



## YAKAMA NATION CHILD CARE & DEVELOPMENT FUND

### Relative Provider Application

A relative provider is 18 years of age or older who provides child care services only to eligible children who are by marriage, blood relationship, or court decree a grandparent, great grandparent, aunt, uncle or sibling (living in separate residence).

Relative Provider Required Documents – Submit to [CCDF@yakama.com](mailto:CCDF@yakama.com):

- Relative Application
- Family Application on file (Name: \_\_\_\_\_)
- Photo ID/Enrollment Card
- Tribal/Washington State Food Handler Card  
<https://www.ihs.gov/foodhandler/>  
<https://www.yakimacounty.us/323/Food-Handler-Card>
- First Aid/CPR Card  
<https://www.redcross.org/take-a-class/classes/adult-child-and-baby-first-aid%2Fcpr%2Faed-online/a6R0V0000015EUt.html>
- Diagram of home (with emergency meeting spot)
- W-9 and Vendor Request
  - o Must be completed if you are a new provider or to update information, both forms must have the same address

Contact YN CCDF Licensor Micayla Aguilar at 509-865-5121 ext. 4359, 509-895-1706 or [Micayla\\_aguilar@yakama.com](mailto:Micayla_aguilar@yakama.com) to answer any questions.

P.O. Box 151 / 131 Wishpoosh Road Toppenish, WA 98948

Name:			Email:		
First	Last	Middle	Phone Number:		
Physical Address:			City:	Zip:	
Mailing Address:			City:	Zip:	
SSN:	DOB:	Enrolled: <input type="checkbox"/> Yakama <input type="checkbox"/> Other <input type="checkbox"/> Indian Descendent <input type="checkbox"/> Non-Indian			
<u>List All Household Members</u>		<u>Relationship to You</u>	<u>Date of Birth</u>		
<u>Name</u>					
<u>Educational</u>	<u>Highest Level Completed</u>		<u>Diploma/Degree</u>		
High School:					
Trade/Business School:					
College:					
Other (GED, Training):					
<b>Experience and Training in Child Care Profession:</b>					
<b>Special Care Skills and Certificates:</b>					
<b>References (3 Required Non-Family Members)</b>		<u>Phone Number</u>	<u>Occupation</u>		
<u>Name</u>					
Which setting will child care take place? <input type="checkbox"/> In Child's Home <input type="checkbox"/> In Provider's Home					
Check the following services provided in your care: <input type="checkbox"/> Daycare <input type="checkbox"/> Night Care <input type="checkbox"/> Weekend Care					
<b>What children are you caring for?</b>	<b>Yes/No and amount in care</b>	<b>Do you have current training to care for children with:</b>		<b>Yes/ No (If yes, provide certificate)</b>	
Infants		Physical Disabilities			
Toddlers		Medically Fragile			
Preschool (3-5)		Development Delay			
School Age (5+)		Emotional Behavior			
Relationship to child(ren) in care: <input type="checkbox"/> Great Grandparent <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Sibling (living outside home)					
<b>Provider Signature:</b>				<b>Date:</b>	
<b>YN CCDF Director Signature:</b>				<b>Date:</b>	

Relative Provider

# YN CCDF PROVIDER GUIDELINES

## Health

- Hand washing with warm water and soap is regularly required before meal preparation and after diaper changing.
- Children need to be educated on how to properly hand wash; as well as, the knowledge of why handwashing is important.
- Diaper changing will not take place where food is prepared.

## Immunizations

- All children will be required to have/or in the process of obtaining immunizations at the medically appropriate time. These records will be kept on file.

## Medication

- Written permission must be given by parent or guardian before provider administers to child.

## Conditions

- Any skin conditions, injuries, and illness will be reported to the parents or guardian and recorded by the provider.

## Smoking

- Smoking is not permitted in the household and transportation vehicle during child care hours.

## Sanitation

- Provider must keep home, yard clean and sanitary for children. (Proper disposal of garbage, cleaning of bodily fluids, etc.)

## Other

- The building shall be in a good state of repair from safety standpoint.
- The premises shall be free of undue hazards, indoor and outdoor.
- Clear glass doors shall be plainly marked to avoid accidental impact.
- Provider must have access to a telephone/two-way radio/transportation for emergency purposes.
- Stairways that are inside or outside that are over four steps must have railings. Safety gates must be provided where infants and toddlers are given care.

## Safety Requirements

- Provider shall be in good physical and mental health.
- An annual physical exam/physician statement, documentation of TB skin test or chest x-ray is required by CCDF in order to maintain certification.
- Provider will not be able to care for children if child has a fever or contagious condition until the infection is under control and doctor release is signed.
- All flammable liquids and/or poisonous materials shall be stored in facilities that are inaccessible to children
- Any play activity that involves water must be constantly supervised. Ponds and pools are not to be left accessible to children on their own.
- Provider must develop an evacuation plan, to safely exit building in the event of fire. Also hold monthly scheduled fire drills and be certain children know expectations to follow, if such an event should occur.
- Animals or household pets are permitted, provided they have been inoculated regularly and do not interfere with sanitary conditions. All children must be instructed in proper ways of treating the

animals so they are not at risk of any danger. Signed agreement from parent on file.

**Supervision**

- During nap time, at least one adult should be physically present in the same room as the children.
- Children will be supervised at all times.

**Alcohol or Controlled Substances**

- Use of alcohol or drugs during child care hours is strictly prohibited and will be cause for revocation of YNCCDF certification.

**Provider Requirements**

- Provider shall have suitable temperament to care for a child and show love and understanding of children.
- Must work cooperatively with respect to the child's individual feelings.
- Provider shall be free from felony convictions and have good community standing.
- Any person convicted of assault and battery, beating, physical violence or abusing children shall be restricted from the premises during child care hours.
- Provider shall immediately report any suspicion of child abuse to the YN CCDF office and/or to the State office. Failure to report these actions is a misdemeanor offense and is punishable by law and will result in revocations of YN CCDF Certification.
- Provider will attend training and obtain a certificate, provide a copy to CCDF for providing developmentally appropriate child care/education.
- Maintain a home environment.
- Refrain from using the following types of disciplines:
  - I. Loud profane or abusive language
  - II. Corporal punishment
  - III. Discipline that is humiliating/frightening to children
  - IV. Discipline associated with rest, toilet training or loss of food
- Provider will keep daily attendance record.
- Keep an injury/accident record, record of medication and treatments given to child during care.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

## YN CCDF PROVIDER AGREEMENT

THE YAKAMA NATION CHILD CARE AND DEVELOPMENT FUND RESERVES THE RIGHT TO DENY REGISTRATION AND PAYMENT TO ANY PERSON OR AGENCY WHO IS DETERMINED BY THE TRIBE TO BE A POTENTIAL DANGER TO CHILDREN BECAUSE OF CURRENT OR PAST ASSOCIATION WITH OR PARTICIPATION IN CRIMINAL ACTIVITIES, NOTHING IN MY CHARACTER WILL PREVENT ME FROM WORKING WITH CHILDREN, ALCOHOL OR OTHER SUBSTANCE ABUSE, COMMUNICABLE HEALTH PROBLEMS OR UNSAFE CHILD CARE PRACTICES.

Once you have been approved to be the provider and the participant has been determined eligible, you will receive a "Certificate" by mail that states the participant is eligible. The participant is responsible for payment until a "Certificate" is issued. **DO NOT BILL YAKAMA NATION CHILD CARE AND DEVELOPMENT FUND.** I understand that as a certified YN CCDF child care provider, I am self-employed and not an employee of the Yakama Nation. I understand that a 1099 tax form will be provided to me at the end of the year.

Schedules must be submitted to YN CCDF for payment by the deadline indicated on the calendar. Payment may take 21 days for processing from time of receipt.

You must inform YN CCDF of any changes in circumstances. You must notify the YN CCDF program in writing within one week of change of address with verification of new/changed address.

**FRAUD:** Lying on an official document, withholding the truth is subject to federal law. YN CCDF pays with federal funds, federal regulations require fraudulent claims must be reimbursed or reported to legal agency. Any over-payments due to fraud or error will be returned to the YN CCDF program. 18 USC 1001.

If there is an involvement of fraud, your certification may be revoked.

### Provider understands the following:

(Please Initial)

\_\_\_\_\_ I affirm that the information, I have provided is true and complete, to the best of my knowledge and belief. I have read the Health and Safety Guidelines and Premises Checklist and that I understand if /when approved, I may have to take some training.

\_\_\_\_\_ I attest that neither any person nor I in my household has ever been convicted of child abuse or neglect, or any other violent crime. I authorize YN CCDF to verify any/all information provided.

\_\_\_\_\_ I understand that, if approved, I may not hold any other employment, which would interrupt the safe, nurturing care of children (or prevent me from adequate sleep/rest)

\_\_\_\_\_ I authorize the YN CCDF to verify any or all information provided on this form.

\_\_\_\_\_ I agree that the YN CCDF program will investigate any complaints regarding child care, and this registration may be revoked based on failure to comply with applicable regulations.

\_\_\_\_\_ I agree to provide a bill only for approved child care when the parent/guardian is in approved work, education, training program, homeless, or protective services.

\_\_\_\_\_ I agree to obtain emergency medical instructions and approvals in writing from the parent during my first 30 day of child care.

\_\_\_\_\_ I agree to provide child care to the eligible children at the established rates, to accept and require co-payment by the eligible parent/guardian on the sliding fee schedule of this program and report to the program if I do not receive co-payment.

\_\_\_\_\_ I agree to provide immediate access by the parent/guardian of the child(ren) in my care during child care hours, and to provide access to the child care facility to the parent and YN CCDF staff.

**I have read and understood the above mentioned to me as a Yakama Nation CCDF Provider.**

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

# BUILDING AND PREMISES SELF INSPECTION

Address: \_\_\_\_\_

Self-Inspector: \_\_\_\_\_ Date of self-inspection: \_\_\_\_\_

General Condition of Facility/Site:	Yes	No	N/A	Comments
Facility in good repair, free of infestation, clean And sanitary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate facilities to store and handle food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operable emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequately heated and ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to adequate laundry facilities? Separate from children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of hazards (old cars, nails, pipes, old bikes, garbage, recycling etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pools/hot tubs inaccessible when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do stoves or heaters block exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wood stoves installed according to Tribal or Local code? If any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers, smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Public water/sewage discharge (or approved Private system)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Record keeping established? (Brief description)

Bathroom(s):	Yes	No	N/A	Comments
Ventilated? (Window or mechanical)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tub or shower, Sink and toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grab bar or approved non-skid surface?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet training equipment for toddlers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Door can be unlocked from outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Medicine/First Aid Supplies:**

**Yes No N/A**

**Comments**

First aid supplies?

Valid First Aid/CPR?

Medicines properly stored?

Access/disbursement controlled?

Health care plan; for individual child

Emergency phone number?

**Vehicles:**

**Yes No N/A**

**Comments**

Licensed driver(s)?

Seat belts/car seats?

Liability/Medical insurance?

If children are transported, provide the following to YN CCDF:

- Washington State Driver's License
- Liability Insurance
- Signed parental permission in writing

**Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**YN CCDF Director Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**Diagram of Home with Emergency Exits & Meeting Spot (outside)**

Child's Home – address: \_\_\_\_\_  Provider's Home – address: \_\_\_\_\_

EMAIL FORM TO:  
vendor\_requests@yakama.com

# YN REQUEST FOR VENDOR

Fiscal Year \_\_\_\_\_

**Instructions:** New Vendor, check mark "ADD" and complete the entire form. If this is an "Up-date" please include the vendor account ID # and complete entire form.

**Name** is how the vendor is requesting to be paid.

**Address** is the location payment is to be sent to.

**Tax #** is the Federal Tax ID number and/or Social Security number matching the Internal Revenue Service records.

**Required attachments:** W-9 completed by the company (signed) and a copy of the invoice or letterhead (address verification).

PLEASE COMPLETE THE ENTIRE FORM

New Vendor:

Vendor Update:

One-time Vendor:  Yes  No

Vendor ID #: \_\_\_\_\_  
Mark all that apply:  Name  Tax ID #  
 Address  Phone #

## CONTACT INFORMATION

Business Name/Individual: \_\_\_\_\_

\*PLEASE VERIFY INVOICE NAME IF DIFFERENT FROM W-9. THIS SHOULD READ HOW VENDOR IS REQUESTING TO BE PAID.

Payment Terms: \_\_\_\_\_

IRS Business Name: \_\_\_\_\_

Credit Limit: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

(PO Box/Street Address, Town, State, Zip)

Primary Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## TAX INFORMATION

IRS TAX ID NUMBER: \_\_\_\_\_

Check One:  Corporation  
 Partnership  
 Individual/Sole Proprietor  
 Other

FOR INDIVIDUALS ONLY - SOCIAL SECURITY NUMBER: \_\_\_\_\_

Former Employee:  Yes  No

Female Constituent:  
Maiden Name \_\_\_\_\_  
Married Name \_\_\_\_\_

Requested by: \_\_\_\_\_ Ext.: \_\_\_\_\_ Program: \_\_\_\_\_

### PROPERTY & ACQUISITIONS STAFF USE ONLY

Debarred: Yes  No  Suspended: Yes  No  Rec'd date: \_\_\_\_\_

Notes:  Verification Completed By/Date: \_\_\_\_\_

### ACCOUNTING STAFF USE ONLY

IRS Verification Completed Date: \_\_\_\_\_ Rec'd date: \_\_\_\_\_  
By: \_\_\_\_\_

Rev.20210308/csb **NOTICE:** This form is intended exclusively for the individual or entity to which it is addressed. This form may contain information that is proprietary, privileged, or confidential, or otherwise legally exempt from disclosure. If you are not the named addressee, you are not authorized to read, print, retain, copy, or disseminate this form or any part of it or its attachments. If you have received this message in error, please notify the sender immediately by email and delete all copies of the message.

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                 <input type="checkbox"/> C Corporation                 <input type="checkbox"/> S Corporation                 <input type="checkbox"/> Partnership                 <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
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<b>or</b>										
<b>Employer identification number</b>										
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*