

Seneca-Cayuga Tribe Child Care & Development Fund Service/Attendance Claim Form

Child's Name:	Date of Birth: Age:
Guardian Name:	Name of Provider:
Address:	Address:
City, State, Zip:	City, State, Zip:

I confirm under penalty for perjury that the information contained on this form is correct to the best of my knowledge and belief and understand that any false statements on my part may result in prosecution for fraud.

Signature of Guardian:	Signature of Provider:
------------------------	------------------------

Please enter times on dates child was in your care, include the total hours for each day, **4.01 hrs and up** will be full day rate.

Date	Time In	Time Out	Time In	Time Out	Hrs.
1	AM PM	AM PM	AM PM	AM PM	
2	AM PM	AM PM	AM PM	AM PM	
3	AM PM	AM PM	AM PM	AM PM	
4	AM PM	AM PM	AM PM	AM PM	
5	AM PM	AM PM	AM PM	AM PM	
6	AM PM	AM PM	AM PM	AM PM	
7	AM PM	AM PM	AM PM	AM PM	
8	AM PM	AM PM	AM PM	AM PM	
9	AM PM	AM PM	AM PM	AM PM	
10	AM PM	AM PM	AM PM	AM PM	
11	AM PM	AM PM	AM PM	AM PM	
12	AM PM	AM PM	AM PM	AM PM	
13	AM PM	AM PM	AM PM	AM PM	
14	AM PM	AM PM	AM PM	AM PM	
15	AM PM	AM PM	AM PM	AM PM	
16	AM PM	AM PM	AM PM	AM PM	

Date	Time In	Time Out	Time In	Time Out	Hrs.
17	AM PM	AM PM	AM PM	AM PM	
18	AM PM	AM PM	AM PM	AM PM	
19	AM PM	AM PM	AM PM	AM PM	
20	AM PM	AM PM	AM PM	AM PM	
21	AM PM	AM PM	AM PM	AM PM	
22	AM PM	AM PM	AM PM	AM PM	
23	AM PM	AM PM	AM PM	AM PM	
24	AM PM	AM PM	AM PM	AM PM	
25	AM PM	AM PM	AM PM	AM PM	
26	AM PM	AM PM	AM PM	AM PM	
27	AM PM	AM PM	AM PM	AM PM	
28	AM PM	AM PM	AM PM	AM PM	
29	AM PM	AM PM	AM PM	AM PM	
30	AM PM	AM PM	AM PM	AM PM	
31	AM PM	AM PM	AM PM	AM PM	
For the Month of: _____ 20____					

THIS VOUCHER MUST BE IN THE TRIBAL OFFICE BY THE 5TH DAY OF EACH MONTH IN ORDER FOR A CHECK TO BE ISSUED ON THE 15TH.

Seneca-Cayuga CCDF
Attn: Stacie Wilkinson
23701 South 655 Road
Grove, Ok 74344

					CHARGES
Full Days		X	Per Day	-	
Part Days		X	Per Day	-	
Star Rating		Total Monthly Charges			
		Minus Client's Co-Pay Due			
		Provider Claim Due			