



**SHAWNEE TRIBE CHILD CARE & DEVELOPMENT FUND (CCDF)
APPLICATION FOR CHILD CARE ASSISTANCE**

The following documentation is required to determine eligibility for childcare assistance.

1. Yes No **APPLICATION**
2. Yes No **TRIBAL CARDS or CERTIFICATE DEGREE OF INDIAN BLOOD (CDIB)**
3. Yes No **Income Verification**
 - 1 month of current check stubs for all household members
 - Self-Employed must submit current income tax
 - Social Security
4. Yes No **Residency Verification** – current utility bill with name and physical address, if utilities are in a different name you will need a notarized summary of residency.
5. Yes No **Immunization Records** – for each child receiving services (must be up to date)
6. Yes No **State Certified Birth Certificate or Hospital Certificate** – for each child receiving services
7. Yes No **Social Security Cards** – for all family members living in the household
8. Yes No **Employment Verification Form** – for all working household members
9. Yes No **Shawnee Tribe Client Responsibilities Agreement**
10. Yes No **Student Enrollment Letter of Acceptance** – from school or training facility (if attending)
11. Yes No **Class Schedule** – (if attending school)

I understand that I must have all the above documentation turned in to the Shawnee Tribe CCDF office and have a complete application before I will be considered for assistance. 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 if I falsify information or fail to submit information required for eligibility, I will be suspended or terminated and will be required to reimburse the program.

Signature of Applicant

Date

Shawnee Tribe CCDF Program
29 S Hwy 69A Office (918) 542-7232
Miami, OK 74354 Fax (918) 542-4138
E-mail sean@shawnee-tribe.com
E-Mail diana@shawnee-tribe.com



Shawnee Tribe CCDF

21 N. Eight Tribes Trail

Miami, OK. 74354

Ph. 918-542-7232 Fax 918-542-4138

Application for Childcare Services Shawnee Tribe

Application Date:	Tribal Affiliation:
Applicant Name:	Cell Phone:
Address:	County:
City/State/Zip	Email:
Please initial to verify the following statement per federal requirement:	
I certify that my family assets do not exceed \$1,000,000.00 _____	

Persons In Household

First Name	M.I.	Last Name	Sex	Date of Birth mm/dd/yy	Soc. Sec.#	Tribal Affiliation

Are any children in household in foster care or court custody? _____

Facility Information

Child Care Facility/Owner:	
Address:	
City/State/Zip:	Phone:

Signature

Applicant:	Date:
Shawnee Tribe CCDF:	Date:

NOTARIZED STATEMENT OF RESIDENCE

Please use this form if you do not have a **UTILITY BILL** that is in your name. This form will be used solely for the purpose of the Shawnee Tribe CCDF Program. **Please submit a current utility bill along with this form.**

NAME OF APPLICANT(s):		
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
NAME UTILITY BILLS ARE CURRENTLY IN:		
PHONE NUMBER FOR PERSON LISTED ON UTILITY BILL:		

By signing this form I declare that the information above is true and I understand that any false information is grounds for termination from the Shawnee Tribe CCDF Program. Please sign below and have notarized.

APPLICANT'S SIGNATURE

Imprint

Notary Public

Seal Here Notary Public

My Commission Expires: _____

State of: _____

County of: _____

Date: _____

1001. STATEMENT OR ENTRIES GENERALLY

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 device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to 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.

June 25, 1948, c. 645, 62, Stat. 749

Address verified to be within service area.

By: _____

**NOTARIZED STATEMENT OF
HOUSEHOLD OCCUPANCY & Custody Agreement**

Please use this form if a divorce decree or affidavit of separation is not available.
This form will be used solely for the Shawnee Tribe CCDF Program

I, _____, hereby certify that:
(Applicant Name)

By signing this form I declare that the information above is true and I understand that any false information is grounds for termination from the Shawnee Tribe CCDF Program. I agree to notify the Shawnee Tribe CCDF Program immediately of any changes in household size or custody agreement. Please sign below and have notarized.

Applicant's Signature

Date of Statement

Imprint

Notary Public

My Commission Expires: _____

State of: _____

County of: _____

Date: _____

1001. STATEMENT OR ENTRIES GENERALLY

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 device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to 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.

June 25, 1948, c. 645, 62, Stat. 749



Verification of Employment

Shawnee Tribe CCDF Program
21 N. Eight Tribes Trail, Suite A
Miami, OK 74354
918-542-7232 / Fax 918-542-4138
E-Mail diana@shawnee-tribe.com
E-Mail sean@shawnee-tribe.com

1. VERIFICATION OF EMPLOYMENT FOR: _____
2. COMPANY/EMPLOYER NAME: _____
3. COMPANY/EMPLOYER ADDRESS: _____
4. MANAGER/SUPERVISOR: _____
5. DATE OF EMPLOYMENT: _____
6. RATE OF PAY: _____
7. PAY SCHEDULE: (circle one) **Weekly** **2XMonth** **Every Other Week** **Monthly**
8. WORK SCHEDULE (example Mon-Fri 7:30-4:30): _____
9. NUMBER OF HOURS EMPLOYEE WORKS PER WEEK: _____
10. EMPLOYER'S PHONE NUMBER: _____

Authorized Signature: _____



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 9. NUMBER OF HOURS EMPLOYEE WORKS PER WEEK: _____
 10. EMPLOYER'S PHONE NUMBER: _____
- Authorized Signature: _____

SHAWNEE TRIBE CLIENT RESPONSIBILITIES AGREEMENT

I _____ agree to:

1. The Shawnee Tribe CCDF Program will only pay for childcare services stated on the notification letter. _____
2. Notify the Shawnee Tribe CCDF before I change providers or if I no longer need the assistance of the Shawnee Tribe CCDF Program. _____
3. I understand to be eligible for a full month payment, the child must be in attendance 7 days or more. If the child is in attendance less than 7 days, I will be responsible any remaining balance. _____
4. Be responsible for your full co-payment each month as well as any additional charges from your provider. Please discuss this with your provider before beginning services. _____
5. If the provider charges tuition or higher rates than CCDF rates, it is the responsibility of the applicant(s) to pay this fee. _____
6. Be responsible for verifying my child's/children's attendance in a child care facility by signing the attendance record/records maintained by the facility at the end of each month's care. I understand that my failure to verify my child's/children's attendance will result in the Shawnee Tribe's refusal to pay the provider and/or the provider's discontinuing care of my child/children. I further understand I am **NEVER** to sign a blank or incorrectly logged attendance record. _____
7. Be responsible to promptly pay or make arrangements to pay the co-payment that I owe the Provider (the amount of the copayment is shown on the notification letter). If your monthly co-payment exceeds the amount of the daycare fee for the month then the applicant is responsible for paying the daycare fee and not the co-payment _____
8. I must choose a child care provider who is State licensed, License Exempt or Tribally licensed and the child care facility that I choose must be at one, one plus, two, or three star statuses if the facility is located in the state of Oklahoma. _____
9. Maybe responsible for repaying to the Shawnee Tribe any overpayment of benefits paid in my behalf. Failure to do so may result in loss of child care assistance from the Shawnee Tribe CCDF Program. _____
10. I agree to provide the Shawnee Tribe Child Care Program all contact information necessary to verify any statements made in my application for assistance, and I hereby give permission for the Shawnee Tribe Child Care Program to verify all information that I have provided in my application with employer, employment agencies, child care providers, educational or training facilities, sources of financial support, and other similar agencies. _____
11. I affirm under penalty of law that the information given in the application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement I have made is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud and may be denied future benefits from the Shawnee Tribe Child Care Program and other Shawnee Tribe Programs. _____

LIABILITY DISCLAIMER

I AGREE TO HOLD THE SHAWNEE TRIBE HARMLESS FROM ANY LIABILITY, CLAIMS, OR DAMAGES THAT MAY RESULT FROM A CHILD CARE PROVIDER'S PERFORMANCE OF ITS OBLIGATIONS UNDER THE TERMS OF THIS AGREEMENT.

I UNDERSTAND BY SIGNING THIS FORM THAT I AGREE TO ANY AND ALL TERMS OF THIS AGREEMENT

Client Signature

Date

Shawnee Tribe CCDF Program

Date

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I UNDERSTAND BY SIGNING THIS FORM THAT I AGREE TO ANY AND ALL TERMS OF THIS AGREEMENT

Client Signature

Date

Shawnee Tribe CCDF Program

Date