

P (918) 540-2535
F (918) 540-2538



PEORIA TRIBE

OF INDIANS OF OKLAHOMA

118 S. Eight Tribes Trail Miami, OK 74354
P.O. Box 1527 Miami, OK 74355

CHIEF
Craig Harper

SECOND CHIEF
Rosanna Dobbs

Peoria Tribe CCDF Childcare Application

Application must be filled out completely or it will be returned for incompleteness.

Applicant's Family Name:		Application Date:	
Mailing Address:		City:	State/Zip:
Physical Address: (if different from above)			
Email Address:		Phone:	Cell:
Employer 1:		Phone:	
Work Address:		City:	State/Zip:
Employer 2:		Phone:	
Work Address:		City:	State/Zip:

List ALL the People in Household and their information

First Name	M.I.	Last Name	Sex	D.O.B.	Age	Social Security Number:	Married, Single, Live In	✓ for childcare needed

Childcare Facility Information:

Childcare Facility Choice:	Phone:	County:	Provider License#:
Address:		Childcare Director Signature:	Date Signed:

The following documentation is required to determine eligibility for childcare assistance:

- Previous year Federal Tax Return** — Children **MUST** be claimed on return.
- 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).
- Copy of Immunization records** (must be up to date)
- Tribal Membership card**
- Work schedule on letter head or notarized.** (If you are attending college or vocational school, you must submit original class schedule and after completion you must submit an unofficial transcript each semester.)
- Social Security Cards**—for all household members
- Birth certificate(s)**—for all children

By signing you understand that you must submit all required documentation with the completed application to the CCDF office before you are considered for childcare assistance. That 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. You understand that if you falsify information or fail to submit information required for eligibility that you will be suspended or terminated and will be required to reimburse the program.

Signature of Applicant

Date

Submit completed application and documents to: subsidy@peoriatrIBE.com OR mail to the P.O. Box above addressed to Peoria Tribe CCDF.
Do not write below this line. Peoria CCDF ONLY

Co-Payment (Per Month-Per Child):	Max. Days Authorized	Hours per Day:
Peoria Tribe CCDF Signature:	Dates Certified:	

SECRETARY
Tonya R. Mathews

TREASURER
Hank Downum

FIRST COUNCILMAN
Carolyn Ritchey

SECOND COUNCILMAN
Kara D. North

THIRD COUNCILMAN
Isabella Clifford

Priority Rules for Children

Is any parent in the home under the age of 19?	<u>Yes</u>	<u>No</u>
Does any parent in the home have a work day that begins after 3:00 PM?	<u>Yes</u>	<u>No</u>
Does the child reside in a foster care home?	<u>Yes</u>	<u>No</u>
Is anyone in the family unit homeless?	<u>Yes</u>	<u>No</u>
Does any child in the home have a special need or disability? If so, please describe:	<u>Yes</u>	<u>No</u>
Do you feel your case should be considered special needs or priority for any other reason not listed above? If so, please describe:	<u>Yes</u>	<u>No</u>

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 inquiries 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
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*

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 so long as services are received. This request is effective from June of one year until May of the following year.

Primary Applicant Signature

Date

Secondary Applicant Signature (spouse, etc.)

Date

CLIENT RESPONSIBILITIES AND AGREEMENT

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.

1. Be responsible for payment for any days and hours of care more than days and hours for which Peoria Tribe of Indians of Oklahoma has agreed to pay.
2. Be responsible for establishing my continued eligibility by updating my status.
3. Notify the Peoria Tribe and the Day Care Provider:
 - 3.1. Before any changes in facility or caretaker.
 - 3.2. Any changes in employment status, school schedules, work schedules, address, phone number, within 10 days.
 - 3.3. If either parent is no longer working or attending school or dropped classes.
 - 3.4. Change of members in family.
 - 3.5. Any Legal documentation (legal separation, child support, divorce, custody, etc..) must be submitted (if available), lack of submission due to legals not on file, a notarized statement will be accepted.
4. 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.
 - 4.1. 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.
 - 4.2. 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.***
5. The co-pay is between the client and 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.***
6. I understand if I decide to switch my child to another facility, I must have the new provider sign the appropriate forms, and I must submit those forms to the CCDF office for an approval letter before switching facilities.
7. I verify I do not have family assets that exceed \$1,000,000.
8. I understand the consequences of not submitting information will be suspension or termination.

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 THE CLIENT RESPONSIBILITIES AND AGREEMENTS ABOVE.

Client Signature

Date

Peoria Tribe CCDF Worker Signature

Date