



RECERTIFICATION APPLICATION CHECKLIST

**PEORIA TRIBE OF INDIANS OF OKLAHOMA
118 S. EIGHT TRIBES TRAIL
P.O. BOX 1527
MIAMI, OK. 74355
PHONE: 918-540-2535
FAX: 918-540-2538**

The documentation must be delivered to the CCDF office by mail or hand. **FAXED APPLICATIONS WILL NOT BE ACCEPTED.** 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—Pages 2 & 7 must be signed by daycare provider.
- _____ PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS – Previous year Federal Tax Return & W2’s or 1099 and your Federal Tax Return Transcript—Children **MUST** be claimed on return. Please visit IRS.gov and under Tools click on “Get Transcript” then click on “get Transcript by MAIL”, next page put your information in all required fields, the next page click “Return Transcript” and enter 2017 for the year. Print the next page that shows the IRS has accepted your request for a 2017 Return Transcript and put it with your Taxes and application, we will use this as proof you applied for the transcript until you receive it in the mail and send a copy to us. If you are still unable to do this please call 1-800-908-9946. **DO NOT GET THE TAX ACCOUNT TRANSCRIPT!**
- _____ 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).
- _____ STUDENT ENROLLMENT CARD/LETTER OF ACCEPTANCE FROM SCHOOL OR TRAINING FACILITY. (IF GOING TO SCHOOL)
CLASS/WORK SCHEDULE ON LETTER HEAD OR NOTARIZED ---Stating days & hours in school and/or working. **Must submit original class/work schedule and if attending college an unofficial transcript each semester**

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.

APPENDIX 2 – ELIGIBILITY TERMINOLOGY

- 1) ATTENDING (a job or education program) –Enrolled in a program of training or education. Child care services reimbursed only for the necessary time for actual classroom attendance with required labs and travel time (30 minutes to get to class and 30 minutes to get to child care provider).
- 2) JOB TRAINING & EDUCATIONAL PROGRAM – Activities to secure a High School education or equivalency certificate or post secondary education; basic and remedial education to attain a basic literacy level; Education in English proficiency or Tribal language; job skill training which includes: vocational training for a specific job occupational area, and college work.
- 3) WORKING – Gainfully employed. Time spent in activities which incur wages, commissions, tips, piece– rate payments, on the job training programs,

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 have read the above terminology and understand that I must be attending work, a job-training program, and /or school, or pre-approved job search while my child is receiving CCDF subsidies. 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



APPLICATION FOR CHILD CARE SERVICES
PEORIA TRIBE OF INDIANS OF OKLAHOMA
118 S. EIGHT TRIBES TRAIL
P.O. BOX 1527
MIAMI, OK. 74355

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

Applicant's Family Name:		Application Date:	
Mailing Address:			
Physical Address, if different from above:			
Email Address:		Phone:	Cell:
County:		City:	State/Zip:
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	

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



INCOME DOCUMENTATION

ANY FALSE INFORMATION CONSTITUTES FRAUD AND IS SUBJECT TO PENALTY LAW.

****Family is receiving or has received childcare or other assistance from any other Tribal/DHS Program? Yes _____ No _____**

If Yes, please explain.

I state that all of the information is true and correct to the best of my knowledge.

Applicant's Signature

Date

Co-Pay Per Child

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



Peoria Tribe of Indians of Oklahoma
118 S. Eight Tribes Trail (918) 540-2535 Fax (918) 540-2538
PO Box 1527
Miami, OK 74355

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

I agree to: (Please initial after you read each number)

1. Abide by the days, hours, and expiration date as specified in the child care plan in order to assure that my child/ren will be supervised by me or some one else at all times. _____
2. 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. _____
3. Notify the Peoria Tribe and the Day Care Provider:
 - a) Before any changes in facility or caretaker.
 - b) If participant is ill or otherwise unable to attend. Only notify Tribe if it will be for an extended period of time.
 - c) If the Peoria Tribe CCDF program does not receive a claim form for three consecutive months on a client, then the participant will be terminated from the program and the CCDF program will consider that the client no longer is in need of services. Unless the participant calls and notifies the CCDF program.
 - d) Any changes in employment status, school schedules, work schedules, address, phone number, within 5 days.
 - e) If either parent is no longer working or attending school or dropped classes.
 - f) Change of members in family.
 - g) 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. If legals are not submitted and available the participant may be guilty of fraud and may be required to reimburse the Tribe for any overpayment.
4. Notify Peoria Tribe of Indians of Oklahoma of any changes of address, employment and/or school status and/or phone numbers within 5 days. Mail address verification within 30 days. _____
5. 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. _____

6. Be responsible to promptly pay or make arrangements to pay the co-payment assessed by the Peoria Tribe of Indians of Oklahoma to 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.** _____
7. 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. _____.
8. The consequences of not submitting information will be suspension or termination. You may be required to refund the Provider/Tribe for the time the information was withheld. _____
9. Any client attending college must provide completion of classes or they may be responsible for any overpayment to the Tribe and services may be terminated. _____
10. ****** Failure to comply may result in loss of childcare assistance and reimbursement to the Provider.** _____

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



Peoria Tribe of Indians of Oklahoma
118 S. Eight Tribes Trail (918) 540-2535 Fax (918) 540-2538
PO Box 1527
Miami, OK 74355

**Peoria Tribe of Indians of Oklahoma
Parent/Guardian and Child Care Provider
Agreement Policy and Procedure**

1. It is the parents right to make an informed choice and to monitor the quality of childcare provided by the chosen provider.
2. It is the parental responsibility to determine the appropriateness of the chosen child care provider.
3. I understand that parents have the right to open and **unlimited access** to the childcare facility during business hours and may enter freely of the childcare facility at any given time to check on the health and welfare of children.
4. The Peoria Tribe of Indians of Oklahoma reserves the right to make unannounced visits to the provider.
5. The Peoria Tribe of Indians of Oklahoma reserves the right to cancel services with either the parent or the center in the event of violations.
6. I agree to hold the Peoria Tribe of Indians of Oklahoma blameless from any liability, claims, or damages that may result from the provider or the parental performance of this obligation.
7. I understand the Peoria Tribe of Indians of Oklahoma will only pay provider services for state & tribal approved facilities.
8. I understand that services will be paid directly to the provider.
9. I understand that services will be paid only for employment expenses or approved education expense. That any expense the parent can not verify will be counted against them and the parent will be held liable for payment directly to the provider or Tribe. Assistance cannot be provided till you reimburse the overpayment or make arrangements.
10. I understand that only pre approved job search can be counted as employment related expense. Job search must be pre approved. Please keep record of your job search, place, date, time & contact person. You may have to show proof of job search.

11. I understand that vouchers for multiple months will not be paid by the Peoria Tribe of Indians of Oklahoma, unless approved by the CCDF staff.
12. I understand that parents will not be held financially liable for errors on the provider's behalf.
13. I agree to provide written notice to the Peoria Tribe of Indians of Oklahoma any change to my status. I understand this program is for pre-approved services only. Any changes to my household including changes to schedules, address and employment must be reported within five business days. Failure to do so may cause me to be permanently suspended from the program.
14. I am aware that if the chosen provider violates regulations or laws, the Peoria Tribe of Indians of Oklahoma may cease payment service to the provider and the parent will have the choice to stay and pay services out of pocket or choose another approved provider.
15. I understand that any false information provided by me, or withheld, will cause me to be denied any future funding and held liable to the Provider/Tribe for reimbursement.
16. I understand that I am responsible to make sure those days I sign for on the vouchers are actual days my child attended pre approved work days. Days that my child did not attend or were not Tribal approved work days should be marked through. **Do Not** sign forms that have not been completed prior to your signatures.
17. The provider is not an employee of the Peoria Tribe. They are considered self-employed and are responsibility for all fees and taxes required by the state and federal government.

I have read the above information and fully understand and agree to the terms listed.

Parent/Guardian Signature

Date

I have read the above information and fully understand and agree to the terms listed.

Child Care Provider Signature

Date



Peoria Tribe of Indians of Oklahoma
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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 | 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 | |

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



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)

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.