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Tribal Child Care Assistance Application

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			
Last Name:	First Name:	MI:	Date:
Street Address:	City:	State:	Zip:
Email:	Cell Phone:	Work Phone:	
Employer:	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>		
Shelter/Home:	<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Supplied		

Spouse/Partner Information			
Last Name:	First Name:	MI:	Date:
Street Address:	City:	State:	Zip:
Email:	Cell Phone:	Work Phone:	
Employer:	Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>		
Shelter/Home:	<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented <input type="checkbox"/> Supplied		

- 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

Name of school: _____

School Address: _____

School Phone: _____

Travel time to work/school: _____

Applicant Household Information

List all members of the household

Name Last, First	Date of Birth	Relationship to applicant	Social Security #	CDIB/Roll #	Net Monthly Income	Needs child care subsidy Yes/No	Foster child or legal guardianship Yes/No

Child Care Provider Information

Provider requested:	<input type="checkbox"/> Child Care Center <input type="checkbox"/> Child Care Home <input type="checkbox"/> Relative Care Provider
Address: City:	Type of Child Care: <input type="checkbox"/> Child Care Center <input type="checkbox"/> Child Care Home <input type="checkbox"/> Relative Care Provider
Zip: County:	If relative care, is the person a blood relative to the child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number:	DHS Licenced: Yes/No If so, how is this person related? Grandparent, adult sibling, aunt or uncle.



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.

Client's Signature Date

1. Employer: _____

2. Address & phone #: _____

3. Position & Duties: _____

4. Date started: _____ Date 1st pay received: _____

5. Frequency of pay: Monthly Twice monthly Bi-weekly 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 & give estimated amount

9. Hours worked per day: _____, from _____ to _____

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

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Days will rotate

Authorized Person's Signature & Title Date



SCHOOL OR TRAINING VERIFICATION FOR CHILD CARE

(This form to be completed by school or training facility)

NAME: _____ SOCIAL SECURITY #: _____

I hereby authorize release of required information in order to determine my eligibility for child care 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)

- | | |
|------------------------------------|---------------------|
| <input type="checkbox"/> Monday | from _____ to _____ |
| <input type="checkbox"/> Tuesday | from _____ to _____ |
| <input type="checkbox"/> Wednesday | from _____ to _____ |
| <input type="checkbox"/> Thursday | from _____ to _____ |
| <input type="checkbox"/> Friday | from _____ to _____ |
| <input type="checkbox"/> Saturday | from _____ to _____ |
| <input type="checkbox"/> Sunday | from _____ to _____ |

4. Please check only the months this student in enrolled for the current semester:

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March | <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June |
| <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

Authorized School Representative Signature Date



HEAD OF HOUSEHOLD STATEMENT FOR CHILD CARE

(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

Head of household signature

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

Termination

Updated on _____

_____ Child Care Worker (initials)

Comments:
