



PEORIA TRIBE

OF INDIANS OF OKLAHOMA

118 S. Eight Tribes Trail • P.O. Box 1527

Miami, Oklahoma 74355

(918) 540-2535

APPLICATION CHECKLIST

The documentation can be delivered to the CCDF office by mail, fax, email, mcrider@peoriatribe.com or tanderson@peoriatribe.com or hand delivered. The following documentation is required to maintain eligibility for childcare assistance. **Application must be filled out completely or it will be returned for completion.**

- _____ APPLICATION—**Page 2 must be signed by daycare provider.**
- _____ PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS – 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).
- _____ 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
- _____ COPY OF IMMUNIZATION RECORDS (Must be up to date) for provider
- _____ CERTIFICATE DEGREE OF INDIAN BLOOD (CDIB) OR TRIBAL MEMBERSHIP CARD
- _____ SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS
- _____ CHILDREN’S BIRTH CERTIFICATES.

INCOMPLETE APPLICATION OR POSTAGE DUE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED FOR YOUR COMPLETION. (examples: birthdates, social security numbers, daycare addresses, employer information).
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.

I understand that I must have all the above original documentation delivered to the CCDF office and have a complete application before I will be considered for assistance from the CCDF Program. I also understand that if I falsify information or fail to submit information required for eligibility that I will be suspended or terminated and will be required to reimburse the program.

Signature of Applicant

Date



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APPLICATION FOR CHILD CARE SERVICES

ALL AREAS MUST BE FILLED OUT OR APPLICATION WILL BE RETURNED!

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

ALL AREAS MUST BE FILLED OUT OR APPLICATION WILL BE RETURNED!

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

ALL AREAS MUST BE FILLED OUT OR APPLICATION WILL BE RETURNED!

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 Signature:		Dates Certified	

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Special Needs, Protective Services and Priority Rules for Children

Does any child in the home have a special need or disability? ___ Yes ___ No
If so then please describe: _____

Is any parent in the home under the age of 19? _____ Yes _____ No

Does any parent in the home have a work day that begins after 3:00 PM? ___ Yes _____ No

Does the child reside in a foster care home? _____ Yes _____ No

Is anyone in the family unit homeless? _____ Yes _____ No

Do you feel your case should be considered special needs or priority for any other reason not listed above? If so then please describe: _____

Parent Signature

Date



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**CLIENT RESPONSIBILITIES AND AGREEMENT
PEORIA TRIBE OF INDIANS OF OKLAHOMA**

I agree to:

1. Be responsible for payment for any days and hours of care in excess of days and hours for which Peoria Tribe of Indians of Oklahoma has agreed to pay. Be responsible for establishing my continued eligibility by updating my status.
2. Notify the Peoria Tribe and the Day Care Provider:
 - a) Before any changes in facility or caretaker.
 - b) Any changes in employment status, school schedules, work schedules, address, phone number, within 10 days.
 - c) If either parent is no longer working or attending school or dropped classes.
 - d) Change of members in family.
 - e) Legals (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.
3. 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. 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. 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.
4. 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.**
5. If you decide to switch your child to another facility, you must have the new provider sign the appropriate forms and submit those forms to the CCDF office for an approval letter before switching.
6. The consequences of not submitting information will be suspension or termination.
7. I verify I do not have family assets that exceed \$1,000,000.

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.

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 THIS AGREEMENT.

Client Signature

Date

Peoria Tribe Child Care Worker

Date



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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 inquires that may be requested include, but are not limited to:

Identity and Marital Status
Employment, Income, and Assets
Criminal and Drug Activity

Medical or Child Care Allowances
Residence and Rental Activity

GROUPS AND INDIVIDUALS THAT MAY BE ASKED: (but not limited to):

Previous Landlords
Schools and Colleges
Support and Alimony Providers
Veterans Administration
Welfare Agencies
Utility Companies
Credit Providers

Courts and Post Offices
Law enforcement Agencies
Past and Present Employers
State Unemployment Agencies
Medical and Child Care Providers
Banks, Credit Bureaus

ALL ADULTS IN HOUSEHOLD MUST SIGN FORM BELOW!

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

Primary Applicant

Print Name

Secondary Applicant (Spouse, etc)

Print Name

Date



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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)

 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.