PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

Child Care Services Application

The documentation must be delivered to the CCDF office by mail or hand delivered.
FAXED APPLICATIONS WILL NOT BE ACCEPTED.
INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The following documentation is required to maintain eligibility for child care assistance.

********* THIS IS YOUR CHECKLIST - We need everything listed below**

1. _____ Application
2. _____ Tribal Membership Card or Certificate of Degree of Indian Blood (CDIB)
3. _____ Proof of Income for all household members *(paycheck stub, State Aid, Self Employment Form, Social Security, any other income)*
4. _____ Income Verification Forms for Applicant and Co-Applicant
5. _____ Proof of Address (*Utility bill, must have physical address* ***NOT PO Box***)
6. _____ Copy of Social Security Cards for all household members
7. _____ Copy of Childrenôs Up to Date Immunization records
8. _____ Copy of Childrenôs State Birth Certificates
9. _____ Class Schedule (*If parent/guardian attending school, college, vo-tech, etc.*)
10. _____ Other: _____

Appendix 2 – Eligibility Terminology

1) ATTENDING (a job or education program) ï Duly enrolled in a program or education. Child care services reimbursed only for the necessary time for actual classroom attendance with required labs and travel time (**NO EXEPTIONS** 30 minutes to get to class and 30 minutes to get to child care provider.)
2) JOB TRAINING & EDUCATIONAL PROGRAM ï Activities to secure a High School education or equivalency certificate or post secondary education; basic and remedial education to attain a basic literacy level; Education in English proficiency or Tribal language; job skill training which includes: vocational training for a specific job occupational area, and college work.
3) WORKING ï Gainfully employed. Time spent in activities which incur wages, commissions, tips, piece-rate payments, on the job training programs, work study employment and self employed. Time spent on a pre-approved job search (30 hours per year).

I understand that I must have all the above documentation delivered to the CCDF office and have a complete application before I will be considered for assistance from the CCDF Program. I have read the above terminology and understand that I must be attending work, a job training program, and/or school, or pre-approved job search while my child is receiving CCDF subsidies. I also understand that if I falsify information or fail to submit information required for eligibility that I will be suspended or terminated and will be required to reimburse the program. Client must be working, etc., for child care services to be rendered to facility by the CCDF Program. If client does not have prior approval and does not comply, services will be suspended indefinitely.

** Family is receiving or has received child care or other assistance from any other Tribal/DHS program.
Yes _____ No _____

If yes, please explain:
_____
_____
_____

_____ _____
Signature of Applicant **Date**

SENECA - CAYUGA NATION

PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

Family Information Page	Application Date:
Address:	Home Phone:
City: State/Zip:	County:
Name (parent/guardian)**:**	**Name** (parent/guardian)**:**
Tribal Affiliation:	Tribal Affiliation:
Cell Phone:	Cell Phone:
Email:	Email:
Employer:	Employer:
Work Address:	Work Address:
City: State/Zip:	City: State/Zip:
Phone:	Phone:

LIST ALL Household Members *(If more space is needed, please use back of this page.)*

First Name	M.I.	Last Name	Sex	DOB:	Age:	Social Security Number	Married or Single or Child	(X) Here If Native American	(X) Here if in need of Day Care

APPLICANT SIGNATURE_____

By signing this page, you are acknowledging that all above information is true and correct.

Day Care Choice		*****Below Office Use Only*****	
Address:		Co-Payment (per month-per child):	
Phone:	License #	Max. Days Authorized:	
Director/Owner:		Hours Per Day:	
2nd Day Care Choice (if applicable)**:**		Date Certified:	
		CCDF Staff Signature:	

PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

CLIENT RESPONSIBILITIES AND AGREEMENT

Applicant and Co-Applicant please initial each blank space.

1. I shall be responsible for certifying my childôs attendance in day care by signing the attendance record maintained by the facility at the end monthôs care. I understand that my failure to certify my childôs attendance by signing the attendance record form will result in Seneca-Cayuga Nation terminating payment to the provider and/or the facilities discontinuing care of my child. **I further understand I am NEVER to sign a blank attendance record.** _____ _____

2. If the provider requires payment for the child even when the child is absent from daycare it is the parents responsibility to pay for those days that the child is not in care. _____ _____

3. I am responsible to promptly pay or make arrangements to pay the co-payment that I owe the Provider (the amount of the co-payment is shown on the Approval Letter). *If your monthly co-payment exceeds the amount of the daycare fee for the month then the applicant is responsible for paying the daycare fee and not the co-payment. _____ _____

4. If the provider charges higher rates than Oklahoma State rates, it is the responsibility of the applicant(s) to pay this fee. _____ _____

5. I will be responsible for any additional charges or overtime charges if my children requires child care beyond the number of hours for which I have been certified on the Seneca-Cayuga CCDF Program (as noted on my Approval Letter). _____ _____

6. I am responsible for any expenses incurred by my failure to notify the Seneca-Cayuga Nation or the Provider of any changes in my status, as required in this agreement. _____ _____

7. I will be held responsible for repaying the Seneca-Cayuga Nation any overpayment of benefits paid in my behalf. Failure to do so will result in loss of child care assistance from the Seneca-Cayuga CCDF Program. Any applicant found to be defrauding the Child Care Development Fund Program will be terminated indefinitely. _____ _____

8. The Seneca-Cayuga Nation CCDF Program will only pay for child care services while the applicant(s) are attending work, school, or approved job training. Approved job search is allowable on a case-by-case basis. _____ _____

9. If child attends child care facility while parent is NOT working, in school, or job training, without prior approval by CCDF, the clientôs child care may be suspended up to one year or terminated indefinitely effective immediately. _____ _____

10. If I wish for my child to attend daycare when I am NOT working/ in school/ job training, I understand that I am responsible for paying child care facility for those days. I understand I am not eligible to receive child care assistance for days/hours that either I or my spouse is not attending work/school/job training. _____ _____

11. Time for sleep may be approved for applicant(s) who work Graveyard shift. Graveyard shift is to be considered to be from 11:00 p.m. to 7:00 a.m. _____ _____

12. I understand that my child is to be dropped off at daycare 30 minutes before work/school and picked up no later than 30 minutes after work/school. NO EXEPTIONS WILL BE MADE FOR DRIVE TIME. _____ _____

13. I understand that in order to receive Child Care Assistance for a non-tribal child, the child must reside in a Native American home, with a tribal parent and a tribal sibling. I further understand that a Non-Tribal Child Verification must be filled out for the non-tribal sibling. _____ _____

14. I agree that it is my responsibility to Certify/Recertify my childcare **ON or BEFORE** the due date and time listed on the Re-Certification application before April 1st and also **ON or BEFORE** the due date and time listed on the application before October 1st of each year. As this is the standard certification monthôs for the CCDF Program, the forms will be available on www.sctribe.com under Child Care or contact CCDF. _____ _____

15. I must notify Seneca-Cayuga Nation **within 10 days,** of any changes of status that will affect eligibility of services. Changes include but are not limited to: Change of address, marital status, living arrangements (such as a significant other moving in/out the home or visa versa.), employment status, changes in work/school schedules, changing Providers/Child Care Facilities, or no longer need the assistance of the Seneca-Cayuga Nation CCDF Program. ***** Failure to comply may result in loss of childcare assistance and client repayment of child care funding to the CCDF program.** _____ _____

16. The consequences of not submitting correct or updated information may result in the loss of your childcare. You will also be required to refund the CCDF Program for the time the information was withheld. _____ _____

17. I agree to provide the Seneca-Cayuga Nation Child Care Program all contact information necessary to verify any statements made in my application for assistance, and I hereby give permission for the Seneca-Cayuga Nation Child Care Program to verify all information that I have provided in my application with employers, employment agencies, child care providers, educational or training facilities, sources of financial support, and other similar agencies. _____ _____

18. I affirm under penalty of law that the information given in this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement I have made is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud and may be denied future benefits from the Seneca-Cayuga Child Care Program and other Seneca-Cayuga Nation Programs. _____ _____

PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

LIABILITY DISCLAIMER

I agree to hold the Seneca-Cayuga Nation blameless from any liability, claims, damages that may result from the childcare providerôs performance of its obligations under this agreement.

I UNDERSTAND BY SIGNING, THIS FORM THAT I AGREE TO THE TERMS OF ANY AND ALL TERMS OF THIS AGREEMENT

_____	_____
Client Signature	Date
_____	_____
C.C.D.F. Staff	Date

To appeal a determination, you must return a written notification of your intention to appeal to the Seneca-Cayuga Nation, Government Specialist no later than 10 working days from the date of the notification of decision.

PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

PARENT/GUARDIAN Information

Information and Special Request for Parents

- Please report any temporary financial situations that may hinder your ability to pay your co-payment to the provider (Example: Major medical bills or major car repairs)
- Applicants will select and arrange service for their own childcare provider. We do have a list of licensed and/or tribally approved providers in your area.
- Should you have any complaint against the provider, they must be in written form, signed and dated by the parent making the complaint.
- Any Provider must provide that parents will be welcome in the center or home at all times.
- A co-payment is required for each parent/guardian and is paid directly to the provider.
- When changing providers all payments and co-payments must be paid in full before the change can be made.

PROVIDER SELECTION AGREEMENT

1. I must choose a child care provider who is State or Tribally licensed and the child care facility that I choose must be at one plus, two, or three star status if the facility is located in the state of Oklahoma.
2. It is my parental right to make an informed choice and to monitor the quality of childcare provided by my chosen provider.
3. It is my responsibility to determine the appropriateness of my chosen childcare provider.
4. Periodic unannounced visits will be made by the CCDF staff to facilities where childcare is provided.
5. I agree not to hold the Seneca-Cayuga Nation responsible for any liability, claims or damages that may result from the providerôs performance of its obligations under this agreement.
5. It is the duty and responsibility of the childcare provider to report this non-compliance to the CCDF Program. If the childcare provider is aware of a parent not following the correct guidelines that are present in the Approval Letter, then the childcare provider is liable for payment that is due to them because of non-compliance of parent or parents.

By signing this form I agree and understand the terms of selecting a provider.

_____ _____

Signature of Parent/Guardian Date

PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

CHILD CARE PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT:
I authorize and direct the Seneca-Cayuga Nation to gather information or materials needed to complete and verify my application for participation in and/or to maintain my continued assistance under the Seneca-Cayuga Nation services and programs.

INFORMATION COVERED:
I understand that previous or current information regarding my household or myself may be needed. Verification and inquires that may be requested include, but are not limited to:

- Identity and Marital Status
- Employment, Income, and Assets
- Credit History
- Medical or Child Care Allowances
- Residence and Rental Activity
- Criminal and Drug Activity

GROUPS AND INDIVIDUALS THAT MAY BE ASKED: (but not limited to):

- Previous Landlords
- Schools and Colleges
- Support and Alimony Providers
- Veterans Administration
- Welfare Agencies
- Utility Companies
- Credit Providers
- Courts and Post Offices
- Law enforcement Agencies
- Past and Present Employers
- State Unemployment Agencies
- Medical and Child Care Providers

ALL ADULTS IN HOUSEHOLD MUST SIGN FORM BELOW!

CONDITIONS:
I agree that a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file with the Seneca-Cayuga Nation Child Care Department and will stay in effect as long as services are received.

_____ _____
Primary Applicant Print Name

_____ _____
Secondary Applicant (Spouse, etc) Print Name

_____
Date

PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

CHILD CARE PROGRAM

Re-certification Agreement

I understand that any notice other than the contract agreement is a *courtesy* and that it is my responsibility to re-certify even in the absence of a notice prior to April 1st the applications are due by the date and time given on the applications and due by or before October 1st also by the due date and time given on the application of each calendar year. If re-certifications are not received prior to these dates, it will result in loss of child care assistance.

I understand that if there are ANY changes to my status (Income change, change of address, phone number, family status, (marriage or moving in with significant other); work or school schedule.) I will notify the Child Care Department IN WRITING OR BY PHONE CALL within 10 days and that my contract agreement may change and may be liable for payment directly to the provider or reimbursement to the CCDF Program of the Seneca-Cayuga Nation.

I understand that if my work or class schedule changes, I will notify the Child Care Department within 10 days and that my contract agreement may change.

I understand the funding period of my contract agreement can be found on my copy of the approval letter.

I agree to hold the Seneca-Cayuga Nation blameless in the event that I fail to meet the responsibilities of my contract deadline.

I understand that services are not approved unless the Child Care Department, parent and provider each have a signed and current original contract agreement.

I understand that the Seneca-Cayuga Nation is not responsible for lost or misdirected mail. To guarantee receipt of documentation to the Seneca-Cayuga office I should send my information through certified mail or hand deliver and get a date stamped copy for my records. It is the responsibility of the client to ensure complete re-certifications are received by or before the due date and time listed on the cover letter of the application packet.
I agree that if I have any questions or concerns that I will contact the Seneca-Cayuga Nation at (918) 787-5452.

_____ _____

Signature of Parent Date

PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

Employment Verification - CCDF Program

Applicant Name: _____

Name/Address of Employer: _____

_____

_____

The above named individual is seeking childcare assistance through the Seneca-Cayuga Nation CCDF Program Federal regulations require employment verification which includes work schedule and rate of pay. The individual has authorized your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I _____ hereby authorize the release of information requested below regarding any employment and compensation.

_____ _____

Signature Date

TO BE COMPLETED BY EMPLOYER:

1. Date employment began _____
2. Position/Occupation _____
3. Work schedule (example Tue-Sat 7:30 ï 4:00) _____
4. Current rate of pay $ _____ per hour.
5. Number of hours per week normally worked _____
6. Employee is paid (Circle one):

Weekly	**2x a Month (ex. 15th & 30th)**	**Bi-Weekly (Every 2 Weeks)**	**Monthly**

I certify that the preceding information is true and correct:

_____ _____

Name of Company Official Title of Company Official

_____ _____

Telephone Number Date

PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

Employment Verification - CCDF Program

Applicant Name: _____

Name/Address of Employer: _____

_____

_____

The above named individual is seeking childcare assistance through the Seneca-Cayuga Nation CCDF Program Federal regulations require employment verification which includes work schedule and rate of pay. The individual has authorized your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I _____ hereby authorize the release of information requested below regarding any employment and compensation.

_____ _____

Signature Date

TO BE COMPLETED BY EMPLOYER:

1. Date employment began _____
2. Position/Occupation _____
3. Work schedule (example Tue-Sat 7:30 ï 4:00) _____
4. Current rate of pay $ _____ per hour.
5. Number of hours per week normally worked _____
6. Employee is paid (Circle one):

Weekly	2x a Month (ex. 15th & 30th)	Bi-Weekly (Every 2 Weeks)	Monthly

I certify that the preceding information is true and correct:

_____ _____

Name of Company Official Title of Company Official

_____ _____

Telephone Number Date

PO Box 453220 Grove, Oklahoma 74345| **P:** 918-787-5452 Ext. 101 or 103

INCOME DOCUMENTATION – OFFICE USE ONLY

	MONTHLY NET INCOME	DOCUMENTATION	NOTES
Wages			**If paid:** Weekly x 4.3 Bi Weekly: x 2.15 2 Times Mo x 2 Monthly x 0
Wages			
Self-Employment			
Social Security			
Dividends and/or Interest			
Pensions and/or Annuities			
Unemployment Compensation			
Workerôs Compensation			
Alimony			
Veteransô Benefits			
AFDC, AABD, or SSI			
Other (Specify Source)			
TOTAL			
Work Related Expense Allowance		($250.00 from total household income $100.00 per child under 12 years of age receiving child care services.)	
Net minus Allowance		Eligibility Determination Amount	

INCOME ELIGIBILITY DETERMINATION

COMPARISON OF INCOME WITH AGENCY MAXIMUMS

Family Size	Monthly Net Income	Maximum Monthly Net Income for Size of Family	Clientôs Co-Pay Per Child/Per Month
_____	_____	_____	_____

To be eligible, the monthly net income cannot exceed maximum monthly net income for family size.

_____ Child Care Staff

_____ Date