Dear Applicant:

The Child Care Program administers a wide array of child care services through the Cheyenne and Arapaho Tribal Child Care Subsidy program to low-income families with parents or single parent, who are working or attending training or education program. Parents may choose the type of child care that best suits their needs. Currently those options are; licensed child care centers, licensed family-based providers, and relative care providers. The tribal subsidy program allows parental choice on approved child care providers for financial assistance with the cost of child care. The following list is the criteria required for eligibility determination:

1. The child(ren) must be an enrolled member of a federally recognized tribe. A copy of their CDIB must be submitted in the application process.

2. The family must reside in the Cheyenne and Arapaho Service Area. Which are the counties of: Beckham, Blaine, Canadian, Custer, Dewey, Ellis, Kingfisher, Major, Roger Mills, Washita, and Woodward.

3. This program has been initiated as an incentive for families who are employed, attending a training program or in a higher educational program. Therefore, you must fit one of the following conditions:
   a) Both parents work
   b) Both parents are in school or training
   c) One parent is employed and the other parent is in school or in training
d) A single parent who either works, or attends school, or a training program.
e) Job search

4. The child must attend a licensed Child Care Facility. The child care facility is of the parent(s) choice, and must be located and contracted by the parent(s).

5. The only exception for non-licensed care is Relative Care Providers. Child Care services is provided in the provider’s home (child does not reside here) by a grandparent, aunt, uncle, or adult sibling. This is by direct blood relationship or adoption.

Please provide the following documentation along with your application for child care services:

- Copy of Certificate of Degree of Indian Blood CDIB for children requiring child care.
- Copy of Birth Certificate of each child requiring child care.
- Copy of each child’s social security card
- Copy of current immunization records for child requiring child care
- Current proof of residence (utility bill or rent receipt with physical address
- Head of Household statement affirming residence if living with someone else.
- Proof of income for parents/guardians. Employment verification form and paystubs for one full month.
- Copy of school schedule for parent/guardian attending school
- Copy of court records verifying custody or guardianship (if applicable.)

Applications will not be processed until all documentation has been submitted to the Tribal Subsidy office. Completed applications will be processed within thirty (30) days of receipt.
**Parent/Applicant Information**

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<th>Last Name:</th>
<th>First Name:</th>
<th>MI:</th>
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<td>Single___ Married___ Separated ___ Divorced___</td>
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<th>Shelter/Home:</th>
<th>Owned___ Mortaged___ Rented___ Supplied___</th>
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**Spouse/Partner Information**

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<th>Date:</th>
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**Questions**

- Is your household experiencing homelessness?  
  Yes___ No___

- Is your household receiving assistance through TANF?  
  Yes___ No___

- Is your household currently receiving child care assistance through DHS?  
  Yes___ No___

- Is either/both parents job searching?  
  Yes___ No___

- Does your family have assets that exceed $1,000,000?  
  Yes___ No___

- Is either/both parents attending school or training?  
  Yes___ No___

**School Information**

Name of school: ____________________________

School Address: ____________________________

School Phone: ____________________________

Travel time to work/school: ____________________________
## Household Information

List all members of the household

<table>
<thead>
<tr>
<th>Last, First Name</th>
<th>DOB</th>
<th>Relationship to applicant</th>
<th>SS#</th>
<th>CDIB/roll #</th>
<th>Net Monthly income</th>
<th>Needs child care subsidy</th>
<th>Yes/No</th>
<th>Foster child or legal guardianship</th>
<th>Yes/No</th>
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## Child Care Provider Information

Provider requested: ____________________________ Type of Child Care: ____________________________
Child Care Center-Child Care Home- Relative Care Provider

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<tr>
<th>Address:</th>
<th>City:</th>
<th>Zip:</th>
<th>County:</th>
<th>Is this person related to the child:</th>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Phone Number:</th>
<th>DHS licensed?</th>
<th>If so how is this person related:</th>
<th>Grandparent, adult sibling, aunt, or uncle.</th>
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<td>Yes/No</td>
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EMPLOYMENT VERIFICATION FOR CHILD CARE
(Your Employer completes this form)

NAME ___________________________ SOCIAL SECURITY # ________________________

I hereby authorize my employer to release requested information in order to determine my eligibility for child care services.

_________________________________ Date

Client’s Signature

1. Employer: ______________________________________________________

2. Address & phone#: ___________________________________________

3. Position & Duties: _____________________________________________

4. Date started: ___________ Date 1st pay received: ________________

5. Frequency of pay: ( )Monthly ( )Twice monthly ( ) Every 2 weeks
   ( ) Weekly ( ) Daily

6. Hourly rate: ___________________

7. Day pay is received (ex.: every Friday, or 1st & 15th): _____________

8. Does employee receive tips, bonuses, or overtime? Explain and give estimated amount________________

9. Hours worked per day: ____, from _____________ to ______________

10. Days worked per week (please check below):

    ( ) Monday ( ) Friday
    ( ) Tuesday ( ) Saturday
    ( ) Wednesday ( ) Sunday
    ( ) Thursday ( ) Days will Rotate

_________________________________ Date

Authorized Person’s Signature & Title
SCHOOL OR TRAINING VERIFICATION FOR CHILDCARE
(This form to be completed by school or training facility)

NAME: ____________________________ SS# ________________

I hereby authorize release of required information in order to determine my eligibility for daycare services.

Student’s Signature ____________________________ Date ________________

1. School or Training Center ________________________________

2. Address and Telephone #: ________________________________

3. Student’s Beginning Date: _______Student’s Ending Date:__________
   Enrolled days per week (Please Check Below)
   ( ) Monday from _______ to _______
   ( ) Tuesday from _______ to _______
   ( ) Wednesday from _______ to _______
   ( ) Thursday from _______ to _______
   ( ) Friday from _______ to _______
   ( ) Saturday from _______ to _______
   ( ) Sunday from _______ to _______

4. Please Check Only the Months This Student is Enrolled for the Current Semester:
   ( ) January ( ) February ( ) March ( ) April ( ) May ( ) June
   ( ) July ( ) August ( ) September ( ) October ( ) November
   ( ) December

Authorized School Representative Signature ____________________________ Date ________________
Child Care Program
HEAD OF HOUSEHOLD STATEMENT
(ONLY if you live in someone else's home)

______________________________
Date

To Whom It May Concern:

I, ______________________ am stating that ______________________
(head of household) (applicant name)

and ______________________ reside with me at my address
(children's names)

______________________________
Street Address

______________________________
Apt/Box#

______________________________
City/State

______________________________
Zip Code

______________________________
Signature of Head of Household

______________________________
Telephone Number
Child Care Program Applicant Agreement

1. I understand I am responsible for any monthly co-payment and for any additional charges not covered by the Cheyenne and Arapaho Tribal Child Care Assistance Program.

2. I am responsible for locating my provider of choice.

3. I will notify both the Tribal Subsidy Program and the Provider within a minimum of ten(10) days of any change such as: changing providers, ending participation in the CCDF subsidy program.

4. I understand that it is my responsibility to sign my child in and out daily with the child care provider. Monthly Claim Records must be accurate and signed by parent and provider.

5. I must notify the Tribal Child Care Assistance Program of any major changes during the eligibility service. This includes: permanent loss of employment or cessation of attendance in at a job training or educational program. Family income that may exceed the federal threshold of 85 percent of the State median income.

6. I understand that if I am in an educational program I will send my enrolment schedule in every semester.

7. I understand services may be discontinued due to excessive unexplained absences, change in residency outside of the Cheyenne and Arapaho Service area and substantiated fraud or intentional program violations that invalidate prior determinations of eligibility.

8. I will notify any change of address during the eligibility period.

9. I understand that my child care provider must allow me unlimited access to my children whenever they are in care.

10. I understand that I must recertify for program services every 12 months.

APPEALS PROCEDURE:
You may appeal a decision of this department, if you believe that services should not be denied, decreased, stopped or suspended. If you wish to appeal, you or your representative, (such as legal counsel, relative, friend, or other spokesperson) must do so in writing (30) days of mailing your decision letter.

FEDERAL LAW GOVERNING FRAUD:
Whoever, in any matter within the jurisdiction of any department or Agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or devise a material fact, or makes any false, fictitious or fraudulent statements or representation or makes or uses any false writing or documents, knowing the same contain any false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than five years or both.
I (We), have read, or heard or have had interpreted to me (us) the preceding provisions and (We), agree to supply all necessary information about my (our) resources, income, residence, members of my household, employment, and to notify the Cheyenne and Arapaho Tribes Child Care Program when my (our) situation changes. I (We), also authorize the Cheyenne and Arapaho Tribes Child Care Program to obtain information necessary to establish my (our) eligibility for assistance. I (We), understand that there is a (30) day processing period.

I (We), certify that the information that I (We), have signed is true and correct.

Signature of Applicant ___________________________ Date ____________

Signature of Applicant ___________________________ Date ____________

CHILD CARE ELIGIBILITY DECISION:

(  ) Eligible (  ) Non-Eligible Updated on _______

(  ) Termination

____ Child Care Worker (initials)

Comments:

__________________________________________________________________

__________________________________________________________________