



CLIENT RESPONSIBILITIES AND AGREEMENT

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

I agree to:

1. Abide by the days, hours, and expiration date as specified in the day care plan in order to assure that my child/ren will be supervised by me or some one else at all times. _____
2. Be responsible for payment for any days and hours of care in excess of days and hours for which Ottawa Tribe of Oklahoma has agreed to pay. Be responsible for establishing my continued eligibility by updating my status. _____
3. Notify both Ottawa Tribe and the Day Care Provider:
 - a) Before any changes in facility or caretaker,
 - b) If participant is ill or otherwise unable to attend
 - c) The participant is no longer in need of services
 - d) Any changes in employment status, marital status, school or work schedules
 - e) If either parent is no longer working or attending school.

*****I am not eligible for childcare payments for days/hours I am not attending school and/or working. _____**

4. Notify Ottawa Tribe of Oklahoma of any changes of employment, address and/or phone numbers within 10 days.

*****Failure to comply may result in loss of childcare assistance. _____**

5. Be responsible for certifying my child's attendance in day care by signing the attendance record maintained by the facility at the end of each month's care. I understand that my failure to certify my child's attendance by signing the attendance record form will result in Ottawa Tribe of Oklahoma terminating payment to the provider and/or the facility's discontinuing care of my child.

I further understand I am NEVER to sign a blank attendance record. _____

6. Be responsible to promptly pay or make arrangements to pay co-payment I am assessed by the Ottawa Tribe of Oklahoma to the provider. **The CCDF Program cannot pay for your childcare assistance at another facility if you have left an outstanding balance at a previous facility. _____**

7. If you decide to switch your child to another facility, you must send us a letter in writing immediately. The letter must state the date of change, the name, address, and phone number of the facility you have chosen. _____
8. The consequences of not submitting information will be suspension or termination. You will also be required to refund the CCDF Program for the time the information was withheld. _____

I agree to provide the Child Care Program office of the Ottawa Tribe of Oklahoma 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