physician or school administrator.
8. If you are a CPS/ICW client a letter documenting need for childcare assistance will be required by PTOI Children's Services/ICW. This letter must indicate that the client is completing a voluntary services plan or court order and the length of time client needs childcare.
9. If you are applying under the medical criteria applicant must provide a letter from your doctor that indicates your medical condition and the need for childcare while undergoing treatment. Please indicate duration of treatment.

10. Applying for a waiver of any criteria you will need to submit waiver request to Tribal Council for approval.
11. The CCAP or Grandview Early Learning Center will no longer be offering dual enrollment for childcare assistance. Exception to this criteria are clients who are guardians, relative placement and foster care parents.

Failure to provide all applicable documentation will delay your application process. Please review the application thoroughly. **Your assistance will begin the day your application is authorized and approved via letter to you and your provider.** No back dated assistance will be considered. However, if your provider is awaiting a criminal background check and all other documentation is provided to approve your application, you may qualify for back dated assistance provided the criminal background check comes back cleared.

FY 2025-CHILDCARE ASSISTANCE APPLICATION

APPLICANT INFORMATION

Date of Application: _____

Tribal Member or Non-TM Applicant (Parent)

Spouse (Father/Mother/Guardian)

Name _____

Name _____

Address _____

Address _____

City, State _____

City, State _____

Zip _____

Zip _____

Tribal Member Applicant Telephone Number _____

Spouse Telephone number or message _____

Email Address: _____

**To qualify applicant (if applying with spouse they must also submit verification of income or education). Must provide one of the following:
(please check appropriate box)**

_____ **Employed (Must provide proof of employment (Letter from employer, check stub).**

_____ **Enrolled in a certified training program or attending school (post secondary or high school). Provide Letter or enrollment documents.**

_____ **Medical-Parent needing daily or weekly in-patient medical assistance; or**

_____ **CPS/ICW client completing voluntary service or court order plan.**

EMPLOYMENT

Please indicate the number of hours you work per week in the appropriate box. If we do not have this information we cannot determine the amount of assistance needed. This may delay approval of your application.

Full-time (40 per week): _____

Full-time (40 per week): _____

Part-time (20 per week) _____

Part-time (20 per week): _____

Less than Part Time (-20 per wk) _____

Less than Part-time (-20 per week): _____

Employer Address: Applicant (Tribal Parent)

Employer Address: Spouse, Parent

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip _____

Employer Telephone _____

Employer Telephone _____

SCHOOL, COLLEGE, TRAINING

Number of Credits: _____ Full/Part _____
Number of Days per Week Attending: _____

Number of Hours Per Week Attending: _____

School, College, Training Telephone Number _____

Address of School, College or Training Inst. _____

SCHOOL, COLLEGE, TRAINING

Number of Credits: _____ Full/Part _____
Number of Days Per Week Attending: _____

Number of Hours Per Week Attending: _____

School, College, Training-Telephone number _____

School, College or Training Institute _____

Provide education documentation each quarter you are attending school to continue to qualify for childcare assistance.

Please indicate if you plan on utilizing study time: _____ Yes _____ No. If yes, please indicate number of hours needed per month. Number of hours per month: _____
See Policies and Procedures for permitted study time hours base on class/credit.

MEDICAL CONDITION REQUIREMENTS: If, applicant is applying for childcare based on a medical (documentation needed) condition that renders the applicant unable to care for child while attending medical treatment. You must submit a letter from your physician indicating the condition, the need for childcare and timeframe.

CPS/ICW CLIENT: If Applicant is applying for childcare based on fulfilling a voluntary services plan or court order plan through PTOI Children’s Services/ICW, a letter from CPS/ICW will be required to verify participation and anticipated dated of completion.

I hereby authorize Puyallup Tribe of Indians-Childcare Assistance Program to verify all information provided in order to deem my family eligible for this childcare assistance program application.

Applicant (Parent) Authorizing Signature

Spouse/Guardian/Parent -Signature

CHILDCARE INFORMATION

Please list all Puyallup Tribal Member children in your household who need childcare assistance. Complete the following for each child. Please be accurate on the hours and days your child is in attendance. Your assistance will be calculated based on the hours your child is in attendance. **Please note: Child must be a Puyallup Tribal Member and who is up to 12 years old or 16 years of age with a documented disability.**

DAYS AND HOURS OF CHILDCARE NEEDED

Name of Child: _____
Date of Birth: _____
Tribal Member ID#: _____

Days:	Hours Needed:	
Monday	_____ am pm -- _____	_____ am pm
Tuesday	_____ am pm -- _____	_____ am pm
Wednesday	_____ am pm -- _____	_____ am pm
Thursday	_____ am pm -- _____	_____ am pm
Friday	_____ am pm -- _____	_____ am pm
Saturday	_____ am pm -- _____	_____ am pm
Sunday	_____ am pm -- _____	_____ am pm

Name of Child: _____
Date of Birth: _____
Tribal Member ID#: _____

Days:	Hours Needed:	
Monday	_____ am pm -- _____	_____ am pm
Tuesday	_____ am pm -- _____	_____ am pm
Wednesday	_____ am pm -- _____	_____ am pm
Thursday	_____ am pm -- _____	_____ am pm
Friday	_____ am pm -- _____	_____ am pm
Saturday	_____ am pm -- _____	_____ am pm
Sunday	_____ am pm -- _____	_____ am pm

Name of Child: _____
Date of Birth: _____
Tribal Member ID#: _____

Days:	Hours Needed:	
Monday	_____ am pm -- _____	_____ am pm
Tuesday	_____ am pm -- _____	_____ am pm
Wednesday	_____ am pm -- _____	_____ am pm
Thursday	_____ am pm -- _____	_____ am pm
Friday	_____ am pm -- _____	_____ am pm
Saturday	_____ am pm -- _____	_____ am pm
Sunday	_____ am pm -- _____	_____ am pm

Attach additional sheets if necessary.

AGREEMENT:

Knowingly and willingly giving false or fraudulent information on this application for the Puyallup Tribe Childcare Assistance Program (CCAP) will be grounds for immediate termination from this program. If terminated from CCAP you will not be eligible to re-apply for one year from the date of termination. All fraudulent files will be turned over to the Puyallup Tribal Law Enforcement for further action. This could result in possible reimbursement of childcare expenses or legal action.

I understand that my childcare assistance amount is based on the information I provide in this application. If I change childcare providers within the year, I will submit out and send in a new provider section application. I further understand that if I alter my employment, enrollment in school, college or a certified training program, medical treatment or ICW/CPS Voluntary Services Plan, I will be required to submit new documentation of the changes and that modifications could affect my eligibility and/or childcare assistance payments. Changes must be submitted within 2 weeks or applicant may be terminated from program.

Upon signing below, I certify that I have read, understand, and agree to all the rules of the Puyallup Tribe Childcare Assistance Program.

Tribal Member Signature

Spouse/Guardian Signature

Date

Date

APPLICANT: IF YOU DECIDE TO SELECT A CHILDCARE PROVIDER THAT REQUIRES PAYMENT UP FRONT (BEFORE SERVICES ARE PROVIDED), YOU WILL BE REQUIRED TO:

1. **PROVIDE A COPY OF YOUR RECIEPT FOR PAYMENT OR HAVE YOUR PROVIDER SEND VIA LETTEREAD AND SIGNED BY THE DIRECTOR WITH THE AMOUNT THAT YOU PAID SO THAT WE HAVE DOCUMENTATION TO REIMBURSE YOU; AND**
2. **SUBMIT FILLED OUT AND SIGNED (CLIENT AND PROVIDER) MONTHLY CALENDAR(S) THIS INCLUDES TALLYING THE NUMBER OF HOURS FOR MONTH. DO NOT FILL OUT THE BOTTOM SECTION, AS THAT IS TO BE FILLED OUT BY THE PTOI CCAP. WHICH WILL DETERMINE THE EXACT AMOUNT TO BE PAID TO PROVIDER.**

PLEASE ALLOW UP TO 10 DAYS FOR CHILDCARE PAYMENT.

**LICENSED CHILDCARE PROVIDER, CHILDCARE FACILITY,
THERAPEUTIC OR LICENSED IN-HOME PROVIDER
SECTION ONLY**

The Puyallup Tribe cannot provide payment until after service is provided. Childcare clients can pay childcare providers upfront and be reimbursed for childcare services upon proof i.e., original receipt or letter from childcare provider that payment was made by client (parent).

The childcare licensed provider must fill out the following section.

Name of Center/Licensed Provider Type of Childcare Provider

Address

City, State, Zip

Phone Number: Location childcare is being provided

Fax Number and email address.

CHILD CARE RATES:

If approved for Puyallup Tribal Childcare Assistance, what is the weekly rate for each child approved for assistance?

<u>Child's Name:</u>	<u>Weekly Rate</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

**LICENSED CENTERS/THERAPEUTIC/OR IN-HOME LICENSED CHILDCARE
PROVIDER MUST FILL OUT:**

State License Number: _____ Exp. _____

Federal Tax ID Number: _____

STATEMENT OF GOOD MORAL CHARACTER

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

TAX FORM-1099

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 1099 at the end of the year. When it is time for you to prepare your personal income taxes, you should refer to the total paid to you from the 1099 form and report this income on your individual tax return. Please consult a tax advisor if you have questions.

Upon signing below, I state that 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 must be reported by me to the Internal Revenue Service when I do my yearly tax return.

Signed this _____ day of _____, 202_____.

Licensed Provider Signature

NON-LICENSED CHILDCARE PROVIDER SECTION ONLY

The childcare non-licensed provider must fill out the following information. Please note the Puyallup Tribal Childcare Assistance Program will not pay for childcare services until after services are provided. Monthly attendance calendars must be provided. Childcare clients can pay childcare providers upfront and be reimbursed for childcare services upon proof i.e., original receipt or letter from Childcare provider that payment was made by client (parent). Letter must contain information pertaining to timeframe and cost of services.

Name of Non-Licensed Provider

Address (Payment to be sent)

Address (Where care is provided)

City, State, Zip

City, State, Zip

Telephone Number

Telephone Number

Fax and email address

NON-LICENSED PROVIDERS MUST PROVIDE WITH APPLICATION Copies of:

- 1) Current CPR Cards;**
- 2) First Aid Training; and**
- 3) Criminal Background Check Forms (sign each top of page where applicable) and Release of Information Form.**

SAFETY AND HEALTH CHECKLIST OF NON-LICENSED CHILDCARE PROVIDER

The checklist applies to all non-licensed providers and applicant. This section must be completed by parent and non-licensed provider of the home in which your child is receiving care.

- Home is in good repair, free of infestation and clean;
- Working telephone on premises; Phone #: () _____ - _____
- Childcare area is free of hazards;
- Weapons and firearms are in locked storage;
- Cleaning and toxic supplies are out of reach;
- Poisons and flammables are properly stored;
- Exits are not blocked;
- Fire extinguisher is present;
- Smoke alarm is present and working;
- First Aid supplies are available;
- Provider must provide current First Aid and CPR Certificates; Attach Copies.
- Medications are out of reach; and
- Emergency Numbers are posted by Telephone.

I certify by signatures below that the above information is accurate and true.

Parent(s) Signature

Date

Non- Licensed Provider Signature

Date

CRIMINAL BACKGROUND CHECK PROCESS: NON-LICENSED PROVIDERS

WASHINGTON STATE RESIDENCE:

Non-Licensed Providers and Individuals (18 years and older) who are occupying unit where children are being cared for need to submit to the Puyallup Tribe of Indians-Human Resource Department the following:

- 1) Disclosure and Authorization Forms Release of Interest, Application Disclosure Statement (Non-Provider fills out in front of HR to witness. If you can't fill out in front of HR, you will need to have this document notarized).
- 2) Release and Waiver Agreement Form (Parents/Notary) that indicates that they fully understand that a full DSHS background check has not been conducted on their non-licensed provider and that they accept full responsibility if an incident occurs.

Please contact Stacie Hanft, PHR, Human Resource Generalist at (253) 573-7958 for further clarification of new criminal background check process.

The background checks are necessary to determine character, competence and suitability of a childcare provider and will focus on criminal history. Please note that this process can take from 48 hours to 6 weeks to complete depending on the contents of the background check. If you prefer you can have your provider contact their local law enforcement agency to obtain a criminal background check, there may be a fee associated with obtaining the criminal background document.

OUT OF STATE RESIDENCE:

If you live out of the State of Washington and you need a criminal background check, please have your non-license provider contact their local law enforcement agency to obtain a criminal background check. There may be a fee associated with obtaining this document. Please note that parent will need to sign/notarize the **Release and Waiver Agreement Form**, (attach to application) and the **non-licensed provider needs to sign the Release of Interest (notarized)**. Please send to Puyallup Tribal Childcare Assistance Program, 3009 E. Portland Avenue, Tacoma, WA 98404.

The criminal background finding information is the sole property of the Puyallup Tribe of Indians. Information contained in this report will be kept confidential and will be reviewed only by authorized staff in order to determine childcare provider eligibility.

RANDOM UNIT CHECKS-TEMPORARILY SUSPENDED

Random unit checks of non-licensed providers home or unit in which the child(ren) are being care for will suspended until further notice.

W-9 and ACH FORMS

Childcare Providers: must submit to the Puyallup Tribe a completed W-9 and ACH forms in order to participate in the Puyallup Tribe of Indians Childcare Assistance Program. The W-9 and ACH will need to be filled out and on file with the Tribe in order to receive childcare payment.

Non-Tribal Member Applicants: must submit with your application a completed W-9 and ACH form in order for payment to be made to your childcare provider.

CPR AND FIRST AID

Non-Licensed Providers must provide current copies (within the year) of CPR and First Aid cards.

STATEMENT OF GOOD MORAL CHARACTER

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

Signed this _____ day of _____, 202_____.

Non-Licensed Provider Signature

TAX FORM-1099

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 1099 at the end of the year. When it is time for you to prepare your personal income taxes, you should refer to the total paid to you from the 1099 form and report this income on your individual tax return. Please consult a tax advisor if you have questions.

Upon signing below, I state that 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 must be reported by me to the Internal Revenue Service when I do my yearly tax return.

Provider Signature

Date



Puyallup Tribe of Indians

FY 2025

CHILDCARE ASSISTANCE PROGRAM

**SELF
EMPLOYMENT
AFFIDAVIT
FORM**

**FY 2025
SELF-EMPLOYMENT
AFFIDAVIT**

I _____, the undersigned duly swear that I am self-employed (company name) _____. My primary hours of work will consist of the following:

- _____ Full-time (40 hours a week);
 - _____ Part-time (20 hours per week); or
 - _____ Other please explain (indicate below):
-
-

I the undersign also acknowledge that if and when my self-employment changes I will resubmit a revised income affidavit which indicates my current status to Puyallup of Indians Childcare Assistance Program-**Tribal Services Planner** located at 3009 E Portland Avenue, Tacoma, WA 98404, or physical address: 1423 E. 29th Street, Suite 235, Tacoma, WA 98404.

I the undersign, further state that the above information provided is true and accurate to the best of my knowledge and that providing false information could lead to criminal prosecution.

Childcare Applicant (undersigned)

Date

State of: _____
County of _____

Sworn and subscribed before
me this _____ day
of _____, 2_____, by

Place seal here

Signature of Notary Public

(FY-2025 vs)



Puyallup Tribe of Indians

FY 2025

CHILDCARE ASSISTANCE PROGRAM

FISHING (DIVING)

EMPLOYMENT

AFFIDAVIT

FORM

**FY 2025
FISHING (DIVING) EMPLOYMENT
AFFIDAVIT**

I _____, the undersigned, I'm a Puyallup Tribal Member # _____, duly swear that I'm a self-employed fisherman and work the following hours during the course of the fiscal year:

_____ Fish (diving) full-time (40 hours a week);
_____ Part-time (20 hours per week); or
_____ Other please explain (indicate below):

I the undersign also acknowledge that if and when my self-employment changes I will resubmit a revised fishing (diving) income affidavit which indicates my current status to Puyallup of Indians-Tribal Support Services located at 3009 E Portland Avenue, Tacoma, WA 98404 OR Physical Address: 1423 E. 29th Street, Tacoma, WA 98404.

I the undersign further state that the above information provided is true and accurate to the best of my knowledge and that providing false information could lead to criminal prosecution

Childcare Applicant (undersigned)

Date

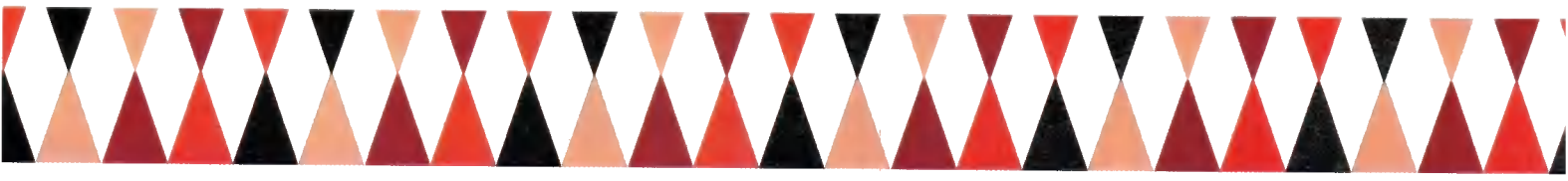
State of : _____
County of _____

Sworn and subscribed before
me this _____ day
of _____, 2 _____, by

Place seal here

Signature of Notary Public

(FY 2025 vs)



Puyallup Tribe of Indians

FY 2025

**CHILDCARE ASSISTANCE
PROGRAM**

**W-9 AND ACH
FORMS**

**For All Providers and Non-
Puyallup Clients**

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor ⁴

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

***Note:** The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.



PUYALLUP TRIBE OF INDIANS



ACH AUTHORIZATION FORM COMPANY

Use this form to start, stop or change an ACH authorization for payments from Puyallup Tribe Accounting.

2 Required Documents!

- 1 This completed ACH Authorization form
- 2 A voided check or a bank letter with your business name, account and routing number.

How to Submit 2 required documents:

1. Deliver in person to CDO at PTOI Admin Building
2. Mail, fax or email to the below.

Mail: Accounting Department
 Puyallup Tribe of Indians
 3009 E Portland Ave
 Tacoma, WA 98404
 Fax: 253.573.7944
 Email: Accounting.CustomerService@PuyallupTribe-nsn.gov

Part I: Payee Information

Type of Action <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Email _____
---	---

Part II: Bank Information

Name of Bank or Credit Union _____

Bank Routing Number* _____ (9-digits) Account Number* _____

Account Type Business Checking Business Savings

If you select **Business Checking** you must submit this form along with a copy of a voided check, or a bank letter from banking institution with your account and routing numbers. If you select **Business Savings** you must submit this form along with a copy of a savings deposit slip, or a bank letter from banking institution with your account and routing numbers.

Part III: Authorization

I authorize the Puyallup Tribe of Indians to deposit funds into the above-named account and to recover any funds deposited into this account in error. I understand it is my responsibility to verify that funds are in my account before I make a withdrawal.

I certify I have read and understand the information contained in this form and that I am authorized to enter into this agreement as the account holder.

Authorized Signature _____ Print Name: _____ Date: _____



PUYALLUP TRIBE OF INDIANS



ACH AUTHORIZATION FORM

INDIVIDUAL

Use this form to start, stop or change an ACH authorization for payments from Puyallup Tribe Accounting.

<p align="center">2 Required Documents!</p> <p>1 This completed ACH Authorization form</p> <p>2 A voided check or a savings deposit slip or a bank letter with your account and routing numbers.</p>	<p>How to Submit 2 required documents:</p> <p>1. Deliver in-person to CDO at PTOI Admin Building • Must present driver's license or ID card or Tribal ID</p> <p>2. Mail, email or fax to the below. *** Notary required for mail, email, or fax ***</p> <p>Mail: Accounting Department Puyallup Tribe of Indians 3009 E Portland Ave Tacoma, WA 98404 Fax: 253.573.7944 Email: Accounting.CustomerService@PuyallupTribe-nsn.gov</p>
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Part I: Payee Information

<p>Type of Action</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Change</p> <p><input type="checkbox"/> Cancel</p>	<p>Name _____ Tribal ID #: _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone _____ Email _____</p>
---	---

Part II: Bank Information

Name of Bank or Credit Union _____

Bank Routing Number* _____ (9-digits) Account Number* _____

Account Type Personal Checking Personal Savings

If you select **Personal Checking** you must submit this form **along with a copy of a voided check** for the bank account specified above. If you select **Personal Savings** you must submit this form **along with a copy of a savings deposit slip**. Or, a bank letter from banking institution with your account and routing numbers.

Part III: Authorization

I authorize the Puyallup Tribe of Indians to deposit funds into the above-named account and to recover any funds deposited into this account in error. I understand it is my responsibility to verify that funds are in my account before I make a withdrawal.

I certify I have read and understand the information contained in this form and that I am authorized to enter into this agreement as the account holder.

Authorized Signature _____ Print Name: _____ Date: _____

WITNESS OF SIGNATURE

State of _____
County of _____

On this _____ day of _____, 20____, this record was signed before me by _____.

{Notary Seal}

Notary Public Signature

My Commission expires: _____



APPLICANTS APPLYING FOR
NON-LICENSED CHILDCARE

**PARENTS: Release of Liability Agreement
in Favor of PTOI (Sign and Notarize)**

NON-LICENSED PROVIDERS:

**Fill out and sign Criminal Background
Check Forms which include:**

- 1) Authorization Forms;**
- 2) Applicant Disclosure Statemen; and**
- 3) Driving Record and Release of Interest
Form**



Puyallup Tribe of Indians

FY 2025

CHILDCARE ASSISTANCE PROGRAM

**RELEASE AND WAIVER
OF
LIABILITY AGREEMENT
IN FAVOR OF THE
PUYALLUP TRIBE OF
INDIANS
FORM**

FY 2025
RELEASE AND WAIVER OF LIABILITY AGREEMENT
IN FAVOR OF THE PUYALLUP TRIBE OF INDIANS
(Parents sign and notarize)

I _____, the undersigned, am applying for non-licensed childcare provider assistance from the Puyallup Tribe of Indians' FY 2025 Childcare Assistance Program (CCAP).

I recognize that the CCAP will use the PTOI Human Resources Department to facilitate a standard criminal background check on my non-licensed childcare provider. The non-licensed childcare provider will be required to sign a disclosure and authorization form with the Tribe for the purpose of the Tribe obtaining this criminal background information. **HOWEVER, I fully understand that the Tribe's standard criminal background check will not capture reported child abuse and neglect information about my non-licensed childcare provider that is not found in the standard criminal background check.**

In light of my full understanding that the standard criminal background check will not provide potential child abuse and neglect information about my non-licensed childcare provider, and in light of my desire to still obtain childcare assistance from CCAP despite not having potential child abuse and neglect background information about my non-licensed childcare provider (or other individuals living where my child is being cared for), I hereby forever release the Puyallup Tribe of Indians and the Tribe's respective leaders, directors, officers, employees, volunteers, agents, contractors, vendors, and representatives (collectively the "Tribe") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage relating to my participation in, or acceptance of, non-licensed childcare provider assistance from the CCAP. I also agree that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of the Tribe in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS AND LEGAL REPERCUSSIONS. I'AM AWARE THAT BY SIGNING THIS DOCUMENT, I AM ENTERING INTO A CONTRACT BETWEEN MYSELF AND THE PUYALLUP TRIBE OF INDIANS AND I SIGN THIS CONTRACT OF MY OWN FREE WILL.

Childcare Assistant Applicant (undersigned)

Date

State of _____
County of _____

**Sworn and subscribed before
me this _____ day
of _____, 2_____, by**

Place seal here

Signature of Notary Public

(FY 2025CCAP- vs)



Puyallup Tribe of Indians

FY 2025

CHILDCARE ASSISTANCE PROGRAM

Criminal Background

Check Forms

**(Non-Licensed
Providers)**

DISCLOSURE AND AUTHORIZATION FORM

The Puyallup Tribe of Indians (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your application for employment, volunteer service, or a contracted position, including promotion or retention as an employee, volunteer or independent contractor, as applicable.

I acknowledge receipt of the separate documents entitled DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT, and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by The Puyallup Tribe of Indians ("Company") at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by CastleBranch Corporation, 1844 Sir Tyler Drive, Wilmington, NC 28405, 888-723-4263, www.castlebranch.com.

I understand that a "consumer report" may consist of my driving history ("MVR") from a state motor vehicle records agency or Department of Motor Vehicles, and authorize the Company to obtain my MVR(s), which may contain personal information about me, such as my photograph, social security number, driver identification number, name, address, telephone number, and medical or disability information.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and/or credit standing. The information that may be included in your report include: *social security number trace, authorization to work checks, criminal records checks, civil record checks, financial information and credit checks, federal record checks, public court records checks, driving records checks, social media posts/entries checks, drug tests, physical tests, educational records checks, employment history verification, references checks, sanction, licensing and certification checks.* The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report from the Company.

AUTHORIZATION

I have carefully read and understand the separate background check disclosure document and the below authorization form. I have received a copy of the "[Summary of Your Rights Under the Fair Credit Reporting Act](#)" and any applicable state or local notices of rights provided with these documents. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by Sterling Talent Solutions, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

Please print legibly

Signature

Date

Name (First)

(Middle)

(Last)

Maiden Name

Other Names Used

Address

City

ST

Zip

Phone Number

Email: _____

Date of Birth: _____ / _____ / _____

SSN: _____

Driver's License/ID #: _____

Issuing State: _____

This information is being collected to conduct the background screen on you. It will not be used or shared for any other purpose.

Puyallup Tribe of Indians
APPLICANT DISCLOSURE STATEMENT

Name: _____

Signature: _____ Date: _____

Instructions: Please respond to every question below and sign and date each page of this statement. Any falsification or deliberate misrepresentation, including omission of a material fact, or failure to complete any part of this questionnaire is grounds for denial of employment or continued employment with the Puyallup Tribe of Indians. If additional space is needed, attach a separate sheet of paper.

Note: A prior conviction will not necessarily bar you from consideration for employment.

EMPLOYMENT HISTORY

1. Have you ever been discharged from any employment? No Yes
2. Have you ever resigned or otherwise separated from employment in order to avoid employment discharge? No Yes
3. Have you ever been disciplined for misconduct by a past or present employer? No Yes
4. If you answered YES to questions 1, 2 or 3, provide an explanation of the circumstances, including underlying facts, place, date and outcome. Attach an additional page if needed.

CRIMINAL HISTORY

5. Are you presently charged with, but not convicted of any crime? (Exclude non-criminal infractions such as minor traffic citations.) No Yes

Name: _____ Signature: _____ Date: _____

6. If you answered YES to question 5, explain below or attach an explanation of the nature of the crime(s), place(s), date(s), and court(s). Pending criminal charges will not necessarily prevent you from being considered for employment.

7. Have you ever been convicted of any crime? (The term convicted means all adverse dispositions, including a finding of guilty, a plea of guilty or nolo contendere/no contest, an Alford plea, a stipulation to the facts, a deferred or suspended sentence, or a deferred prosecution. Exclude non-criminal infractions such as minor traffic citations.) No Yes

8. If you answered YES to question 7, explain below or attach an explanation of the nature of the crime(s), place(s), date(s), and court(s). A conviction will not necessarily prevent you from being considered for employment.

9. Check here if you have NOT been convicted of any crime other than non-criminal infractions such as minor traffic violations.

10. Have you ever been found by a court in a protection proceeding to have abused or financially exploited a minor or vulnerable adult or convicted of any crime where the victim was a minor or vulnerable adult? No Yes

11. Have you ever been found in a dependency action to have sexually assaulted or exploited any minor or to have abused any minor? No Yes

12. Have you ever had a DSHS/CPS (Child Protective Services) finding against you? (for example, any finding of abuse and/or neglect against a minor.) No Yes

13. Are you presently charged with, but not convicted of, any of the crimes or offenses described in questions 10 – 12? No Yes

14. If you answered YES to any of questions 10 – 13, explain below or attach an explanation of the nature of the finding, place, date, and circumstances.

Name: _____ Signature: _____ Date: _____

Puyallup Tribe of Indians

APPLICANT DISCLOSURE STATEMENT

Inquiries will be made to various Law Enforcement and other agencies to verify your answers to the above questions. A copy of any response received pursuant to such inquiry will be made available to you upon request.

I certify under penalty of perjury under the laws of the Puyallup Tribe of Indians that the foregoing is true and correct. I understand that any falsification or deliberate misrepresentation, including omission of a material fact or failure to complete any part of my application or this questionnaire is grounds for denial of employment or continued employment with the Puyallup Tribe of Indians.

Applicant name (print) _____

Applicant signature _____

Date _____



Driving Record Release of Interest

Employers, prospective employers, volunteer organizations, or their agent can get driving records for an employee, prospective employee, or volunteer when authorized. Use this form to get their authorization.

- Complete the Company section.
- Give this form to your employee, prospective employee, or volunteer to complete their section.
- For audit purposes, keep this completed form in your files for at least five years. Do not mail it to the Department of Licensing.

Sealed juvenile records. Information contained in a driving record related to a sealed juvenile record may not be used for any purpose unless required by federal law. The employee or prospective employee may furnish a copy of the court order sealing the juvenile record to the employer, prospective employer, or their agent.

Company—To be completed by the company or the agent of the company

PRINT or TYPE Company name	
Agent company name (if applicable)	AGENT: CASTLE BRANCH, INC.
Company/Agent company address	AGENT: 1844 SIR TYLER DRIVE, WILMINGTON, NC 28405
Authorized representative name	Title
Answer the following 1. Is this company an employer, prospective employer, or volunteer organization of the individual whose driving record is being requested? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Is the record you are requesting necessary for employment purposes related to driving by the employee or prospective employee as a condition of employment or related to driving by the volunteer at the direction of the volunteer organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 3. Do you agree to use the information contained in the record exclusively for this purpose and not divulge it to a third party? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 4. Do you agree to hold harmless the Washington State Department of Licensing for all matters relating to the release of the requested driving record? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Certification I declare under penalty of perjury under the law of Washington that the foregoing is true and correct. <div style="text-align: center;">X</div>	
Date and place (city or county) signed	Authorized representative signature

Employee, prospective employee, or volunteer—Complete this section and return the form to the company

PRINT or TYPE Full name (First, Middle, Last)	Date of birth (mm/dd/yyyy)	WA driver license number
Authorization from <input type="checkbox"/> Employee—for release of my driving record for employment purposes, at my employer's discretion for the full term of my employment <input type="checkbox"/> Prospective employee—for release of my driving record for employment purposes, not to exceed 30 days from date signed <input type="checkbox"/> Volunteer—for release of my driving record for a position applied for that requires me driving at the direction of the volunteer organization		
Employer, prospective employer, or volunteer organization name		
Employer agent company name if acting on behalf of the company for employment purposes CASTLE BRANCH, INC.		
Authorization I am an employee, prospective employee, or volunteer of the company named above and I request that a copy of my Washington State driving record be sent to them/their agent. <div style="text-align: center;">X</div>		
Signature		Date



Puyallup Tribe of Indians

FY 2025

**CHILDCARE ASSISTANCE
PROGRAM**

**POLICIES
AND
PROCEDURES**

PUYALLUP TRIBE OF INDIANS

FY 2025

(October 1, 2024 September 30, 2025)

**CHILDCARE ASSISTANCE PROGRAM
POLICIES AND PROCEDURES**

STATEMENT OF PURPOSE

To outline the manner in which the Puyallup Tribe administers the Puyallup Tribal Childcare Assistance Program.

SCOPE

This policy applies to applicants who are employed, self-employed, attending school or are enrolled in credited school/college or certification program requesting assistance from the Puyallup Tribal Childcare Assistance Program who are employed, self-employed, attending school or are enrolled in a certification or training program, a parent who is undergoing an in-patients (daily/weekly) medical treatment program or a PTOI Children's Services/ICW client in need of childcare based on completion of voluntary services or court ordered plan.

POLICY

The Puyallup Tribe of Indians seeks to support Tribal member families in need of monetary childcare assistance.

PLEASE NOTE: The Childcare Assistance Program requires current CCAP clients reapply for CCAP before the end of the Fiscal Year (September 30). CCAP Applications will automatically be send out. If your address has changed, please contact Tribal Services Planner to update before August 15th.

STANDARD CHILDCARE ASSISTANCE

Eligible applicants will be offered up to \$749 (depending on number of hours in care X \$4.68 per hour, per child, per month. An additional \$100 base for Licensed Facilities and \$50 for Non-Licensed Provider care will be added. However, if amount calculates to over \$749. Provider will only receive the maximum payment of \$749.

STANDARD CHILDCARE ASSISTANCE-MEDICAL CONDITION

Eligible applicants who are in need of childcare based on a severe medical conditional that requires them to undergo daily/weekly medical treatment i.e., chemotherapy, can qualify for childcare assistance up to \$749 per month/ Assistance can only be provided during the

timeframe in which the applicant is undergoing treatment. Applicant must provide documentation via a letter from their physician to verify condition.

THERAPEUTIC CHILDCARE ASSISTANCE

Eligible applicants will be offered up to \$800 for the cost associated with full-time or part-time therapeutic childcare. Childcare facility must have trained professional on staff to be considered under this category. Applicant must provide written verification of special need (physical, developmental behavioral or emotional) by a medical physician/therapist, or school administrator to qualify. Waiver of any Therapeutic Childcare component will be considered on a case-by-case basis. Medical documentation and Tribal Council Approval will also be required.

ELIGIBILITY REQUIREMENTS

To be eligible to apply for the Puyallup Tribe Childcare Assistance Program

The following criteria apply:

1. Child must be an enrolled member of the Puyallup Tribe;
2. If you are a guardian of an enrolled Puyallup Tribal Member, must have legal custody papers to qualify (temporary or permanent);
3. Both parents must be employed, unless one parent is attending school or in training on a full-time or part-time basis while the other is working;
4. PTOI-Children; s Services/ICW clients can qualify for childcare when a voluntary service or court ordered plan required them to attend training, parenting classes and assessments, medical appointments, staffing with social worker in order to satisfy/complete plan, CPS and/or ICW must submit letter/email with application verifying client and duration of plan. Employment, training and certification criteria are waived during the duration of the voluntary services or court ordered plan.
5. Individuals working part-time or self-employed, will have payments prorated based on the number of hours/days parent works, must provide verification from employer. Applicants who are self-employed must provide documentation of days and hours worked).
6. Children must be 12 year or younger. Priority will be given to children with disabilities, teen parents or children under Child Protective Services;
7. Children with documented disability from a health care professional can receive assistance up to 16 years of age;
8. For applicants applying for Standard Childcare Assistance-Medical, they must provide documentation from a doctor regarding course of treatment (daily/weekly and the need for childcare assistance and the duration).
9. For applicants applying for Therapeutic Childcare Assistance they must provide written documentation for physician/therapist or school administrator.
10. Proof of Employment is required to determine whether you are employed full or part-time; and/or
11. Proof of current attendance documentation in a pre or post secondary college or accredited technical institute (if applicable).

APPLICATION PROCESS

1. Fill out Puyallup Tribal Childcare Assistance Application (CCAP) sign and date.
2. Provide photocopies of Tribal Identification or Letter from Tribal Enrollment Officer for PTM children needing care;
3. Submit copies of current check stub or letter from employer which indicates whether you work full or part time (if applicable) Please note: that non-licensed providers (and individuals 18 years and older living in in unit where children are present) will be required to submit with original application, Criminal Background Check forms will be submitted to the PTOI Human Resources Department for processing. The following documents are needed:
 - a. Applicant Disclosure Statement, Disclosure and Authorization form
 - b. Driving Record- Release of Release of Interest (fill out Bottom section, Employee, prospective employee or volunteer);
 - c. Puyallup Tribe of Indians Applicant Disclosure Statement (filled out by non-licensed provider);
4. If applicant is applying for a non-licensed provider the Parent must sign and have notarized the Release and Waiver of Liability Agreement in Favor of the Puyallup Tribe of Indians. This statement indicates you are aware the a full and complete DSHS Criminal Background Check has not been completed and you are knowingly waiving this process until further notice from the Tribe. The Criminal Background Check is to determine character, competence and suitability of the childcare provider. It will include criminal history, child abuse an neglect. Childcare payments will not be made until the criminal background check comes back cleared by Human Resources.
5. If the applicant is attending school, training or certification program applicant must provide copies of registration. Parents/guardians can have a combination of employment, schooling or training to quality;
6. If an applicant is a non-Puyallup Tribal member a W-9 form and a ACH Form (see instructions on form) must be filled out by you in order for your childcare provider to be paid.
7. Once your application is completed an authorized letter will be sent to you and your childcare provider from the Puyallup Tribe of Indians Childcare Assistance Program. **No back payments will be made if your application is submitted incomplete.** However, if you are waiting for a criminal background check and your check comes back cleared, you may request reimbursement only for the days/month your application was turned in and all documentation was provided to be considered eligible (employment verification, enrollment documents, relative placement documentation, CPD, First Aid, medial, CPS/ICW documentation, whichever is applicable).

CHILDCARE PROVIDER REQUIREMENTS

Standard Licensed Providers Must fill out their portion of the Childcare Assistance Application including, address, phone number, fax number, statement of good moral character, State license number and Federal tax identification number, and sign Childcare Assistance application verifying the above information. In addition the Childcare Provider must fill out and submit a W-9 form. Childcare payments will not be made unless a W-9 form is on file with the Tribe's Accounting department.

Non- Licensed Providers Must fill out their portion of the application and complete all of the following requirements:

1. Fill out portion of Childcare Assistance Application (Non-Licensed Section);
2. Fill out health and safety checklist (included in application, must be verified and signed by applicant and provider;
3. Must provide current Cardiopulmonary Respiratory Certification (CPR);
4. Must provide current First Aid (obtain from either the Red Cross, Hospital or Community Health Department;
5. Fill out and sign Criminal Background Check forms (CBC) and submit with application. The PTOI- Human Resource Department will process CBC; and
6. Fill-out W-9 Forms and submit with CCAP application.

Therapeutic Childcare Facilities

1. Must be licensed as a Therapeutic Childcare provider by the state;
2. Must have training professional staff;
3. Fill-out their portion of the Childcare Application include address, phone number, email address, statement to good moral character, state licensed number and Federal tax identification number, and sign Childcare Application verifying the above information.
4. Fill-out and sign W-9 form. Must be one file to process childcare payments.

INELIGIBLE PROVIDERS

1. Montessori Schools (unless Montessori Schools also provide childcare services); and
2. Summer Day Camps (Non-Licensed Daycare Facilities) unless, day camps are also considered childcare facilities for older children.

EMPLOYMENT

Applicant must provide documentation of the number of hours they normally work in a given period (every two weeks). This will aid us in determining the amount of assistance to provide. If you are working part-time you will not be eligible for full-time assistance.

In order to receive full-time assistance you must be working full-time/ any hours less than that will be considered part-time.

EDUCATION/TRAINING

if you are enrolled in post secondary education, or certified training you must be taking 15 + credits or more to qualify for full-time care.

Study Time: We will take in to consideration study time at a rate of 1 hour per credit class. Example: if you are taken 15 credits or 3 classes you will receive 6 hours of study time per day; if you are taken 10 credits (2 classes) you will receive 4 hours of study time per day; if you are taken 3-5 credits (1 class) you will receive 2 hours of study time per day.

PAYMENT CALCULATIONS

1. **Standard Childcare Rate:** Maximum Amount is \$749 per month. Payments are based on the number of hours your child is in childcare. For example: The hourly rate is \$4.68 X 138.5 hours in care=\$648.18. plus base of \$100 for a maximum payment of \$748.18. Additional example: if your child attended a licensed childcare facility for a total of 80 hours per month X \$4.68=\$374.40 plus \$100 base, for a total payment of \$474.40 maximum payment.
2. **Therapeutic Childcare: Maximum amount for Therapeutic care is \$800 per month** Base rate will also be calculated into monthly payment. Client will be responsible for any amount over the CCAP calculated amount.
3. **Base Rate: Standard and Therapeutic:** The base rate for Licensed and Therapeutic Facilities is \$100.00 per child per month for children. For Non-Licensed Providers a base rate of \$50.00 base will be applied to your payment. However, if your hourly calculation and base rate exceeds \$749/\$800, you will not receive additional assistance. Client will be responsible for any amount over the amount calculated by program (if any).
4. All providers and non-Puyallup Applicants need to fill out ACH Company and Individual respectively, form and submit them to Accounting (address on the form) .

Please Do Not Submit

1. **Pre-dated calendar(s).** Calendars and invoices should reflect actual hours and actual days in attendance;
2. **Copies of prior month's calendar.** Your calendars need to reflect the month/days/hours that your child is in attendance and should be filled out on a daily basis. Also, hours must be totaled on your calendar. Please do not fill out the bottom portion of the calendar TSP fills out.
3. **Invoice(s):** Monthly invoices indicating name of Childcare Provider, Address, Name of Child(ren), and Amount Charged for each child must be submitted with calendar(s).

Please be advised: Calendars and invoices submitted before the end of the month will not be processed. We will require a new calendar that reflect the actual days/hours.

Invoices/Monthly Calendars Can be mailed to: Valerie Scott, Tribal Services Planner, Puyallup Tribe of Indians, 3009 E. Portland Avenue, Tacoma, Washington 98404, emailed to valerie.scott@puyalluptribe.nsn.gov or faxed to (253) 573-7886.

Reimbursement Client Payments: If your provider requires payment before services are provided you can be reimbursed (based on the hours your child is in care X hourly rate and base). Not to exceed \$749. Client will need to provide a statement or receipt that shows payments were made by you along with CCAP Monthly Calendar filled signed by you and provider. Please allow 10 working days for payment to be processed.

Fees: The Childcare Assistance Program will pay a one-time registration/deposit fee to a childcare center. If client chooses to change providers, the subsequent registration fee/deposit will be the sole responsibility of the client.

Applicant Payment Responsibility: If the cost of childcare exceeds the amount allocated by the Childcare Assistance Program the remaining amount will be the sole responsibility of the parent (client).

CHANGES IN STATUS

Notification: Applicants must notify the Tribal Childcare Assistance program regarding any changes (employment, schooling, or certification training program) affecting their eligibility to receive assistance. Failure to disclose changes that would disqualify future payments may be subject to civil or criminal action.

Change of Childcare Provider: Applicant must fill out new Provider Section of CCAP Application along with required documentation. Childcare Provider must fill out their portion of the application and submit W-9 and ACH Form. Registration fees will not be covered for subsequent childcare providers.

Change in Non-Licensed Childcare Provider: must fill out their portion of application and submit to criminal background check.

Change in Custody Status: Applicant must report immediately change in custody status. Failure to provide custody status change could result in termination of childcare assistance.

APPROVAL OF APPLICATION

Applicant: Upon approval of childcare assistance the applicant will be sent a letter by the Tribal Services Planner authorizing the amount of childcare assistance granted per child along with copies of invoice and calendars for your files.

Childcare Provider: A letter to the Childcare Provider will be sent indicating the child(ren) authorized to receive assistance, amount of assistance granted and will be provided CCAP invoice and calendar.

Please note: CCAP applications will not be processed unless all documentation is provided. An email from TSP will be sent indicating what additional documentation is needed. Please read the instructions carefully. Payments will begin after an authorization letter has been sent to you and your provider.

NON-LICENSED CHILDCARE PROVIDERS: Random unit checks will be conducted from the Puyallup Tribe's Childcare Warrantor to ensure that requirements of the PTCAP Program are being adhered to. This will include, but not limited to 1. Health and Safety checks (current CPR/First Aid cards, working fire extinguisher and smoke alarms, unit is in sanitary condition, no hazardous materials in unit or outside etc.); 2. To document that child is in care the hours indicated on the application/timesheets; and 3. Additional issues that may require the Childcare Warrantor to conduct inspection of unit.

NO WAIVERS OR EXCEPTIONS TO THESE POLICIES INCLUDING ELIGIBILITY REQUIREMENT WILL BE ALLOWED.

ADDITIONAL INFORMATION

The information provided by you and your household is confidential and will be used only for the purpose of determining eligibility and verifying the information you have submitted. Applications may be submitted any time during the year unless, otherwise determined by the Puyallup Tribe of Indians.

Additional information pertaining to the Puyallup Tribal Childcare Assistance Program is available by contacting Valerie Scott, TSP the Triba at Valerie.scott@puyalluptribe-nsn.gov, by calling (253) 573-7903 or by mail at Puyallup Tribe of Indians Tribal Services Department, 3009 E. Portland Avenue, Tacoma, Washington 98404.

Updated: 9/4/25 vs