



PROVIDER AGREEMENT

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

PLEASE PRINT

DATE : _____

NAME OF FACILITY: _____

FACILITY DIRECTOR: _____

BACKGROUND CHECK/DATE: _____ LICENSED BY: _____

COUNTY: _____ CERTIFICATION/ACCREDITATION: _____

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

1. OTTAWA TRIBE / PROVIDER RELATIONSHIP

- A. The PROVIDER is not an employee of the Ottawa Tribe. They are considered an independent vendor. No taxes are withheld from their payments. They are not eligible for unemployment, social security, workman's compensation, or medical insurance.
- B. The PROVIDER will not receive a W-2 form at the end of the year. The PROVIDER will receive a form 1099 Miscellaneous Income Form if they receive more than \$600 worth of child care payments. As an independent vendor, the PROVIDER is responsible for federal and state taxes.

2. RESPONSIBILITIES OF THE PROVIDER

- A. Provider must meet all state licensing or license exempt requirements
- B. Provider must ensure parents sign children in/out of facility.
- C. Provider must follow guidelines of approval letter.

3. RESPONSIBILITIES OF THE PARENT

- A. Parent(s) must recertify for continued assistance.
- B. Parent(s) will make co-payments to providers.
- C. Parent(s) are responsible for the co-payment as well as any additional charges from the provider.

4. RECORD KEEPING GUIDELINES

- A. **Payment Policy:** Provider will receive an Approval Letter listing children to be served, how many full or part days, parent co-payment and effective date(s) of service
- B. **Payment rates:** Part-time (4 hrs. and less); Full-time (more than 4 hrs. up to 10). On a case-by-case basis there may be special circumstances, which would allow assistance for extended hours.
- C. Processing time is 21 days from receipt of properly filled out claim. Holidays may extend processing time.
- D. Parent and provider signatures must be on claim forms.
- E. Mail monthly claim forms to: OTTAWA TRIBE CCDF, PO BOX 110, MIAMI, OK 74355
- F. Properly completed claim forms that are in the Child Care Office by the 5th day of the month will be issued a check by the 15th, barring unforeseen circumstances.

5. HEALTH AND SAFETY REQUIREMENTS – Providers are expected to follow State and/or Tribal Health and Safety Requirements

6. PROGRAM MONITORING VISITS

- A. Every effort will be made to visit twice a year (if within 50 miles of office). Outside 50 miles will be one time a year
- B. Unannounced visits will be made during the time children are in care.

7. TRAINING

- A. Eligible to attend state sponsored training.
- B. Eligible to attend trainings sponsored by Northeastern Tribal CCDF programs
- C. Northeastern Tribal CCDF training information is available at www.ottawatribe.org under Tribal Services – Child Care

Facility OWNER has authorized the following individual(s) to sign the Ottawa Tribe of Oklahoma's Child Care Claim Form.

Facility Owner (if different than Director)

Facility Director

Signature: Authorized Individual

Signature: Authorized Individual