



PO Box 453220 Grove, Oklahoma 74345 | P: 918-787-5452 Ext. 102 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

Applicant Checklist

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

1. _____ Application
2. _____ Tribal Membership Cards 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 Children's Up to Date Immunization records
8. _____ Copy of Children's State Birth Certificates
9. _____ Class Schedule (*If parent/guardian attending school, college, vo-tech, etc.*)
10. _____ Other: _____

Eligibility Terminology

- 1) ATTENDING (a job or education program) ó 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 and from work or education program.)
- 2) JOB TRAINING & EDUCATIONAL PROGRAM ó 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 ó 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 .

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





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Family Information Page

Please Print

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

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

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.

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:			





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CLIENT RESPONSIBILITIES AND 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. _____
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. _____





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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 monthø 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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LIABILITY DISCLAIMER

I agree to hold the Seneca-Cayuga Nation blameless from any liability, claims, damages that may result from the childcare provider's 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.





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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 provider's 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





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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 | Medical or Child Care Allowances |
| Employment, Income, and Assets | Residence and Rental Activity |
| Credit History | Criminal and Drug Activity |

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

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





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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





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Employment Verification - CCDF Program

Parent/Guardian 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 ó 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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