



## Applicant Checklist:

All forms must be completed and turned in with this application. Applications are not considered complete until ALL FORMS are turned in. Only completed applications will be placed on the waiting list. It is your responsibility to submit these forms completed to our office.

*Please call (580) 362-2795 for additional questions.*

- 1.) \_\_\_\_ Child Care Assistance Application
  - a. Birth certificate
  - b. CDIB Card for each child and/or parent (parent or child must be eligible, not both)
  
- 2.) \_\_\_\_ Employment Verification (1 full month and most current check stub for applicant & co-applicant)
  
- 3.) \_\_\_\_ School/Training Verification (Class Schedule)
  
- 4.) \_\_\_\_ Refusal letter from Tonkawa, Otoe-Missouria and Ponca Tribes if you fall under their jurisdiction
  
- 5.) \_\_\_\_ Refusal letter from Oklahoma DHS if you reside in Kay County
  
- 6.) \_\_\_\_ Proof of residency
  - a. Household Information Form (pg. 4) must be notarized in bottom right hand corner
  - b. A current bill or credible piece of mail in the applicant or co-applicant's name
  
- 7.) \_\_\_\_ Proof of legal separation (if applicable)
  
- 8.) \_\_\_\_ Provider/Confidentiality Agreement, if new provider
  - a. Criminal Background Check/UA
  - b. Completed Health & Safety Assessment
  - c. W-9
  
- 9.) \_\_\_\_ Foster Care/ Emergency Family Care (Respite) please have proper documentation to provide support
  
- 10.) \_\_\_\_ Applicant Rights & Responsibilities

# Kaw Nation Child Care Development Fund Application

## Applicant Information

Applicant Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:
Work Phone:	Cell Phone:	Home Phone :

## Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:

## Household Information (Family Unit= man, woman, children under the age of 18)

Family/household size:	Marital Status:
Number of Adults:	Single Parent: Yes    No
Number of children:	

## Co-applicant Information (This information does affect eligibility.)

Name:		
Date of birth:	SSN:	Phone:
Current address:		
City:	State:	ZIP Code:

## Co-applicant Employment Information

Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly    Salary    (Please circle)	Annual income:

## Reason for Needing Child Care (check all that apply)

<input type="checkbox"/> Employment: F/T    P/T	Name of Employer:
<input type="checkbox"/> School: F/T    P/T	Name of School:
<input type="checkbox"/> Training: F/T    P/T	Dates of Training:
<input type="checkbox"/> Job Search: # of hours per week	Name of Job Search :

## Foster Care/ Respite Care (Emergency Family)

Are you applying for a child under Foster Care or Emergency Care?	Yes/No
If so, please provider all supporting legal documents. List type: _____	



## Child Care Provider Information

Name of Child Care Provider: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is provider a relative: Yes/No If yes what relationship: \_\_\_\_\_

Where will care be provided \_\_\_\_ Provider's Home; \_\_\_\_ Child's Home; \_\_\_\_ Licensed Center.

Office Use Only

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Providers SSN/EIN #: \_\_\_\_\_ or Child Care Licensing #: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:



## Household Information:

Household Member:	Relationship:
	SELF

The information provided is used to determine whether you are eligible for services. This will enable us to collect federal funds for the services provided to you and your family. Most of the information we collect about you will be classified as private. That means you and the Federal Government/Tribal agencies that need the information can see it, others cannot. Occasionally statistics and data will be taken from the information we collect about you. This is public and open to anyone, but it will not identify you in any way. Please answer all questions truthfully and to the best of your knowledge. I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found negligent after enrollment and the Kaw Nation CCDF Program may bring formal charges of fraud against me. I allow release of this information for review purposes and understand that it will determine my eligibility for the program. The data you give to the Kaw Nation CCDF Program may be shared with appropriate staff of the Federal Government/Tribal agencies under existing contractual agreements.

X

\_\_\_\_\_  
Applicant Signature / Date

X

\_\_\_\_\_  
Applicant Signature / Date



## Request for Verification of Income

This form is **only** accepted when an applicant cannot furnish one full month's worth of income due to new hire status.

*The employer must complete this portion.*

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*Is or has this person received this course of income in the last month:*    Yes    No

*Please list 1 FULL MONTHS (Gross) income:*    \$ \_\_\_\_\_

*Dates of income listed:*    \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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*Signature of Authorized Official*

*Title*

*Date*



## Self-Employment Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Average Monthly Income: \_\_\_\_\_

Date of Child Care Services: \_\_\_\_\_ THRU \_\_\_\_\_

Type of Self Employment: \_\_\_\_\_

Hours per day away from home: (please write down an average day) \_\_\_\_\_

Days per week away from home: (please write down an average week) \_\_\_\_\_

Please explain if this is seasonal, part time, business \_\_\_\_\_

Did you file income tax last year: \_\_\_\_\_

If so, what was the total amount of income reported: \_\_\_\_\_

**NOTE: YOU WILL NEED TO SHOW A COPY OF YOUR YEARLY INCOME TAX FORM**

I understand that the Kaw Nation CCDF Program will require documentation and verification of my hours away from home while I am requesting child care assistance. I agree to notify the Kaw Nation CCDF program of any changes in my situation and/or income.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Applicant Rights and Responsibilities

I AGREE AND UNDERSTAND THAT I WILL:

1. Be responsible for the care of my child/children when I am not attending work and/or school.
2. Notify the Kaw Nation Child Care Development Fund and the Provider in advance if: 1) there are any changes in facility or caretaker 2) if participant is no longer in need of assistance.
3. Notify the Kaw Nation CCDF, within 10 business days, in the event that there are any changes to my household income, family size, changes in my place of employment, changes to my school and/or work schedule.
4. Notify the Kaw Nation CCDF, within 10 business days, in the event that there are any changes to my address or phone number.
5. Be responsible for reviewing my child/children's records of attendance at the end of each month. I understand that failure to review, sign and date my child's/children's records of attendance may result in the Kaw Nation CCDF terminating payment to the facility/provider and I will be responsible for all child care costs in the event of discontinuation of care.
6. Be required to re-apply by January 1<sup>st</sup> of each new year. I understand that failure to provide the documentation necessary to re-apply upon the deadline will result in a suspension of payment and my case to be considered "Inactive".
7. Assistance will begin only when a complete application and all supporting documentation, including all documentation necessary from my provider, has been received and approved by the Kaw Nation CCDF office.
8. Allow sufficient amount of time to process my application and understand that it could take up to thirty (30) days to process my application.
9. Be responsible for any cost that the Kaw Nation CCDF does not cover including but not limited to, Activity Fees, Registration Fees, late fees etc.
10. Be responsible to promptly pay, or make arrangements to pay, the facility of the child care provider any co-payment I am assessed by the Kaw Nation CCDF program.
11. Submit documentation that substantiates any special needs my child may have that would qualify him/her for special needs.
12. Abide by the days and hours specified in my child care plan. If care is needed beyond the specified plan I may be responsible for any additional charges.

**Rights and Responsibilities Continued**

- 13. Not provide false information. If any fraud is committed, I will repay the amount of money established as an overpayment and will be unable to participate in Kaw Nations CCDF assistance program for a period of no less than one year and that I could be subject to criminal prosecution.
- 14. Have the right to appeal any decision made by the Kaw Nation CCDF and such a complaint must be made in writing on the "Applicant/Provider Appeal Form" no later than 10 days the date of decision and that a response to the complaint will be made within ten days from the date the written complaint is received.
- 15. Review the "Kaw Nation CCDF Parent Handbook" provided upon approval of care.

**PERMISSION TO VERIFY**

I agree to provide the Kaw Nation CCDF with all information necessary to verify all statements made in this document. I also understand that if my application is not processed within thirty (30) days, I have the right to request a fair hearing.

I affirm under penalty that the information given in this application is complete and accurate to the best of my ability and knowledge. I understand and agree that if any statement is false, and results in me receiving benefits for which I am not eligible; I am subject to my assistance being denied or considered "inactive" by the Kaw Nation CCDF.

**DISCLAIMER ON LIABILITY OF CHILD/CHILDREN IN CENTER**

I agree to hold the Kaw Nation CCDF free of any and all liability, claims or damages that may result from the child care Providers 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 CONTRACT.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co- Applicant Signature

\_\_\_\_\_  
Date