



**Peoria Tribe of Indians of Oklahoma**  
**118 S. Eight Tribes Trail (918) 540-2535 Fax (918) 540-2538**  
**PO Box 1527**  
**Miami, OK 74355**

## **Client Employment Verification Sheet**

### **Child Care and Development Fund Program (CCDF)**

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Status: Full Time or Part Time (circle)

Street Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

City, St. Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Days of the week work: \_\_\_\_\_

Hours of the week work: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN FORM TO:**  
**PEORIA TRIBE OF INDIANS OF OKLAHOMA CCDF PROGRAM**  
**P.O. BOX 1527**  
**MIAMI, OK. 74355**

**I AFFIRM UNDER PENALTY THAT THE INFORMATION CONTAINED IN THIS APPLICATION 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 AND REPAYMENT TO THE PROGRAM AND IS PUNISHABLE BY FINE OR IMPRISONMENT. THE INDIVIDUAL(S) NAMED IS/ARE AN APPLICANT FOR CHILDCARE ASSISTANCE PROGRAM, WHICH IS SUBSIDIZED THROUGH THE PEORIA TRIBE OF INDIANS OF OKLAHOMA. FEDERAL REGULATIONS REQUIRE THAT IN ORDER FOR THE INDIVIDUAL(S) TO BE ELIGIBLE AND/OR MAINTAIN ELIGIBILITY, WE MUST VERIFY THE INDIVIDUAL(S) INCOME AND OTHER INFORMATION RELATED TO ELIGIBILITY.**