SAINT REGIS MOHAWK TRIBE

EDUCATION DIVISION

Child Care Services/Youth Services/College & Career Services
Employment & Training Services/Kanien'keha Language Program

STEP 1: PROGRAM ELIGIBILITY
☐ Complete TLAP application. • Pg. 1 – Application • Pg. 2 – Signed Release of Information
☐ Provide proof of residence: **(Only one document is necessary)** Examples include: ~ Utility or phone bill ~ Class schedule from a district school ~ Letter from school registrar's office ~ Government photo ID (with residence) ~ Car registration or title ~ Bank Statement ~ Pay stub / employment document ~ Home mortgage or lease agreement ~ Letter from government / court ~ Health care document ~ Child(ren) In-care letter ~ Voter registration card
☐ Provide copy of tribal ID or status card. Official enrollment letter is also acceptable.
☐ Provide copy of Selective Service Registration. **(Applicable only to males 18 - 26 years of age seeking Employment & Training services)**
STEP 2: SERVICE ELIGIBILITY
☐ Complete Profile Form for your service request
☐ Provide supporting documents

CASE MANAGEMENT – You will begin working with your assigned Case Manager ***after*** the Intake Process is complete.

CONTACT INFORMATION:
71 Margaret Terrance Memorial Way, Akwesasne, NY 13655
Work (518)-358-9721 Fax (518)-333-5304
education@srmt-nsn.gov

The Mission of the Education Division of the Saint Regis Mohawk Tribe is to promote, support, and respect the culturally relevant and academic needs of our community members by empowering life-long learners through quality educational learning opportunities and experiences.

APPLICATION

Ronathiatonhseraweiénston Education Division
Tribal Learning Assistance Program

What service(s) are you applying for? (check all that apply)

☐ Child Care Services ☐ Youth Services ☐ College & Career Services

☐ Employment and Training Services

Name: _____ **Suffix:** _____
First Name Last Name Middle Name

Preferred Name: _____ **D.O.B.:** _____ **Age:** _____
MM/DD/YYYY

Gender assigned at birth: ☐ Male ☐ Female Preferred Pronouns: _____

Tribal Enrollment #: _____ **Tribe Name**: _____

How would you prefer to be contacted? ☐ Phone ☐ E-mail ☐ Postal Mail

Permanent Residential Address (US or Can): **Mailing Address (US preferred):**

_____ _____

_____ _____

County: _____

Primary Phone: _____ **Other Phone:** _____

E-mail: _____

Emergency Contact Name and Phone Number: _____

_____

- **Does applicant have a documented disability?** ☐Yes☐No

If yes, please describe: _____

- **Is applicant serving in the Military or a Veteran?** ☐Yes ☐No

If yes, which branch of the Military and/or Veteran status? _____

- **Is applicant registered with the Selective Service?** ☐Yes ☐No

Staff Initials _____ : confirmed registration status with Selective Service

Applicant educational status:

☐ Did not complete High School/GED
☐ High School Graduate/GED
☐ Student - High School or less

☐ Associates
☐ Masters
☐ Bachelors
☐ Ph.D.

☐ Trainings/Certificates:
_____
_____
_____
_____

Applicant employment status:

☐ Full-Time ☐ Part-Time ☐ Seasonal Project ☐ Per Diem/Casual ☐ Unemployed

☐ Student not working Current Hourly Wage: $ _____

- **<u>If you are under 18 years of age,</u> provide Parent/Guardian or Relative's information:**

First and Last Name: _____ Relationship to you: _____

Their phone #: _____ Their e-mail: _____

Agreement & Release of Information:

I hereby certify that the above information is true and correct to the best of my knowledge. I understand I am completing this application for the Tribal Learning Assistance Program and the information provided is subject to review and verification. I understand starting the date of this application, I have **30 days to submit the required documentation** needed by the services I have requested. And I may have to provide additional information. I agree to notify the program case manager of any changes in my household, including but not limited to: relocation, telephone numbers, mailing address, e-mail address, change of employment, change in monthly income, and change in number of people in my household as soon as possible. I am aware that **enrollment into service(s) is based on eligibility, the availability of the service, and my space on any waitlist I may be placed on.** I will comply with guidelines set forth by the Saint Regis Mohawk Tribe Education Division and its services.

I,_____hereby authorize the release of information requested by the
NAME OF APPLICANT
Saint Regis Mohawk Tribe's Education Division. The requested information shall be used solely in the administration of the Education Division Tribal Learning Assistance Program services. I hereby authorize the Saint Regis Mohawk Tribe Education Division to obtain and exchange information related to my application to participate in their services. Non-identifying information on my application may be shared with funding agencies. This release of information shall be in effect while I am an applicant or recipient of services, and for any later inquiries pertaining to my eligibility and receipt of program benefits.

With respect to my application for Child Care Services, this authorization is valid to obtain my child(ren)'s immunization records from the Saint Regis Mohawk Health Services ***(Parent/Guardian Initials ____).***

PRINT Applicant Name	Applicant Signature	Date

If applicant is a minor, parent/guardian must sign application

PRINT Minor's Name and DOB

Saint Regis Mohawk Tribe Education Division

Child Care Services Family Profile Form

Office use only: Registration Date: _____ Enrollment Date: _____ Application #_____

Name: _____ **Date**:_____

List child(ren) and age(s) who will be receiving child care services:

_____ M or F D.O.B _____

_____ M or F D.O.B _____

_____ M or F D.O.B _____

_____ M or F D.O.B _____

Expectant parents: what is the baby's due date? _____

Foster child: Yes No (if yes, additional documentation will be required)

Where would you like your child(ren) to receive Child Care services? (Name the center or provider you would like to use): **Preference DOES NOT guarantee immediate placement.**

#1 Preference - Center or Provider Name: _____

Mailing Address: _____

Physical Address:_____

Phone Number(s): _____

Weekly rate this provider charges: $ _____

#2 Preference - Center or Provider Name: _____

Mailing Address: _____

Physical Address:_____

Phone Number(s): _____

Weekly rate this provider charges: $ _____

Days and hours per day child care services are required (example 9-5):

Mon. _____ Tue. _____ Wed. ____ Thu. _____ Fri. _____ Sat. _____ Sun. _____

Please list all people living in the household (including yourself). If you live in a multi-family household, only list members whom you are financially responsible for (example: dependents you claim on annual tax returns).

Note: for subsidy requests, you must submit income information for anyone marked employed.

Family Member Name	Relationship to applicant	Age	Tribe Name & Enrollment #	M/F	Employed? Yes or No	Need Child Care? Yes or No
	SELF					

Does anyone residing in the household receive child support? Yes No

If yes, what is the amount per week? $_____

Does anyone residing in the household receive SSI? Yes No

If yes, what is the amount per month? $_____ Expires when? _____

Does anyone residing in the household receive unemployment? Yes No

If yes, what is the amount per week? $ _____Expires when? _____

Does anyone residing in the household receive a school allowance? Yes No

If yes, what is the amount per month? $_____Expires when? _____

Does anyone residing in the household receive workman's compensation? Yes No

If yes, what is the amount per week? $_____Expires when? _____

Does anyone residing in the household receive assistance from any other program? Yes No

If yes, please explain including the type of assistance received (ie: WIC, food stamps, child care subsidy). _____

NEW APPLICATIONS You MUST submit the following:	RECERTIFICATIONS You MUST recertify every year by:
___Childs birth certificate ___Childs updated immunization record ___If applicable, Custody or In Care letters for "at risk" children ***May be Needed with type of care choice.** **In-home inspection** **Relative/In-home provider profile** **Child's health insurance card** **Physical form**	___Review/Update *Tribal Learning Assistance Program* account information with your case manager. ___New *Release of Information* for each family member in services. ___Update your *Individual Success Plan* ___Childs updated immunization record ___**Other documents may need to be updated as related to care choice**.

CHILD CARE SUBSIDY

You MUST submit the following:

If parent is working…

___**One month** of most recent pay stubs **or** letterheaded wage statement from employer stating the hours worked per week, rate of pay, **MUST** be signed/dated by supervisor.

___Other forms of taxable income

****All employed members of household must submit employment documents****

If parent is attending school…

___School acceptance letter or letter from registrar

___Class Schedule

___Student income

No exemptions will be made

TLAP Child Care Service Wait List Policy

The **SRMT Tribal Learning Assistance Program Child Care wait list policy** states that the parent/guardian is under agreement that the wait for services could potentially be a year or more. This is due to the high demand of child care needs within our community.

Child's Name:_____ DOB _____

Please initial by each statement after reading:

_____ I agree to keep my contact information current.

_____ If I cannot be reached when the program attempts to contact me, a voicemail will be left and a 72 - hour timeframe will be given to return the call.

_____ I understand I will be contacted **every 3 months** to update waitlist status. At each attempt, the program will be inquiring about whether I choose to remain on the waitlist or be removed.

_____ I understand that after two unsuccessful attempts to contact me are made, I will be bumped to the bottom of the waitlist.

_____ If my contact number remains outdated/unreachable after six months, I understand that I will be removed from the wait list. I will be notified by mail about the removal.

_____ I understand that if I am removed from the wait list, I must complete the full registration process again as a new client.

_____ I understand if my child is given a possible start date and I wish to wait, the next family on the list will be called. My family will be moved to the bottom of the list and have to wait until another spot becomes available.

_____ I understand completion of an application does not guarantee a spot will be available when I need child care.

I _____ have read, understand and agree to follow the Child Care Wait List policy set forth by the Early Learning Center.

Phone:_____

Client Signature_____ Date_____

Staff Signature_____ Date_____

_____ **Please initial if you would like to be forwarded to our Family Services Coordinator to be notified for ELC Head Start registrations when your family becomes eligible.