



SHAWNEE TRIBE CHILD CARE & DEVELOPMENT FUND (CCDF)

+ 21 N Eight Tribes Trail, OK 74355 + Office (918) 542-7232, + Fax (918) 542-4138 + ccdf@shawnee-tribe.com

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
21 N Eight Tribes Trail Office (918) 542-7232
Miami, OK 74354 Fax (918) 542-4138
E-mail sean@shawnee-tribe.com
E-Mail diana@shawnee-tribe.com
E-Mail cindy@shawnee-tribe.com
E-Mail ccdf@shawnee-tribe.com



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/yyyy	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:



SHAWNEE TRIBE CLIENT RESPONSIBILITIES AGREEMENT

I _____ agree to:
(Client Name)

1. The Shawnee Tribe CCDF Program will only pay for childcare services stated on the notification letter. _____
2. I will notify the Shawnee Tribe CCDF office 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 for any remaining balance. _____
4. Be responsible for my full co-payment each month as well as any additional charges from the provider. I will discuss this with my provider before beginning services. _____
5. If the provider charges tuition or higher rates than the CCDF rates, it is the responsibility of the applicant (s) to pay this fee. _____
6. I will be responsible for verifying my child/children's attendance in the childcare facility by signing an attendance record sheet maintained by the facility at the end of each month's care. I understand that my failure to verify my child/children's attendance will result in the Shawnee Tribe's refusal to pay the provider and/or discontinue the services with the provider for my child/children. I further understand I am to **NEVER** sign a blank or incorrectly logged attendance record. _____
7. I will be responsible to promptly pay or make arrangements to pay the co-payment that I owe the provider (the amount of the co-payment is shown on the approval letter). If your monthly co-payment exceeds the amount of the daycare costs for the month then then I am responsible for paying the daycare costs and not the co-payment. _____
8. I must choose a childcare provider who is State licensed, License Exempt or Tribally licensed. The childcare facility that I choose must be at a One Star, One Star Plus, Two Star or Three Star status if the facility is in the state of Oklahoma. _____
9. I may be responsible for repaying the Shawnee Tribe for any overpayments of benefits paid in my behalf. Failure to do so may result in the loss of childcare services through the Shawnee Tribe CCDF Program. _____
10. I agree to provide the Shawnee Tribe CCDF Program all contact information necessary to verify any statements made in my application for assistance, and I hereby give permission for the Shawnee Tribe CCDF to verify all information that I have provided in my application with my employer, employment agency, childcare providers, educational or vocational 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 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 CCDF Program and other Shawnee Tribe programs. _____

LIABILITY DISCLAIMER

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

Date



VERIFICATION OF EMPLOYMENT

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: _____

Revised 8/1/2022

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21 N. Eight Tribes Trail, Suite A
Miami, OK 74354
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E-Mail diana@shawnee-tribe.com
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