

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 Recertification

*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 Information:

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

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

- Three most recent check stubs**
- 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 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.)
- 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. 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](mailto: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  
Jenny Rampey

TREASURER  
Hank Downum

FIRST COUNCILMAN  
Carolyn Ritchey

SECOND COUNCILMAN  
Kara D. North

THIRD COUNCILMAN  
Scott Myers

**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. \_\_\_\_\_  
Initials  
*(A copy of your initial agreement from your file can be given upon request)*

**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*

*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