NATIVE AMERICAN CAREGIVER PROGRAM
GRANDPARENT APPLICATION

Our Mission:
The Native American Caregiver Program’s goal is to provide a comprehensive, coordinated, and cost effective system of long-term care in aiding family caregivers caring for tribal elders to maintain a healthy, semi-independent lifestyle in their own homes and communities, as well as providing valuable resources to tribal grandparents caring for grandchildren.
The Cheyenne and Arapaho Native American Caregiver Program is a federal program funded through the Administration on Aging, Title VI-Part C. All available services listed below are subject to grant funding.

The NAC Program benefits family members caring for their elders and grandparents caring for their grandchildren. A family caregiver is defined as an adult family member, or another individual who is an informal provider of in-home and community care to an older individual who needs assistance for daily activities. It is important to know that while there may be a need in your community to find a caregiver for a person who lives alone and does not have a family caregiver, elders will not be eligible to hire a respite provider without a family caregiver under Title VI-Part C funds. Additionally, The Cheyenne and Arapaho Native American Caregiver Program provides services for caregivers, not the elders.

This program provides five areas of service for the caregiver, including respite care.

The offered support services include:

- Information
- Assistance
- Counseling, Training, Support Group
- Respite
- Supplemental Services

** The NAC Program is an (8) week program**

A core value of the Native American Caregiver Support Services, is that the program does not replace the native tradition of families caring for their elders. Rather, provides support that strengthens a family's caregiver role.
GRANDPARENT

- Application filled out completely
- TWO forms of Identification
- Current phone number for the NAC coordinator to follow up during the 8 weeks
- Signature is required by grandparent on every invoice submitted by the respite provider before it will be approved by the NAC Coordinator
- Grandparent must have a legal relationship with the child (court documents establishing adult as legal guardian)
- Grandparent understands appointed respite provider may no reside at the same household in which he/she is assisting.

Minor Child

- Child must be related to elder by blood, marriage, or adoption

Respite Care Provider

- TWO forms of Identification
- W-9 Form
- Contact number he/she can be reached

- Respite Provider understand he/she may not reside with elder/minor child at any time while participating in the Native American Caregiver Program
Cheyenne and Arapaho
Native American Caregiver
Grandparent Application

GRANDPARENT'S INFORMATION: (ELDER REQUESTING RESPITE CARE FOR MINOR CHILD)

Name: __________________________ D.O.B: ______________ SS: ____________

Affiliated Tribe: __________________________ CDIB: __________________________

Address: __________________________ City/State/Zip: __________________________

Email: __________________________

Physical Address: __________________________ Phone: __________________________

Do you have legal custody of minor child
YES —— NO ——

If at anytime documentation is needed regarding custody of minor child would that be available to the
Native American Caregiver Program? YES —— NO —— if NO please explain:

MINOR CHILD INFORMATION: (Minor child under 18 yrs)

Name: __________________________ D.O.B: ______________ SS: ____________

Age: ________ Affiliated Tribe: __________________________ CDIB: __________________________

Physical Address: __________________________ City/State/Zip: __________________________

Does the child listed above have any medical issues? YES —— NO ——

**Add Seperate Sheet for additional children**

NEEDS ASSISTANCE WITH CHILD CARE (check all that apply)

Cleaning _____ Meal Prep _____ Homework _____ Laundry _____ Other________

EMERGENCY CONTACT: __________________________ PHONE: __________________________

Relationship to Elder: __________________________

Elder Signature Date Respite Signature Date

NAC Coordinator Signature Date Date of Completed Application
2. Name: ___________________________  D.O.B: _________________  SS: ___________
   Age: _________  Affiliated Tribe: _____________________________  CDIB: ___________
   Physical Address: _____________________________  City/State/Zip: _____________________________
   Does the child listed above have any medical issues? YES _____ NO _____

3. Name: ___________________________  D.O.B: _________________  SS: ___________
   Age: _________  Affiliated Tribe: _____________________________  CDIB: ___________
   Physical Address: _____________________________  City/State/Zip: _____________________________
   Does the child listed above have any medical issues? YES _____ NO _____

4. Name: ___________________________  D.O.B: _________________  SS: ___________
   Age: _________  Affiliated Tribe: _____________________________  CDIB: ___________
   Physical Address: _____________________________  City/State/Zip: _____________________________
   Does the child listed above have any medical issues? YES _____ NO _____
I, ________________, agree to the terms of this agreement and enter into an agreement to provide contractual service with ________________, a Grandparent of a minor child for a period of no more than 8 weeks. I understand that the Grandparent with the approval of the Cheyenne and Arapaho Tribes of Oklahoma Native American Caregiver Program may from time to time renew this agreement.

I have the responsibility to provide respite care for a total of up to 80 hours during the 8 week program, with the maximum of 10 hours per week and agree to the rate of $7.25 per hour.

(With prior approval from the C&A Tribes Caregiver Program.)

I agree to the terms of this agreement with the following conditions:

- To assist the Grandparent by invoicing the C&A Tribes of Oklahoma that include hours, rate, and total amount due and making sure all required signatures are provided prior to submitting an invoice.
- Submit a W-9 IRS form with the initial agreement
- To assist the Grandparent to make applications with other agencies for long-term Respite Services, and
- That no change or modifications be made to this agreement

Respite Contract Service Data

Name: __________________________ SSN: ______________________
Address: ________________________ Phone: _____________________
Email: __________________________ Cell: _______________________ 
Signature: ________________________ Date: ________________

Grandparent Data

Name: __________________________ SSN: ______________________
Address: ________________________ Phone: _____________________
Email: __________________________ Cell: _______________________ 
Signature: ________________________ Date: ________________

Administrative Approval

NAC Coordinator: ______________________ Date: ________________
I, as a FAMILY CAREGIVER PROGRAM PROFESSIONAL SHALL:
(For Respite care provider- Initial all and sign below)

- Maintain high level of personnel integrity and professional competence
- Act always in a manner that reflects credibility upon my position.
- Protect confidential information.
- Report findings accurately, honestly, and make recommendation impartially.
- Avoid situations where my professional judgement may be compromised.
- Understand, promote, and implement the laws, regulations, guidelines and standards applicable to
  The Family Caregiver Program and specifically to my position, and
- Uphold this Code of Ethics in the conduct of my duties and in my professional associations.

_______________________________________________  __________________________
Respite Care Provider Signature                  Date
Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

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

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above.

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.
   - Individual sole proprietor or single-member LLC
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Unlimited liability company. Enter the tax classification (C=s corporation, S=s corporation, P=Partnership)
   - Other (see instructions)

4. Exemptions (if any) apply only to certain entities, not individuals; see instructions on page 3:
   - Exempt payers: (if any)
   - Exemption from FATCA reporting code (if any)

5. Address (number, street, and apt. or suite no.) See instructions.

6. City, state, and zip code.

7. List account number(s) here (optional) Requester's name and address (optional)

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.

Social security number

Part II: Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 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.

Sign Here

Signature of U.S. person

Date

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.

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 1096-S (proceeds from real estate transactions)
- Form 1098-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.

Cat. No. 10231X

Form W-9 (Rev. 11-2017)