

INSTRUCTIONS FOR CLIENT FORMS

- Date and sign **APPLICATION CHECKLIST**
- On **APPLICATION** Fill in ALL information except lower box on right. Just sign and date in that box.
- Read bottom of **INCOME DOCUMENTATION**. Do NOT fill in this form. Just answer the bottom YES or NO and sign.
- Read **CLIENT AGREEMENT** carefully and initial after each statement. Sign and date on Client Signature.
- Read **PARENT/GUARDIAN PROVIDER AGREEMENT** carefully then sign and date.
- **EMPLOYMENT VERIFICATION** must be filled out by employer for EACH working adult.

ALSO NEED:

- Check stubs for everyone employed in household
- Proof of physical address (current water, gas or electric bill)
- Tribal card and/or CDIB
- Social security cards for everyone
- Birth certificates for children
- Immunization for children (must be up-to-date)
- Divorce / Custody / Child Support / Guardianship Documents
- College enrollment / Letter from registrar's office / Class schedule

If self-employed:

- Notarized form stating monthly income
- Current income tax returns



APPLICATION CHECKLIST

OTTAWA TRIBE
P.O. BOX 110
MIAMI, OK 74355
PHONE: 918-540-1536

CAROL ESSEX, DIRECTOR
cessex.oto@gmail.com

KRISTI SMITH, PROGRAM SPECIALIST
ksmith.oto@gmail.com

The documentation must be delivered to the CCDF office by mail, email or in person. **FAXED APPLICATIONS WILL NOT BE ACCEPTED.** The following documentation is required to establish eligibility for child care assistance.

- ___ 1. APPLICATION
- ___ 2. CERTIFICATE DEGREE OF INDIAN BLOOD (CDIB) OR TRIBAL MEMBERSHIP CARD.
- ___ 3. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS (Check stub, State Aid, Self-employment, Social Security, any other income and **Employment Verification Form**).
- ___ 4. PROOF OF PHYSICAL ADDRESS (Current water, gas or electric bill)
- ___ 5. COPY OF SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
- ___ 6. COPY OF IMMUNIZATION RECORDS (Must be up to date).
- ___ 7. COPY OF CHILDREN'S BIRTH CERTIFICATES.
- ___ 8. COPY OF PELL GRANTS AND ANY OTHER FINANCIAL ASSISTANCE.
- ___ 9. CLASS SCHEDULE AND LETTER OF ACCEPTANCE FROM SCHOOL
- ___ 10. DIVORCE / CUSTODY / CHILD SUPPORT / GUARDIANSHIP DOCUMENTS
- ___ 11. OTHER _____

APPENDIX 2 – ELIGIBILITY TERMINOLOGY

- 1) ATTENDING (a job or education program) – Duly enrolled in a program of training or education.
- 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 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. I also understand that if I falsify information required for eligibility, childcare services may be suspended or terminated.

Signature of Applicant

Date



APPLICATION FOR CHILD CARE SERVICES

OTTAWA TRIBE
13 S. 69A
MIAMI, OK 74354

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

Persons In Household
Please Print

First Name	M.I.	Last Name	Sex	D.O.B.	Age	Social Security No.	Tribal Affiliation

Day Care Choice:	Applicant's Signature:	
Address:	Date Signed:	
City:	State:	Co-Payment (Per Month-Per Child):
Childcare Director/Owner:	Max. Days Authorized:	Hours per Day:
Ottawa Tribe CCDF Director Signature:	Dates Certified:	



INCOME DOCUMENTATION

SOURCE	MONTHLY NET INCOME	DOCUMENTATION	NOTES
Wages			
Wages			
Self-Employment			
Social Security			
Dividends and/or Interest			
Pensions and/or Annuities			
Unemployment Compensation			
Workers' Compensation			
Alimony			
Veterans' Benefits			
AFDC, AABD, OR SSI			
Other (Specify Source)			
TOTAL			
Work Related Expense Allowance			(\$200 primary care giver in household--max.\$400) <i>** Does not apply to self-employed</i>
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

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

ANY FALSE INFORMATION CONSTITUTES FRAUD AND IS SUBJECT TO PENALTY BY LAW.

**Family is receiving or has received child care or other assistance from any other Tribal/DHS Program. Yes ___ No ___
 If yes, please explain.

I state that all the above information is true and correct to the best of my knowledge.

Applicant's Signature Date Co-Pay Per Child



CLIENT AGREEMENT

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

I agree to:

1. Abide by the days and hours as specified in the client approval letter in order to assure that my child/ren will be supervised by me or someone else at all times. _____

2. Be responsible to promptly pay or make arrangements to pay co-payment and/or other fees to the provider. _____

3. Notify the Child Care Provider:
 - a) Before any changes in facility or caretaker
 - b) If child is ill or otherwise unable to attend
 - c) The child is no longer in need of services _____

4. Notify the Ottawa Tribe CCDF Program:
 - a) Of any change of employment status, marital status, school or work schedules
 - b) Of any change in address and/or phone numbers _____

5. Notify the Ottawa Tribe CCDF Program before any change of childcare facility.
You must:
 - a) Request change in writing (email, fax, mail)
 - b) Include: child's name, date of change, new childcare facility
 - c) Must be approved prior to making change _____

All outstanding payments (co-pay, etc.) must be paid in full prior to any changes.

6. Be responsible for certifying my child's attendance in child care by signing the claim form maintained by the facility at the end of each month's care. I understand that my failure to certify my child's attendance may result in Ottawa Tribe CCDF Program suspending or terminating child care services. **I further understand I am NEVER to sign a blank attendance record.** _____

7. The consequences of not submitting information may be suspension or termination. _____

I agree to provide the Ottawa Tribe Child Care Program all information necessary to verify any statements made in the application and hereby give permission for the Ottawa Tribe to obtain such verification.

I affirm under penalty 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 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.

DISCLAIMER ON LIABILITY ON CHILDREN

I agree to hold the Ottawa Tribe of Oklahoma harmless 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 ANY AND ALL TERMS OF THIS AGREEMENT.

Client Signature

Date

Ottawa Tribe CCDF Staff

Date



PARENT/GUARDIAN PROVIDER SELECTION AGREEMENT

OTTAWA TRIBE
13 S. 69A
MIAMI, OK 74354
PHONE: 918-540-1536
FAX : 918-542-3214

1. It is my parental right to make an informed choice and to monitor the quality of childcare provided by my chosen provider.
2. It is my responsibility to determine the appropriateness of my chosen childcare provider.
3. Periodic unannounced visits will be made by the CCDF staff to facilities where childcare is provided.
4. I agree to hold the Ottawa Tribe blameless from any liability, claims, or damages that may result from the provider's performance of its obligations under this agreement.

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

Signature of Parent/Guardian

Date

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. [EX. 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 of 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.



Employment Verification

Ottawa Tribe CCDF Program
P.O. Box 110
Miami, OK 74355
918-542-7259 / Fax 918-542-3214

Name/Address of Employer: _____

Applicant Name (please print): _____

The above named individual is seeking childcare assistance through the Ottawa Tribe 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
(Applicant)
below regarding my employment and compensation.

Signature Date

TO BE COMPLETED BY EMPLOYER

1. Date employment began _____ Position/Occupation _____
2. Work schedule (example Tue – Sat 7:30 – 4:00) _____
3. Current rate of pay \$ _____ per hour
4. Number of hours per week normally worked _____
5. Employee is paid: (circle one) Weekly 2X a Month Every Other Week Monthly

I certify that the preceding information is true and correct:

Name of Company Official

Title of Company Official

Telephone Number

Date

If you have any questions regarding the requested documentation please contact the Ottawa Tribe CCDF Program at 918-542-7259.



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P.O. Box 110
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2. Work schedule (example Tue – Sat 7:30 – 4:00) _____
3. Current rate of pay \$ _____ per hour
4. Number of hours per week normally worked _____
5. Employee is paid: (circle one) **Weekly** **2X a Month** **Every Other Week** **Monthly**

I certify that the preceding information is true and correct:

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If you have any questions regarding the requested documentation please contact the Ottawa Tribe CCDF Program at 918-542-7259.