



PO Box 453220 Grove, Oklahoma 74345 | P: 918-787-5452 Ext. 6055 or 6056

## Child Care Services Application

The documentation must be delivered to the CCDF office by mail or hand delivered.

**FAXED/EMAILED 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 with Client Responsibilities Agreement**
2. \_\_\_\_\_ **Tribal Membership or Certificate of Degree of Indian Blood (CDIB) Cards** (For all Tribal Members in household.)
3. \_\_\_\_\_ **Proof of Income for all household members** (Paycheck stub, State Aid, Self Employment Form, Social Security, any other income. *If submitting a Self-Employment Form, a Tax Transcript must also be included.*)
4. \_\_\_\_\_ **Employment Verification Forms for Applicant and Co-Applicant**
5. \_\_\_\_\_ **Proof of Address** (Utility bill, Lease/Mortgage bill/receipt – 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** (For those in need of childcare)
8. \_\_\_\_\_ **Copy of Children’s State Birth Certificates** (For those in need of childcare)
9. \_\_\_\_\_ **Class Schedule** (If parent/guardian attending school, college, vocational technology, etc.)
10. \_\_\_\_\_ Other: \_\_\_\_\_

### Eligibility Terminology

- 1) ATTENDING (a job or education program) – 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 EXCEPTIONS** 30 minutes to and from work or education program.)
- 2) JOB TRAINING & EDUCATIONAL PROGRAM – 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 – 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*

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

**LIST ALL HOUSEHOLD MEMBERS** – *Please Print*

<u>First Name</u>	<u>M.I.</u>	<u>Last Name</u>	<u>Sex</u>	<u>D.O.B.</u>	<u>Social Security No.</u>	<u>Tribal Affiliation</u>	<u>(C) Child (M) Married (S) Single</u>	<u>Please Indicate Type(s) of Care</u>
								<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Summer Childcare
								<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Summer Childcare
								<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Summer Childcare
								<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Summer Childcare
								<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Summer Childcare
								<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Summer Childcare
								<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Summer Childcare
								<input type="checkbox"/> Daycare/Preschool <input type="checkbox"/> Before/After School <input type="checkbox"/> Summer Childcare

**Applicant Signature:** \_\_\_\_\_

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

<b><u>Child Care Provider:</u></b>	<b><u>BELOW OFFICE USE ONLY</u></b>
Address:	Co-Payment (per month-per child):
Phone: Director/Owner:	Max. Days Authorized:
<b><u>2<sup>nd</sup> Provider (If applicable):</u></b>	Hours Per Day:
Address:	Date Certified:
Phone: Director/ Owner:	Seneca-Cayuga CCDF Signature:





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# CLIENT RESPONSIBILITIES AND AGREEMENT

\*Applicant and Co-Applicant please READ AND INITIAL each blank space.\*

1. 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. (initial here) \_\_\_\_\_
2. 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 also understand that the parent(s)/guardian(s) listed on my childcare application shall be the only person(s) to sign monthly attendance forms and I must notify the Seneca-Cayuga CCDF Program if I am unable to sign. **I further understand I am NEVER to sign a blank attendance record.** (initial here) \_\_\_\_\_
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. **The CCDF Program cannot pay for your childcare assistance at another facility if you have left an outstanding balance at a previous facility.** (initial here) \_\_\_\_\_
4. If the provider charges higher rates than Oklahoma State rates, it is the responsibility of the applicant(s) to pay this fee. Also, if the provider requires payment for absent days, it is the responsibility of the parent/guardian to pay for those days that the child is not in care. (initial here) \_\_\_\_\_
5. 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. 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.** (initial here) \_\_\_\_\_
6. If you decide to switch your child to another facility, you must notify the CCDF Program in writing immediately. The notification must state the date of change, the name, address, and phone number of the facility have chosen. If you owe an outstanding balance to your current childcare provider, you must notify the CCDF Program and make payment arrangements prior to switching. (initial here) \_\_\_\_\_
7. 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). I will also 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 potentially defrauding the Child Care Development Fund Program will be terminated indefinitely. (initial here) \_\_\_\_\_
8. 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. 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. (initial here) \_\_\_\_\_
9. 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. (initial here) \_\_\_\_\_
10. 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. Exceptions may be made on a case-by-case basis and must be discussed and approved by the CCDF Program. (initial here) \_\_\_\_\_
11. 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/tribal sibling. I further understand that a Non-Tribal Child Verification must be filled out for the non-tribal sibling. (initial here) \_\_\_\_\_
12. 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 1<sup>st</sup>** and also **ON or BEFORE** the due date and time listed on the application **before October 1<sup>st</sup>** of each year. As this is the standard certification month's for the CCDF Program, the forms will be available on [www.sctribe.com](http://www.sctribe.com) under Child Care or contact CCDF. (initial here) \_\_\_\_\_
13. 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. (initial here) \_\_\_\_\_
14. 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. 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. (initial here) \_\_\_\_\_
15. 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. (initial here) \_\_\_\_\_





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## **PARENT/GUARDIAN Information**

### Information and Special Request for Parents

- Parents can contact CCDF Staff for information regarding services for special needs children.
- Parents can contact CCDF Staff for information regarding multi-family homes.
- 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. CCDF staff can provide 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 parental 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

\_\_\_\_\_  
Co-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 1<sup>st</sup> the applications are due by the date and time given on the applications and due by or before October 1<sup>st</sup> 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, Ext. 102 or 103.

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Signature of Parent

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Date







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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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**Please complete the following form to receive updates from the Seneca-Cayuga CCDF Program via our Remind app.**

The Seneca-Cayuga Child Care Program uses the Remind app to send notifications to our clients and providers. Clients and childcare providers will be able to receive updates regarding Recertifications, CCDF office notifications, provider trainings, and any program changes. The app can also be used as a communication tool to send direct messages to CCDF staff. The app is totally free however you do not have to download the app to receive notifications. Users also have the option to receive text notifications or email notifications! Please feel free to share this information with your childcare provider.

After completing this form and submitting your Recertification, you will begin receiving updates from the Seneca-Cayuga CCDF Program. If you would like more information, please email [sbutterfield@sctrib.com](mailto:sbutterfield@sctrib.com) or [crios@sctrib.com](mailto:crios@sctrib.com).

*Indicate your preference for receiving updates by checking one or both of the following items. Write a "1" in the box of your first choice and a "2" for your second choice.*

**Text Updates.** Please indicate cell phone number: \_\_\_\_\_

**Email Updates.** Please indicate email: \_\_\_\_\_





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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 – 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. 15<sup>th</sup> & 30<sup>th</sup>)**

**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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## 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 – 4:00) \_\_\_\_\_
4. Current rate of pay \$ \_\_\_\_\_ per hour.
5. Number of hours per week normally worked \_\_\_\_\_
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**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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**INCOME DOCUMENTATION – OFFICE USE ONLY**

	MONTHLY NET INCOME	DOCUMENTATION	NOTES
Wages			<p><b>If paid:</b>            Weekly x 4.3            Bi Weekly: x 2.15            2 Times Mo x 2            Monthly x 0</p>
Wages			
Self-Employment			
Social Security			
Dividends and/or Interest			
Pensions and/or Annuities			
Unemployment Compensation			
Worker’s Compensation			
Alimony			
Veterans’ Benefits			
AFDC, AABD, or SSI			
Other (Specify Source)			
<b>TOTAL</b>			
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    Client’s 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

