



PO Box 453220 - Grove Ok 74345-3220 | P: (918) 787-5452 | F: (918) 517-3265 or 918-289-2580
www.sctribe.com

August 1, 2016

**RECERTIFICATIONS DUE BY
SEPTEMBER 16, 2016 BY 4:00 PM**

Please be advised that it is time to certify your child care. The date that your completed application is due will be September 16, 2016 by 4:00 p.m. into the Grove Child Care office.

You may bring the completed application to the Grove Office or mail it to the Grove office. If you mail your application please make sure that you mail it in enough time to be received by the CCDF Office by the deadline of 09/16/2016 at 4:00 p.m. There will be **NO EXCEPTIONS.** The Seneca-Cayuga Nation is not responsible for lost or misdirected mail. To guarantee receipt of documentation to the Seneca-Cayuga office you should send the information through certified mail or hand deliver. If you should bring it to the Grove office, please ensure that the documents are stamped with the date that they were brought in.

There is a checklist on the application, please read this and make sure that **ALL** your paperwork is turned into our office. If your application is lacking any documentation or the application boxes are not filled in or signed, your application will be considered incomplete and will be returned for completion. If your application is not returned completed by the deadline, your application will be denied and will result in loss of child care assistance.

If the completed application is **NOT** received on or before Septemer 16, 2016 at 4:00 p.m., the result will be loss child care assistance and you will be responsible for the following month's payment to your Child Care Facility.

Your child care provider will also receive a notice that it is time for you to recertify. Child care providers will post the notice in their facilities as a reminder that it is time for you to recertify. The providers will also be notified of approval of child care or termination of child care services.

If you happen to lose any of the following documentation you can get a copy from our website: www.sctribe.com Click the Child Care tab, and the October 2016 Recertification From will be listed for you to download. You may also call the CCDF office and we can mail or email or fax it to you.

Thank You,


Samantha Butterfield
CCDF Staff

Signature of Applicant



SENECA - CAYUGA NATION

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Child Care Services (918) 787-5452 Ext. 101 or 103

Recertification CHECKLIST

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 and will be mailed back for completion. The following documentation is required to maintain eligibility for child care assistance. ALL fields MUST be filled in.

- 1. Application with Client Responsibilities Agreement
2. Proof of Income for all household members
3. Employment Verification Forms for Applicant and Co-Applicant
4. Proof of Address
5. Copy of Immunization records
6. Copy of Class Schedule
7. Other:

Appendix 2 - Eligibility Terminology

- 1) ATTENDING (a job or education program) - Duly enrolled in a program or education.
2) JOB TRAINING & EDUCATIONAL PROGRAM - Activities to secure a High School education or equivalency certificate
3) WORKING - Gainfully employed. Time spent in activities which incur wages, commissions, tips, piece-rate payments...

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 also 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.

** 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



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Family Information Page

Applicant Name:		Application Date:	
Physical Address:		Mailing Address:	
City:	State/Zip:	County:	Home Phone:
Parent/ Guardian 1:		Parent/ Guardian 2	
Cell Phone:		Cell Phone:	
Email:		Email:	
Employer:		Employer:	
Work Address:		Work Address:	
City:	State/Zip:	City:	State/Zip:
Phone:		Phone:	

Please List All Household Members
Please Print

First Name	M.I.	Last Name	Sex	D.O.B.	Age	Social Security No.	Tribal Affiliation	(M) Married (S) Single, (C) Child	(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.

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





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CLIENT RESPONSIBILITIES AGREEMENT

Applicant and Co-Applicant please initial each blank space.

1. I shall be responsible for certifying my child's attendance in day care by signing the attendance record maintained by the facility at the end month's care. I understand that my failure to certify my child's 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 client's child care may be suspended up to one year or terminated indefinitely effective immediately. _____

(Continued on next page)



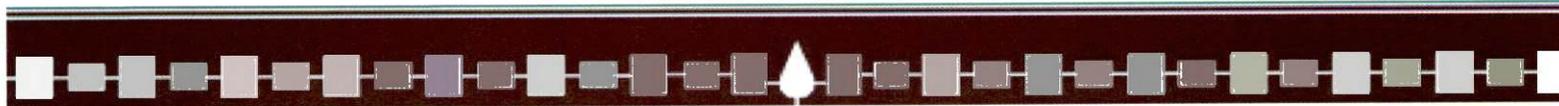
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- 10. If I wish for my child to attend daycare when I am NOT working/ in school/ job training, I understand that I am responsible for paying child care facility for those days. I understand I am not eligible to receive child care assistance for days/hours 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 month's 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. _____





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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 – 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





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Signature

Date

TO BE COMPLETED BY EMPLOYER:

- 7. Date employment began _____
- 8. Position/Occupation _____
- 9. Work schedule (example Tue-Sat 7:30 – 4:00) _____
- 10. Current rate of pay \$ _____ per hour.
- 11. Number of hours per week normally worked _____
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