

REQUIRED DOCUMENTS LIST

The following documents are required to apply for Child Care Subsidy assistance. All documents must be dated within 30 days of application.

- **CDIB** – or proof of tribal membership for you and your child(ren). We also accept letters of descendency.
- **Birth Certificate** – for each child who will be using the Child Care Program. We will accept hospital birth certificates until parent(s) receive the States birth certificate.
- **Social Security Card** – A copy of each child’s Social Security Number/Card.
- **Client Responsibility & Agreement Form** – Sign and date, if married or living together both parents need to sign.
- **Proof of Residence** – verification that you live in the service area (example electric bill, gas bill, propane bill, or lease agreement). Verification must be dated within the last 30 days. If mailing address is a PO BOX then verification of mailing address and physical address must be submitted. If applicant is renting or living with someone and the utility bill is in someone else’s name, then a copy of their billing along with a signed note of explanation from the person whose name is on the utility bill is required.
- **Employment Verification** – Have supervisor/manager fill out the employment verification form with the days, total hours you work a week, and pay rate for you and your spouse. Must be dated within the last 30 days. If self-employed, must fill out a self-employment statement.
- **Income Verification** – Pay stubs or most recent 1040 tax form if self-employed. If paid weekly, last four pay stubs, if paid bi-weekly or bi-monthly last two pay stubs with you and your spouse’s net wages listed and a listing of all deductions.
- **School Schedule** – an official copy of you and your spouse’s current class schedule listing the days and hours of classes. Schedule must have school letterhead or official transcript.
- **Custody** – Divorce decree, custody documents, and legal court documentation of separation (if applicable).
- **Child Support** – If you pay or receive child support you must submit Custodial/Child Support Documentation (Must have if single, separated, divorced, or guardian).
- **Child’s Immunization Record** – Must supply the most up to date immunization record for each child seeking childcare.
- **Registered Provider information** – if selecting a relative to provide care, the relative must complete an application. The relatives CDIB (if applicable), Driver’s license, Social Security Card, and Residence Verification (utility bill, phone bill, lease agreement). Grandparents, Great-Grandparents, immediate aunt or uncle or adult sibling to the child over the age of 18 can be relative providers.
- **Other** – If selecting a Child Care Center or home they must be DHS licensed.

CHILD DEVELOPMENT CENTER EAST
1601 S. GORDON COOPER DR., SHAWNEE, OK 74801
PHONE 405-878-4861 FAX 405-395-9038



CHILD DEVELOPMENT CENTER WEST
784 GRAND CASINO BLVD., SHAWNEE, OK 74804
PHONE 405-695-5598 FAX 405-964-4984

CHILD CARE ASSISTANCE APPLICATION

APPLICATION FOR ASSISTANCE

Parent's Name _____

Co-Applicant's Name (if applicable) _____

Tribal Affiliation _____ DOB _____ Relationship (to child) _____

Address _____ Apt _____

City _____ State _____ Zip _____

Primary Phone _____ Secondary Phone _____

Email _____

Have you previously received assistance from CCDF? _____

HOUSEHOLD INFORMATION

Family size ____ Number of adults ____ Number of children ____ Single parent? Yes No

Name of child	Date of birth	Gender	SSN

CERTIFICATE OF DEGREE OF INDIAN BLOOD (CDIB)

Is child American Indian? Yes No Does Applicant have their CDIB? Yes No

Please list Tribe and Degree _____

HOUSEHOLD INCOME (please list all income and provide verification of all income)

Member(s) receiving income: (include employment, child support, worker's comp, social security, TANF and disability)	Name and phone number of Employer	Net Income and how often are you paid? Please check one
	_____ (_____) _____	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
	_____ (_____) _____	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
	_____ (_____) _____	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly
	_____ (_____) _____	\$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly

PROVIDER INFORMATION

Name of Provider _____

EIN/SSN _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

County _____ Phone _____

Eligibility determination is based upon a completed and signed application with the required documentation. BEING FOUND ELIGIBLE DOES NOT GUARANTEE THAT AN INDIVIDUAL WILL RECEIVE SERVICES. Placement is dependent upon availability of funds. I certify that the information I have submitted is true and correct to the best of my knowledge. I accept that it is Subject to verification; and that falsification is grounds for immediate termination and may subject me to prosecution under law. I allow the release of information for verification and reporting purposes.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

EMPLOYMENT VERIFICATION FORM

The manager or owner of the company should complete this form

1. Verification of employment for _____
name of employee
2. Company/employer name _____
3. Employer's phone number _____
4. Company/employer address _____

5. Manager/supervisory name and title _____
6. Date of employment _____
7. Rate of Pay _____
8. Pay Schedule _____ (weekly, bi-weekly, other)
9. Work Schedule:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours							

10. Number of Hours Employee Works/Week _____
11. Is the employee paid cash only? Yes No
12. Does the employee receive a paycheck? Yes No
13. Check the category the employee is considered: Full Time Part Time
14. Check the category the employee is considered: Temporary Permanent

Manager/Supervisor Signature _____ Date _____

This form is for the Citizen Potawatomi Nation Child Care Development Fund (CCDF) Program, which will be used to determine the client's eligibility for child care services.

CLIENTS DAY CARE RESPONSIBILITIES

I AGREE TO

1. Abide by the days and hours as specified in the day care plan in order assure that my child will be supervised by me or someone else at all times. I will notify the provider of the persons to contact if there is an emergency. If care is needed beyond the specified plan during an emergency, I understand that I may be responsible for any additional charges.
2. Be responsible for payment for any days and hours of care in excess of days and hours for which the Citizen Potawatomi Nation has agreed to pay.
3. Be responsible for any expenses incurred by my failure to notify the Citizen Potawatomi Nation or the child care provider, as noted in 1 and 2 above.
4. Notify the CPN and the child care provider, within two days: 1) of any change in facility or caretaker; 2) if the participant is ill or unable to attend; 3) if the participant is no longer in need of the services.
5. Notify CPN **of any changes** in income, family size, phone number, address, etc.
6. Notify CPN if there is any change concerning the person to contact in case of emergencies.
7. Be responsible for certifying my child's attendance in child care by signing the reimbursement form at the end of each month's care. I understand that my failure to sign the reimbursement form may result in the Tribe termination of payment to the provider and/or discontinuing services. I further understand that I am **never** to sign a blank reimbursement form.
8. Be responsible to pay co-pay at the beginning of the month, or arrange for any co-payment I owe to the child care provider.
9. Make available information regarding the health assessment of my children unless objected to base on religious grounds.
10. Be responsible for all reimbursements forms to be completely filled out and submitted to the CPN Child Development Center by the 7th of every month by 8 a.m.

I agree to the client responsibilities as shown on this page and to provide the Citizen Potawatomi Nation the opportunity to obtain any verification needed. 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.

Applicant/Client Signature _____ Date _____

Applicant/Client Signature _____ Date _____

UNIFORM GRIEVANCE AND APPEALS PROCEDURE

The Tribe has established a uniform grievance and appeals procedure applicable to all participants and tribal staff within this 477 program engaged in any type of activity included under a 477 Plane. The procedure insures due process and establishes a series of levels, starting with informal resolution at the staff level. The final tribal level of appeal is to a committee including the Department Director and two other senior level tribal administrative staff. Appeals to final tribal level must be in writing and submitted within ten business days of the action being appealed. Participants will be advised of determination(s) within ten (10) business days of receipt of written complaint(s). The levels are as follows:

Step 1: Informal/Verbal Complaint - Resolved informally at staff level.

Step 2: Written Complaint - Time and Date received noted, staff relays to Department Director (or Assistance Director). Participant is contacted directly. Director or Assistant Director investigate / reviews complaint. Once determination is made the participant is advised.

Step 3: Final Formal Complaint - If unable to resolve or participant is not satisfied with Director's determination, a written request for Final tribal review may be made by the participant. Department Director will relay all pertinent written documentation to senior level tribal administrative staff that includes one or more of the following as applicable: Human Resource Director, Vice-Chairman, or Tribal Chairman.

Step 4: Any grievance which involves an elected official will be reviewed in accordance with the Tribal Constitution. Step 4 applies only when the grievance specifically involves an elected official.

If after using this procedure, the participant is not satisfied, they have the right to file a documented grievance to:

Attention: Division Chief
Division of Workforce Development
Room 20 M.S.-20 SIB
1951 constitution Ave. N.W.
Washington DC 20245