



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:
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Address of Residence:	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 at all times 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 approved center-based facilities and Tribal home 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.
10. I understand that only pre approved job search can be counted as employment related expense. Job search must be pre approved.
11. I understand that vouchers for multiple months will not be paid by the Peoria Tribe of Indians of Oklahoma.

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 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.

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

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 1st of December.

I understand that if the Peoria Tribe Childcare program does not receive a new work or school verification by the first 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 the verification.

I understand that if the days and hours of work or school verification is different than previous verification, then the guardian will be responsible for any overpayment paid to the provider. The Peoria Tribe CCDF Program will 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.

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