

# Mashpee Wampanoag Tribe CCDF Program Guidelines

## **Eligibility Criteria**

1. The applicant must complete an application and submit all information required before eligibility can be determined.

The following information must be submitted:

- a. Original application (faxed copy not accepted)
- b. Child(s) State Certified Birth Certificate: for all children receiving services
- c. Updated immunization records: for all children receiving services
- d. Proof of residency -Utility Bill
- e. Tribal IDs/Enrollment Letter
- f. If attending school: college transcript and/or grades submitted each quarter, letter of class schedule
- g. Proof of income-copies of four consecutive paystubs from all household members, Self-employment forms provided by the MWT CCDF program. **(Must work a max of 35 hours a Week)**
- h. If child is in protective services court documents required.
- i. Copy of W-9 from the child care facility your child/children attends.

**\*\* CCDF has a new drop box in the Foyer, you may drop all items in.**

2. The applicant is responsible for choosing his/her child care provider.
3. The MWT CCDF program will only pay for child care services while the applicant(s) are attending work/school.
4. A child must be under the age of 13 to receive child care subsidies unless child has special needs/ in Protective service.
5. The applicant is required to submit any household member changes.
6. The applicant is required to submit any income changes that brings them above 85% of the median income.
7. The applicant is required to submit any address or phone number changes immediately.
8. Applicants will be required to Re-Certify on the vouchers expiration date.
9. Time to sleep may be approved for applicant(s) who work the graveyard shift. Graveyard shift is considered to be from 11 p.m. to 7 a.m.

% of State Median Income (SMI)	Family of Two		Family of Three		Family of Four		Family of Five		Family of Six		Family of Seven		Family of Eight		Family of Nine	
	Annual	Monthly*	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	\$36,099	\$3,008	\$44,593	\$3,716	\$53,087	\$4,424	\$61,580	\$5,132	\$70,074	\$5,840	\$71,667	\$5,972	\$73,259	\$6,105	\$74,852	\$6,238
85% SMI	\$61,368	\$5,114	\$75,808	\$6,317	\$90,247	\$7,521	\$104,687	\$8,724	\$119,126	\$9,927	\$121,834	\$10,153	\$124,541	\$10,378	\$127,248	\$10,604

% of State Median Income (SMI)	Family of Ten		Family of Eleven		Family of Twelve	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
50% SMI	\$76,445	\$6,370	\$78,037	\$6,503	\$79,630	\$6,636
85% SMI	\$129,956	\$10,830	\$132,663	\$11,055	\$135,371	\$11,281

\*\* Income cannot exceed 85%

