



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!

Applicant's Family Name:	Application Date:
Mailing Address:	
Physical Address, if different from above:	Home Phone:
County:	City: State/Zip:
Employer 1:	Phone:
Work Address:	City: State/Zip:
Employer 2:	Phone:
Work Address:	City: State/Zip:

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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

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

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

**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

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 original work or school verification six months after recertification. The original work or school verification **MUST** be received by the 15th of December.

I understand that if the Peoria Tribe Childcare program does not receive a new original work or school verification by the 15th 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 1st till the day the Peoria Tribe Childcare program receives & process the verification.

I understand that if the days and hours of work or school verification are different than 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 1st of May in order for childcare assistance to continue after May, if qualified.

Parent Signature

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



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LEAVE TICKET AGREEMENT

Parent & Provider, Please initial after you read each statement

The Leave Ticket Program is for days that I am approved to work or attend school.
___Client ___Provider

If your employee states that they do not need you for a day then that is not a day that you were suppose to work. The leave ticket would not work for that day.
___Client ___Provider

The leave ticket is for days that I am scheduled to work but for some reason or another **I** am not working because of child(ren) sick, out of town, appointments, etc... ___Client ___ Provider

I understand that the leave ticket cannot be used for holidays. If your place of employment is not open or if the parent is a student and your college/school is out, then the ticket may not be used for those days. ___Client ___Provider

I understand that misuse of the tickets; the CCDF program could terminate my tickets or may terminate the provider from the use of the tickets.
_____ Client _____ Provider

I understand that the provider cannot charge me for days my child(ren) are not there if the provider does not charge the other parents. On top of the number of tickets issued. ___ Client _____ Provider

I understand that a ticket must be submitted with claim form in order for a day to be covered. ___Client ___Provider

I understand that the client is responsible for the tickets, not the provider.

___Client ___Provider

I understand that only a number of tickets are issued during a certification period and that the tickets may not be carried over; we will void any unused tickets at the end of each period. ___Client ___Provider

I understand that the CCDF program will not issue more tickets if the tickets are misplaced or lost. ___Client ___Provider

I understand that I should write on the back of ticket the date of use, child name and reason for using. ____Client

On the claim form, the provider must write the ticket # on the date it was used. In addition, please add if school is closed because of weather or holiday. ____
Provider

In order to help our families with children who are sick and are absent from daycare. We are now accepting doctor's office receipts for up to two consecutive days missed due to illness. If the child will be absent for more than two days we will require a note from the doctor's office signed by the physician stating the time period the child will or has been absent due to illness or injury. We are doing this so that tickets may be saved to use at the times when it is not necessary to see the physician, however they still need to stay home.

The way the program will work: if a child is unable to attend daycare, the family will give the provider a ticket for that day, the provider will attach the ticket to the monthly claim sheet for payment and put the number of the ticket in place of the time in and out for the day the ticket will be used, each ticket has a number on it which is recorded in their file, when we receive a ticket for payment we will mark that number off as used in the file. If we receive a ticket and it is not one of the numbers that family was issued or has already been used, the family could automatically be dismissed from this program and unable to participate in the future, as well as being responsible for the day's payment.

If the families have multiple children we just need one ticket for the absent day, however please add the ticket number to each child's claim form before submitting.



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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. A minimum of unannounced visits per year may be made by the child care director to facilities where child care is provided.
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.

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 any 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.
- 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.