

SENECA-CAYUGA TRIBE OF OKLAHOMA Child Care Services Application

23701 South 655 Road
Grove, Oklahoma
(918) 787-5452

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

******* THIS IS YOUR CHECKLIST**

1. _____ Application
2. _____ Certificate of Degree of Indian Blood (CDIB) or Tribal Membership Card
3. _____ Proof of Income for all household members (*paycheck stub, State Aid, Self Employment Form, Social Security, any other income*)
4. _____ Income Verification Forms for Applicant and Co-Applicant
5. _____ Proof of Address (Utility bill, must have physical address – NOT P.O. Box)
6. _____ Copy of Social Security Cards for all household members
7. _____ Copy of Immunization records (must be up to date)
8. _____ Copy of Children's Birth Certificates
9. _____ Class Schedule
10. _____ Other: _____

Appendix 2 – Eligibility Terminology

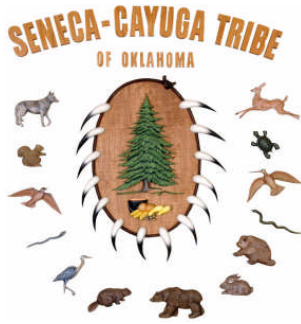
- 1) ATTENDING (a job or education program) – Duly enrolled in a program or education. Child care services reimbursed only for the necessary time for actual classroom attendance with required labs and travel time (30 minutes to get to class and 30 minutes to get to child care provider.)
- 2) JOB TRAINING & 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 (30 hours per year).

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

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 or fail to submit information required for eligibility that I will be suspended or terminated and will be required to reimburse the program.

Signature of Applicant

Date



SENECA-CAYUGA TRIBE OF OKLAHOMA

Child Care Services Application

23701 South 655 Road
Grove, Oklahoma
(918) 787-5452

| | | | |
|--|------------|-------------------|------------|
| Applicant Family Name: | | Application Date: | |
| Is a member of the _____ federally recognized Indian Tribe | | | |
| Address: | | Home Phone: | |
| City: | State/Zip: | County: | |
| Cell Phone: | | Cell Phone: | |
| Email: | | Email: | |
| Employer 1: | | Employer 2: | |
| Work Address: | | Work Address: | |
| City: | State/Zip: | City: | State/Zip: |
| Phone: | | Phone: | |

Household Members

| First Name | M.I. | Last Name | Sex | DOB: | Age | Social Security Number | Married or Single or Child | (X) Here if in need of Day Care |
|------------|------|-----------|-----|------|-----|------------------------|----------------------------|---------------------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| | | | |
|-----------------------|-----------|-----------------------------------|----------------|
| Day Care Choice | | Applicant Signature: | |
| Address: | | Co-Payment (per month-per child): | |
| Phone: | License # | Max. Days Authorized | Hours Per Day: |
| Director/Owner: | | | |
| C.C.D.F.'s Signature: | | Date Certified: | |

CLIENT RESPONSIBILITIES AND AGREEMENT

SENECA-CAYUGA TRIBE OF OKLAHOMA
23701 SOUTH 655 ROAD
GROVE, OK 74344
(918) 787-5452

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 Seneca-Cayuga Tribe of Oklahoma has agreed to pay. Be responsible for establishing my continued eligibility by updating my status.

3. Notify both Seneca-Cayuga 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, school schedules, 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 Seneca-Cayuga Tribe of Oklahoma of any changes of address and/or phone numbers, marital status, income change 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 month's care. I understand that my failure to certify my child's attendance by signing the attendance record form will result in Seneca-Cayuga Tribe of Oklahoma terminating payment to the provider and/or the facilities discontinuing care of my child.

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

PARENT/GUARDIAN
PROVIDER SELECTION AGREEMENT

SENECA-CAYUGA TRIBE OF OKLAHOMA
23701 SOUTH 655 ROAD
GROVE, OK 74344
(918) 787-5452

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 Seneca-Cayuga 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 (Example: 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 for 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.

INCOME DOCUMENTATION – OFFICE USE ONLY

| SOURCE | MONTHLY NET INCOME | DOCUMENTATION | NOTES |
|--------------------------------|---------------------------|--|--------------|
| Wages | | | |
| Wages | | | |
| Self-Employment | | | |
| Social Security | | | |
| Dividends and/or Interest | | | |
| Pensions and/or Annuities | | | |
| Unemployment Compensation | | | |
| Worker's Compensation | | | |
| Alimony | | | |
| Veterans' Benefits | | | |
| AFDC, AABD, or SSI | | | |
| Other (Specify Source) | | | |
| TOTAL | | | |
| Work Related Expense Allowance | | (\$250.00 from total household income \$100.00 per child under 12 years of age receiving child care services.) | |
| 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 | Client's Co-Pay Per Child |
| _____ | _____ | _____ | _____ |

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: _____

_____ C.C.D.F. Staff _____ Date