



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

## **INSTRUCTIONS FOR CLIENT **RECERTIFICATION**** **FORMS**

- Date and sign APPLICATION CHECKLIST
- On APPLICATION put Last name on Applicant's Family Name.
- Fill in **ALL** information except bottom two lines/boxes on application.
- Read CLIENT RESPONSIBILITIES AND AGREEMENT carefully and initial after each statement. Sign and date on Client Signature.
- Read top of **INCOME DOCUMENTATION**. **Do NOT fill in this form.** Just answer the top YES or NO and sign.
- Read PARENT/GUARDIAN PROVIDER AGREEMENT carefully then sign and date.
- There is a maximum of 10 days for the CCDF program to process the application.
- If child has a physical or mental incapacity, you must provide a letter from Doctor.
- **ALSO NEED:**  
Previous year **FEDERAL TAX RETURN TRANSCRIPT** & W-2's or 1099— Children **MUST** be claimed on return. Please visit IRS.gov and click on "Get Transcript of Your Tax Records" under "Tools" or call 1-800-908-9946. **DO NOT get tax account transcript.** We must have the tax transcript! Remember, the Child Care Program is a Federal program and if you do not report all your income and file your federal tax return, you are not eligible for childcare assistance.
- Letter from employer stating **specific** days & hours (**on letterhead or notarized.**)  
If attending college must submit an original class schedule, with days and hours, and a copy of an unofficial transcript each semester
- Proof of **physical address** such as utility bill, etc.

**INCOMPLETE APPLICATION OR POSTAGE DUE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED FOR YOUR COMPLETION. (examples: birthdates, social security numbers, daycare addresses, employer information).**  
**DAYCARE ASSISTANCE WILL NOT BE PAID UNTIL A DATE OF APPROVAL IS DETERMINED BY THE CCDF STAFF. ANY ASSISTANCE RECEIVED PRIOR TO THE DATE OF APPROVAL WILL BE THE SOLE RESPONSIBILITY OF THE APPLICANT.**



## **RECERTIFICATION APPLICATION CHECKLIST**

**PEORIA TRIBE OF INDIANS OF OKLAHOMA  
118 S. EIGHT TRIBES TRAIL  
P.O. BOX 1527  
MIAMI, OK. 74355  
PHONE: 918-540-2535  
FAX: 918-540-2538**

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 childcare assistance. **Application must be filled out completely or it will be returned for completion.**

- \_\_\_\_\_ APPLICATION
- \_\_\_\_\_ PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS – Previous year Federal Tax Return Transcript & W-2's or 1099—Children **MUST** be claimed on return. Please visit IRS.gov and click on “Get Transcript of Your Tax Records” under “Tools” or call 1-800-908-9946. **DO NOT GET THE TAX ACCOUNT TRANSCRIPT!**
- \_\_\_\_\_ PROOF OF ADDRESS (Utility bill, lease, **must have physical address, not P.O. Box.** If your address is not in your name, you must fill out a physical address form and return it with your application).
- \_\_\_\_\_ STUDENT ENROLLMENT CARD/LETTER OF ACCEPTANCE FROM SCHOOL OR TRAINING FACILITY. (IF GOING TO SCHOOL)  
CLASS/WORK SCHEDULE ON LETTER HEAD OR NOTARIZED ---Stating days & hours in school and/or working. **Must submit original class/work schedule and if attending college an unofficial transcript each semester**

### APPENDIX 2 – ELIGIBILITY TERMINOLOGY

- 1) **ATTENDING** (a job or education program) –Enrolled in a program of training 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,

I understand that I must have all the above original 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



**APPLICATION FOR CHILD CARE SERVICES**  
**PEORIA TRIBE OF INDIANS OF OKLAHOMA**  
**118 S. EIGHT TRIBES TRAIL**  
**P.O. BOX 1527**  
**MIAMI, OK. 74355**

**ALL AREAS MUST BE FILLED OUT OR APPLICATION WILL BE RETURNED!**

<b>Applicant's Family Name:</b>	<b>Application Date:</b>
<b>Mailing Address:</b>	
<b>Physical Address, if different from above:</b>	<b>Phone:</b>
<b>County:</b>	<b>City:</b> <span style="float: right;"><b>State/Zip:</b></span>
<b>Employer 1:</b>	<b>Phone:</b>
<b>Work Address:</b>	<b>City:</b> <span style="float: right;"><b>State/Zip:</b></span>
<b>Employer 2:</b>	<b>Phone:</b>
<b>Work Address:</b>	<b>City:</b> <span style="float: right;"><b>State/Zip:</b></span>

**ALL AREAS MUST BE FILLED OUT OR APPLICATION WILL BE RETURNED!**

**List ALL the People In Household and their information**

First Name	M.I	Last Name	Headstart, Social Security, AFDC, SoonerCare, etc...	Sex	D.O.B.	Age	Social Security Number	Married Single, Live In	✓ Here if need of day care

**ALL AREAS MUST BE FILLED OUT OR APPLICATION WILL BE RETURNED!**

<b>Child Care Choice:</b>		<b>Applicant's Signature:</b>	
<b>Address:</b>		<b>County:</b>	<b>Date Signed:</b>
<b>Phone:</b>	<b>Provider License#:</b>	<b>Director/Owner of Child Care Signature:</b>	
<b>Child Care Mailing Address if different from above:</b>		<b>**PEORIA TRIBE WILL FILL OUT BELOW**</b>	
<b>Co-Payment (Per Month-Per Child):</b>		<b>Max. Days Authorized</b>	<b>Hours per Day:</b>
<b>Peoria Tribe Child Care Signature:</b>		<b>Dates Certified</b>	

**ALL AREAS MUST BE FILLED OUT OR APPLICATION WILL BE RETURNED!**



## INCOME DOCUMENTATION

**ANY FALSE INFORMATION CONSTITUTES FRAUD AND IS SUBJECT TO PENALTY LAW.**

**\*\*Family is receiving or has received childcare or other assistance from any other Tribal/DHS Program? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If Yes, please explain.**

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**I state that all of the information is true and correct to the best of my knowledge.**

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**Applicant's Signature                      Date                      Co-Pay Per Child**

### CHILDREN MUST BE CLAIMED ON TAX RETURN

**\*\*\*\*\*PARENTS DO NOT FILL OUT THE BELOW SECTION\*\*\*\*\***

SOURCE	MONTHLY NET INCOME	DOCUMENTATION	NOTES
WAGES			
WAGES			
SELF-EMPLOYMENT			
TOTAL			
Work Related Expense		(\$400.00 primary care givers in household - -Max. \$800.00)	
Net minus Allowance		***Does not apply to self-employed (\$200.00 hardship per child) 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**

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**\*\*To be eligible, the monthly net income cannot exceed maximum monthly net income for family size.\*\***



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### **CLIENT RESPONSIBILITIES AND AGREEMENT PEORIA TRIBE OF INDIANS OF OKLAHOMA**

I agree to: (Please initial after you read each number)

1. Abide by the days, hours, and expiration date as specified in the child 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 Peoria Tribe of Indians of Oklahoma has agreed to pay. Be responsible for establishing my continued eligibility by updating my status. \_\_\_\_\_
3. Notify the Peoria Tribe and the Day Care Provider:
  - a) Before any changes in facility or caretaker.
  - b) If participant is ill or otherwise unable to attend. Only notify Tribe if it will be for an extended period of time.
  - c) The participant is no longer in need or services. If the Peoria Tribe CCDF program does not receive a claim form for three consecutive months on a client, then the participant will be terminated from the program and the CCDF program will consider that the client no longer is in need of services. Unless the participant calls and notifies the CCDF program.
  - d) Any changes in employment status, school schedules, work schedules, address, phone number, within 5 days.
  - e) If either parent is no longer working or attending school or dropped classes.
  - f) Change of members in family.
  - g) Legals (legal separation, child support, divorce, custody, etc..) must be submitted (if available), lack of submission due to none on file a notarized statement will be accepted. If legals are not submitted and available the participant may be guilty of fraud and may be required to reimburse the Tribe for any overpayment.
- \*\*\*\* I am not eligible for childcare payments for day/hours I am not attending school and/or working. \_\_\_\_\_
4. Notify Peoria Tribe of Indians of Oklahoma of any changes of address, employment and/or school status and/or phone numbers within 5 days. Mail address verification within 30 days. \_\_\_\_\_
5. Be responsible to certify 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 Peoria Tribe of Indians 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. If you are found signing blank claim forms, it will result in termination of services. \_\_\_\_\_

6. Be responsible to promptly pay or make arrangements to pay co-payment I am assessed by the Peoria Tribe of Indians 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 have the new provider sign the appropriate forms and submit those forms to the CCDF office for an approval letter before switching. \_\_\_\_\_.
8. The consequences of not submitting information will be suspension or termination. You will also be required to refund the Provider/Tribe for the time the information was withheld. \_\_\_\_\_
9. A provider is considered self-employed and are responsible for all fees & taxes required by the state and federal government. They are not an employee of the Tribe. \_\_\_\_\_
10. Any client attending college must provide completion of classes or they may be responsible for any overpayment to the Tribe and services may be terminated.\_\_\_\_
11. **\*\*\*\* Failure to comply may result in loss of childcare assistance and reimbursement to the Provider.** \_\_\_\_\_

I agree to provide the Child Care Program of the Peoria Tribe of Indians of Oklahoma all information necessary to verify any statements made in the application and hereby give permission for the Peoria Tribe of Indians of Oklahoma 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, may be denied future benefits and held liable for payment directly to the provider or reimbursement to the tribe.

**DISCLAIMER ON LIABILITY ON CHILDREN**

I agree to hold the Peoria Tribe of Indians 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

\_\_\_\_\_  
Peoria Tribe Child Care Worker

\_\_\_\_\_  
Date



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**Peoria Tribe of Indians of Oklahoma  
Parent/Guardian and Child Care Provider  
Agreement Policy and Procedure**

1. It is the parents right to make an informed choice and to monitor the quality of childcare provided by the chosen provider.
2. It is the parental responsibility to determine the appropriateness of the chosen child care provider.
3. I understand that parents have the right to open and **unlimited access** to the childcare facility during business hours and may enter freely of the childcare facility at any given time to check on the health and welfare of children.
4. The Peoria Tribe of Indians of Oklahoma reserves the right to make unannounced visits to the provider.
5. The Peoria Tribe of Indians of Oklahoma reserves the right to cancel services with either the parent or the center in the event of violations.
6. I agree to hold the Peoria Tribe of Indians of Oklahoma blameless from any liability, claims, or damages that may result from the provider or the parental performance of this obligation.
7. I understand the Peoria Tribe of Indians of Oklahoma will only pay provider services for state & tribal approved facilities.
8. I understand that services will be paid directly to the provider.
9. I understand that services will be paid only for employment expenses or approved education expense. That any expense the parent can not verify will be counted against them and the parent will be held liable for payment directly to the provider or Tribe. Assistance cannot be provided till you reimburse the overpayment or make arrangements.
10. I understand that only pre approved job search can be counted as employment related expense. Job search must be pre approved. Please keep record of your job search, place, date, time & contact person. You may have to show proof of job search.

11. I understand that vouchers for multiple months will not be paid by the Peoria Tribe of Indians of Oklahoma, unless approved by the CCDF staff.
12. I understand that parents will not be held financially liable for errors on the provider's behalf.
13. I agree to provide written notice to the Peoria Tribe of Indians of Oklahoma any change to my status. I understand this program is for pre-approved services only. Any changes to my household including changes to schedules, address and employment must be reported within five business days. Failure to do so may cause me to be permanently suspended from the program.
14. I am aware that if the chosen provider violates regulations or laws, the Peoria Tribe of Indians of Oklahoma may cease payment service to the provider and the parent will have the choice to stay and pay services out of pocket or choose another approved provider.
15. I understand that any false information provided by me, or withheld, will cause me to be denied any future funding and held liable to the Provider/Tribe for reimbursement.
16. I understand that I am responsible to make sure those days I sign for on the vouchers are actual days my child attended pre approved work days. Days that my child did not attend or were not Tribal approved work days should be marked through. **Do Not** sign forms that have not been completed prior to your signatures.
17. The provider is not an employee of the Peoria Tribe. They are considered self-employed and are responsibility for all fees and taxes required by the state and federal government.

**If your days and hours are flex approved, the time cards must be submitted with claim forms in order for claim form to be paid. If not submitted then client is responsible for payment after 30 days. The CCDF program will not be calling to request this additional information.**

Whistleblower Rights – You are protected! Do not be afraid to report fraud! The Whistleblower Protection Act, an amendment to the False Claims Act, protects you from harassment, demotion, and wrongful termination for reporting fraud.

I have read the above information and fully understand and agree to the terms listed.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I have read the above information and fully understand and agree to the terms listed.

\_\_\_\_\_  
Child Care Provider Signature

\_\_\_\_\_  
Date





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## AUTHORIZATION FOR RELEASE OF INFORMATION

**CONSENT:**

I authorize and direct the Peoria Tribe to gather information or materials needed to complete and verify my application for participation in and/or to maintain my continued assistance under the Peoria Tribe services and programs.

**INFORMATION COVERED:**

I understand that previous or current information regarding my household or myself may be needed. Verification and inquires that may be requested include, but are not limited to:

- |                                |                                  |
|--------------------------------|----------------------------------|
| Identity and Marital Status    | Medical or Child Care Allowances |
| Employment, Income, and Assets | Residence and Rental Activity    |
| Credit History                 | Criminal and Drug Activity       |

**GROUPS AND INDIVIDUALS THAT MAY BE ASKED:** (but not limited to):

- |                               |                                  |
|-------------------------------|----------------------------------|
| Previous Landlords            | Courts and Post Offices          |
| Schools and Colleges          | Law enforcement Agencies         |
| Support and Alimony Providers | Past and Present Employers       |
| Veterans Administration       | State Unemployment Agencies      |
| Welfare Agencies              | Medical and Child Care Providers |
| Utility Companies             | Banks, Credit Bureaus            |
| Credit Providers              |                                  |

**ALL ADULTS IN HOUSEHOLD MUST SIGN FORM BELOW!**

**CONDITIONS:**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of the authorization is on file with the Peoria Tribe Child Care Department and will stay in effect as long as services are received. This request is effective from June of one year until May of the following year.

\_\_\_\_\_  
 Primary Applicant

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Secondary Applicant (Spouse, etc)

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date



PEORIA TRIBE OF INDIANS OF OKLAHOMA  
P.O. BOX 1527  
MIAMI, OK.74355  
PHONE: 918-540-2535  
FAX: 918-540-2538

## PARENT/GUARDIAN PROVIDER SELECTION AGREEMENT

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 child care provider.
3. Unannounced visits may be made by the child care staff to facilities where child care is provided at the discretion of the CCDF personnel.
4. **I agree to hold the Peoria 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.

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Signature of Parent/Guardian

Date

### \*Information and Special Request for Parents

- 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 a complaint against the provider, it 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 during business hours.
- A co-payment is required of each parent/guardian and is paid directly to the provider (unless under poverty level).
- When changing providers all payments and co-payments must be paid in full before the change can be made.



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### **Re-certification Agreement**

I understand that any notice other than the contract agreement is a *courtesy* and that it is my responsibility to re-certify even in the absence of a notice.

I understand that if there are ANY changes to my status (change of address, phone number, family status, work or school schedule.) I will notify the Tribe IN WRITING OR BY PHONE CALL within 5 days and that my contract agreement may change and may be liable for payment directly to the provider or reimbursement to the Tribe.

I understand that, unless otherwise notified, it is my responsibility to re-certify by the end of May to continue my CCDF services.

I understand that if my work or class schedule changes, I will notify the Tribe within 5 days and that my contract agreement may change.

I understand the funding period of my contract agreement can be found on my copy of the approval letter.

I agree to hold the Peoria Tribe of Indians of Oklahoma blameless in the event that I fail to meet the responsibilities of my contract deadline.

I understand that services are not approved unless the Tribe, parent and provider each have a signed and current original contract agreement.

I understand that the Peoria Tribe of Indians of Oklahoma is not responsible for lost or misdirected mail. To guarantee receipt of documentation to the Peoria office I should send my information through certified mail or hand deliver and get a date stamped copy for my records.

I agree that if I have any questions or concerns that I will contact the Peoria Tribe of Indians of Oklahoma at (918) 540-2535.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date



**Special Needs, Protective Services and Priority Rules for Children**

Parent Please Complete This Form

Does any child in the home have a special need or disability? \_\_\_ Yes \_\_\_ No

If so then please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is any parent in the home under the age of 19? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does any parent in the home have a work day that begins after 3:00 PM? \_\_\_ Yes \_\_\_\_\_ No

Does the child reside in a foster care home? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is anyone in the family unit homeless? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you feel your case should be considered special needs or priority for any other reason not listed above? If so then please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

-----  
DO NOT WRITE BELOW THIS LINE

This case is considered a Priority case \_\_\_\_\_ Yes \_\_\_\_\_ No

What special considerations will be given and what basis are they given?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
CCDF Signature

\_\_\_\_\_  
Date



## PROVIDER & PARENT INFORMATION FORM

\_\_\_\_\_  
Provider (Day Care) Name

\_\_\_\_\_  
Street                                      City                                      State                                      Zip                                      County

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

### **Children attending:**

\_\_\_\_\_  
Name                                      Age                                      D.O.B.                                      Days                                      Hours attending  
(AM to PM)

\_\_\_\_\_  
Name                                      Age                                      D.O.B.                                      Days                                      Hours attending  
(AM to PM)

\_\_\_\_\_  
Name                                      Age                                      D.O.B.                                      Days                                      Hours attending  
(AM to PM)

\_\_\_\_\_  
Name                                      Age                                      D.O.B.                                      Days                                      Hours attending  
(AM to PM)

\_\_\_\_\_  
Name                                      Age                                      D.O.B.                                      Days                                      Hours attending  
(AM to PM)

\_\_\_\_\_  
Name                                      Age                                      D.O.B.                                      Days                                      Hours attending  
(AM to PM)

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Address                                      City                                      State                                      Zip

\_\_\_\_\_  
Day Phone

\_\_\_\_\_  
Evening Phone

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Applicants please verify information is current and correct. Please complete entire form.



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## WORK AND/OR SCHOOL VERIFICATION

I understand that the Peoria Tribe Childcare program must receive a new work or school verification six months after recertification. The work or school verification **MUST** be received by the 15<sup>th</sup> of December.

I understand that if the Peoria Tribe Childcare program does not receive a new work or school verification by the 15<sup>th</sup> of December then the cost of childcare assistance will be the responsibility of the guardian. The guardian will be responsible for cost of childcare from December 16<sup>th</sup> till the day the Peoria Tribe Childcare program receives & processes the verification.

I understand that if the days and hours of work or school verification is different then previous verification, then the guardian will be responsible for any overpayment paid to the provider. Childcare assistance will be ceased till the Provider or Tribe is reimbursed. The Peoria Tribe CCDF Program may subtract the overpayment from future claim forms and it will be the responsibility of the guardian and provider to work out the overpayment.

I understand that it is the responsibility of the guardian to notify the Tribe of ANY and all changes that would affect childcare assistance. If the provider is aware of changes it is their responsibility to notify the Tribe.

I understand that certification period ends the last day of May of every year. I understand that the Peoria Tribe Childcare office must receive a new application by the 1<sup>st</sup> of May in order for childcare assistance to continue after May, if qualified.

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Parent Signature

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Provider Signature



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**SIGN-IN SHEET AGREEMENT  
LICENSED FACILITIES/HOMES**

I understand the Child Care Assistance program's sign-in sheet policy, which requires that parents/guardians sign their child (ren) in and out of the facility/home on a **daily** basis.

- Children should be signed in upon arriving and signed out upon leaving.
- Children should **NEVER** be signed 'in and out' at the same time.
- I further understand that payment by the Peoria Tribe will only be made for those days that can be verified by the daily sign in sheet.
- I understand that, if it is discovered that I am not abiding by this policy it may result in probation or termination from the Peoria Tribe of Indians of Oklahoma Child Care Program.

\_\_\_\_\_  
Licensed Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date