

PARENTS/GUARDIANS

**YOUR CHILDREN'S CHILD
CARE
SERVICE DOES NOT START**

**UNTIL
APPROVED**

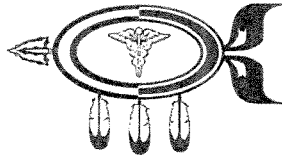
&

**YOUR APPLICATION IS
COMPLETE**

KICKAPOO TRIBE OF OKLAHOMA
KICKAPOO TRIBAL HEALTH CENTER
CHILD CARE DEVELOPMENT FUND

105365 S. HWY 102

POST OFFICE BOX 720
MCLLOUD, OKLAHOMA 74851



TELEPHONE: 405-964-2081
FAX: 405-964-2217

Please submit the following documents to complete your child care application. Your application will not be considered complete until documents are received.

(Revised 5/27/15)

APPLICANT:

- Copy of current CDIB card(s) for child(ren) or current enrollment letter.
- Copy of Original birth certificate(s) for child(ren)
- Current immunization records for child(ren)
- Special Needs: need letter from doctor and IEP (Individual Education Plan)
- Proof of household income: signed income statement from employer on company letterhead and check stub or last year's tax return if self employed and a work schedule (Including domestic partner)
- Notarized statement stating you are the sole provider of your household (single parent)
- Proof of residence: utility bill or copy of lease with your name (Common Law Marriage need both names on a utility bill)
- Current class schedule (if attending a college, university or vo-tech) and certified school transcript
- Court documents: divorce decree, marriage license, guardianships/adoptions, court supervision, protective services
- Notarized statement of custody of child(ren) or court document
- Copy of child(ren)'s school schedule/calendar
- Status of other parent: must be employed or enrolled in a higher education program
-If absent, must show proof of child support. (Letter from Child Support Office)

If child(ren) is attending a DHS License Center or Relative Home Provider all information needed is on page 8-10.

***Your application will be processed within 30 days from the date stamped on application. Thank you.**

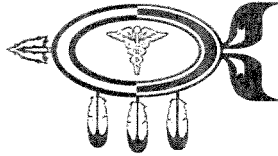
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Office use only: New Applicant _____ Re-Certification _____

PERSONAL INFORMATION

Date: _____

Name of parents/guardians _____

Marital Status(Circle one): Single, Common Law Marriage, Married-copy of Marriage License, Divorced/Separated-need copy of Court document

Mailing & Finding Address _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Tribal Affiliation: _____ County: _____

Do you receive any child care assistance from another Tribe or DHS? YES _____ NO _____

LIST ALL PERSON(S) IN THE HOUSEHOLD TO DETERMINE ELIGIBILITY

	NAME/RELATIONSHIP	DOB	SOCIAL SECURITY	DISABLED	TRIBE
1					
2					
3					
4					
5					
6					

CHILD(REN) IN CARE: (Circle one) Licensed Center/Group, Relative/In-Home/Home

NAME OF CHILD & AGE	FULL TIME	TYPE OF CARE	HOURS OF CARE

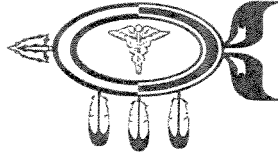
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Name of Child and school attending hours and copy of school schedule/calendar:

1. _____
2. _____
3. _____
4. _____
5. _____

HOUSEHOLD INCOME INFORMATION

<u>NAME</u>	<u>SOURCE OF INCOME</u> Employer/Self-employment	<u>EARNINGS BEFORE DEDUCTIONS</u>	<u>HOW OFTEN PAID</u>	<u>WORK HOURS</u>

List proof of income received for any member of your household. If self-employed need copy of federal income tax return for the previous year or other documentation.

PARENT EDUCATION

<u>NAME</u>	<u>SCHOOL</u>	<u>GED, VOCATIONAL TRAINING, DEGREE</u>	<u>PART TIME/FULL TIME</u>

Certified copy of School Transcript and copy of current school schedule.

PROVIDER INFORMATION

Name _____

Mailing Address _____

City _____ Zip Code _____

Home Phone _____

License with Department of Human Services. YES _____ NO _____

All relative providers must be directly related to children or parents. (Uncles, aunts, grandparents only)

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PARENTS/GUARDIANS RESPONSIBILITIES/AGREEMENT

As a condition to my/our participation in the program, I/we agree to strictly abide by the following conditions:

- 1. I/we agree to drop off and pick up my/our child(ren) on time at the provider home/center in accordance with the schedule established in the Parent/Provider Agreement between myself and the child care provider which has been approved by the Program staff. In case of unforeseen reasons for delay, I/we will contact the provider or Child Care Development Office as soon as possible on the same day.**
- 2. Be responsible for payment for any days and hours of care in excess of days and hours for which the Kickapoo Tribe of Oklahoma/Child Care Development Fund Program has agreed to pay.**
- 3. Be responsible for any expense incurred by my failure to notify the Kickapoo Tribe of Oklahoma, Child Care Development Fund, as noted in numbers 1 and/or 2 above.**
- 4. Notify both the Kickapoo Tribe of Oklahoma/Child Care Development Fund Program and child care provider, as soon as possible: 1) if change in facility or caretaker/provider give 1 or 2 weeks' notice depending on the month the week falls on; 2) if participant is ill or otherwise unable to attend.**
- 5. Notify the Kickapoo Tribe of Oklahoma/Child Care Development Fund Program of any change in the amount of my family's income (received from any source), unemployed/loss of job, increase/decrease number of family, address and cell/phone numbers. I further agree to make this notification within 10 working days. Failure to do so may result in suspension of child care services for 6 months.**
- 6. Notify the Kickapoo Tribe of Oklahoma/Child Care Development Fund Program of last day of attending training/educational institute and last day of work within 5 working days. Failure to do so may result in suspension of child care services for 6 months and will be responsible for child care services incurred.**

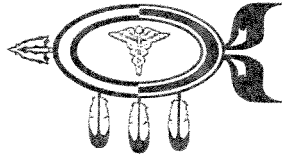
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7. Notify the Kickapoo Tribe of Oklahoma/Child Care Development Fund Program and the child care provider when changing the person to contact in case of emergency.
8. Be responsible for certifying my child(ren)'s attendance in day care center/in home/family home care by signing the attendance record from maintained by the facility/provider at the end of the month's care. I understand that my failure to certify my child(ren)'s attendance by signing the attendance record may result in the Kickapoo Tribe of Oklahoma's terminating payment to the facility/provider and/or facility/provider's discontinuing care of my child(ren). I further understand I am NEVER to sign a blank attendance record and Child Care Certificate.
9. Be responsible to pay promptly or make arrangements for any payments I owe to the child care facility/provider.
10. Make available information regarding the health assessment of my child(ren) unless objected to based on religious beliefs.
11. Be responsible for any established overpayment.
12. Be responsible for my choice of child care which I have chosen for my child(ren).

I read and agree to the Parent/Client Responsibilities as shown on this page and to provide the Kickapoo Tribe of Oklahoma/Child Care Development Fund Program the opportunity to obtain any needed verification. I affirm under penalty of perjury that 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. I understand and agree that child care services is limited to work or school schedule only. I understand and agree that if one parent is not working or attending school child care services cannot be provided.

Parent/Client Signature

Date

Spouse/Client Signature

Date

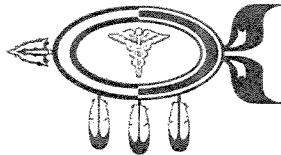
Home and work phone numbers _____

Emergency phone numbers _____

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RELEASE OF LIABILITY

I _____, release the Kickapoo Tribe of Oklahoma/Child
(Parent/Guardian)

Care Development Fund (CCDF) from any liability while in the care of

(Name of facility and address)

for the following children:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent (Head of Household)/Guardian

Date

Spouse

Date

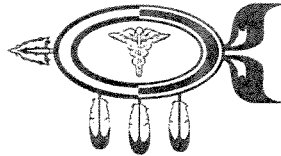
Child Care Development Fund Coordinator
Kickapoo Tribe of Oklahoma

Date

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PROVIDER: Information below is needed if child(ren) is attending DHS License Provider or Relative Home Provider.

- Provider Registration (All providers)
- Copy of provider's social security card (All relative providers)
- W-9 (completed by all providers)
- Provider TB skin test Background Check and Drug Test (All relative providers)
- Addendum to Application for Home Provider for Childcare (All relative providers)
- Copy of provider's training certifications for CDA, CPR, First Aid, Food Handlers, Child Development (All relative providers)
- Copy of child care center license, copy of star status/certification & last visit report by DHS (if attending a DHS facility)
- Post Emergency Numbers (police, hospital, etc.) & copy to CCDF (All relative providers)
- Emergency Evacuation/escape plan (fire, tornado) & copy to CCDF (All relative providers)
- Daily Schedule(rest time, meals, etc.) for child(ren) & copy to CCDF(All relative providers)
- Menu for the first month of Child Care Services & copy to CCDF (All relative providers)

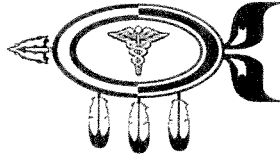
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PROVIDER REGISTRATION FOR CHILD CARE SERVICES

IN HOME/FAMILY HOME PROVIDERS MUST SUBMIT OR OBTAIN CERTIFICATE/TRAINING FOR CPR, FIRST AIDE, AND CHILD DEVELOPMENT WITHIN SIX (6) MONTHS. PLEASE ENCLOSE COPIES OF EACH CERTIFICATION YOU HAVE. DHS LICENSED HOME/CENTER PROVIDERS MUST SUBMIT A COPY OF LICENSE AND A COPY OF STAR STATUS/CERTIFICATION.

(At the end of the year provider will receive a 1099 form for taxes)

Date: _____

Federal ID Number: _____ Social Security No.: _____

Telephone _____

Name of Business (Provider's Name/Owner) _____

Provider's Full Legal Name/Maiden Name/Other Name Used _____

Date of Birth _____

Mailing/Physical Address of Business/Home _____

City _____

State _____

Zip _____

TYPE OF CARE PROVIDED (circle one): Group Home/Family Home/In Home/Center

All of the above information is true and correct to the best of my knowledge. I am aware that any person involved in the care or assisting in the care of said child(ren) is subject to a personal, criminal, and child welfare background check, and drug testing. I will have a TB test conducted and bring the results of that test to the Child Care Development Fund Office. I have been informed that any person who knowingly, willfully, and fraudulently provides false information for purpose of obtaining assistance, which he/she is ineligible to receive, may be subject to prosecution to the fullest extent to the appropriate federal statute. I understand the parents/guardians will have unlimited access to their children while in my care.

Signature of Provider

Date

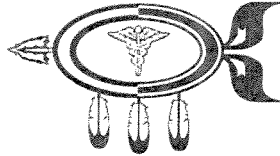
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Addendum to Application for Home Provider for Childcare

In addition to the Criminal History search and Restricted Registry inquiry, we consider Child Welfare cases to be a relevant part of your background history as it directly relates to this home provider for child care. For the safety and wellbeing of the children in our care please accurately and completely answer the following questions:

1. Have you ever been arrested for or charged with a crime involving a child(ren)?
YES _____ NO _____

(If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.)

2. Have you ever been found guilty of or entered a plea of "No Contest" or "Guilty" to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against person; or offenses committed against children? YES___ NO___

(If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.)

3. Have you ever been investigated for abuse, mistreatment, or neglect of a child or had a child involuntarily removed from your care? YES_____ NO_____

(If YES, please disclose all past and current incidents, even if they did not lead to criminal charges, convictions, or actual removal of a child in your care, and the name and location of the agency or authority involved.)

I certify that my responses to the above questions have been submitted truthfully and accurately to the best of my knowledge and ability.

X _____
Applicant Signature Date