

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

Peoria Tribe CCDF Childcare Recertification

The application must be filled out completely, or it will be returned as incomplete.

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 the Household and their information

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

Childcare Information:

Childcare Choice:	Phone:	County:	Provider License#:
Address:		Childcare Director Signature (required):	Date:

The following documentation is required to maintain eligibility for childcare assistance.

- Three most recent check stubs for all adults in the household**
- Verify **other incomes** such as unemployment, child support, etc.
- Work Verification Form** (if self-employed, self-employed form must be completed)
- 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).
- Work schedule on letterhead or notarized.** (If you are attending college or vocational school, you must submit the original class schedule, and after completion, you must submit an unofficial transcript each semester.)
- Custody/Guardianship court documents** (if applicable)
- IFSP/IEP/504** (for children with special needs)

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. Daycare assistance will not be paid until the CCDF staff determines the date of approval. Any assistance received before the date of approval will be the applicant's sole responsibility. You understand that if you falsify or fail to submit the information required for eligibility, you will be suspended or terminated and required to reimburse the program.

Signature of Applicant

Date

Submit the completed application and documents to subsidy@peoriatribe.com
OR mail to the P.O Box addressed to Peoria Tribe CCDF.

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 workday 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 and submit an IFSP/IEP/504:	<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>

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 my initial agreement. _____
Initials

ASSETS

I understand by signing below I am verifying that my family does not have assets that exceed \$1,000,000. _____
Initials

TERMS AGREEMENT

I understand by initialing this form that I agree to all terms of my initial agreement. _____
(A copy of your initial agreement from your file can be given upon request) Initials

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 Childcare 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 Childcare 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 authorization is on file with the Peoria Tribe Childcare Department and will stay in effect so long as services are received. This request is effective for 12 months.

Primary Applicant Signature

Date

Secondary Applicant Signature (spouse, etc.)

Date