



PEORIA TRIBE

OF INDIANS OF OKLAHOMA

118 S. Eight Tribes Trail • P.O. Box 1527
Miami, Oklahoma 74355

P (918) 540-2535

F (918) 540-2538

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 #: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Additional comments: _____

FORM CAN BE RETURNED VIA EMAIL (mcrider@peoriatribe.com or tanderson@peoriatribe.com), FAX OR

**MAIL 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.