



## INSTRUCTIONS FOR CLIENT FORMS

*All highlighted forms are included in the Client Application Packet.*

- Date and sign **APPLICATION CHECKLIST**
- On **APPLICATION** Fill in ALL information except lower box on right. Just sign and date in that box.
- Read **CLIENT AGREEMENT** carefully and initial after each statement. Sign and date on Client Signature.
- **EMPLOYMENT VERIFICATION** must be filled out by employer for EACH working adult.

### ADDITIONAL INFORMATION NEEDED:

- 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 / Separation / Custody / Child Support / Guardianship Documents
- College enrollment / Letter from registrar's office / Class schedule

### If self-employed:

- Notarized **SELF EMPLOYED INCOME STATEMENT VERIFICATION**
- Current income tax returns



## APPLICATION CHECKLIST

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

CAROL ESSEX, DIRECTOR  
[cessex.oto@gmail.com](mailto:cessex.oto@gmail.com)

KRISTI SMITH, PROGRAM SPECIALIST  
[ksmith.oto@gmail.com](mailto: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

<b>Application Date:</b>	<b>Home Phone:</b>
<b>Applicant Name:</b>	<b>Cell Phone:</b>
<b>Address:</b>	<b>County:</b>
<b>City/State/Zip:</b>	<b>Parent Email:</b>
<b>Please initial to verify the following statement per federal requirement:</b>	
<i>I certify that my family assets do not exceed \$1,000,000. _____</i>	

**Persons In Household**  
**Please Print**

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

<b>Day Care Choice:</b>	<b>Applicant's Signature:</b>
<b>Address:</b>	<b>Date Signed:</b>
<b>City, State, Zip:</b>	<b>Phone:</b>
<b>Childcare Director/Owner:</b>	<b>Co-Payment (Per Month-Per Child):</b>
<b>Ottawa Tribe CCDF Director Signature:</b>	<b>Full/Part Days:</b>
	<b>Effective Approval Date:</b>



# CLIENT AGREEMENT

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

I agree to:

1. Be responsible to promptly pay or make arrangements to pay co-payment and/or other fees to the provider. \_\_\_\_\_
2. Notify the Child Care Provider:
  - a) If child is ill or otherwise unable to attend
  - b) The child is no longer in need of services \_\_\_\_\_
3. Notify the Ottawa Tribe CCDF Program:
  - a) Of any change in contact information \_\_\_\_\_
4. 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.**
5. 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 further understand I am NEVER to sign a blank attendance record.** \_\_\_\_\_

**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 understand my right to parental choice in choosing a provider and 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



## 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  
Miami, OK 74355  
918-542-7259 / Fax 918-542-3214

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Date

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# SELF EMPLOYED

## INCOME STATEMENT VERIFICATION FORM

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

DATE \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, am self-employed. My income last month was \$\_\_\_\_\_. I expect to be making (within \$100 plus or minus) \$\_\_\_\_\_ per month this quarter.

I work approximately \_\_\_\_\_ days a month.

\_\_\_\_\_  
*AFFIANT*

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**IMPRINT**

**SEAL**

**HERE**

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires:  
\_\_\_\_\_

### 1001. STATEMENTS OR ENTRIES GENERALLY

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.