

# QUAPAW NATION CCDF PROGRAM

206 E. Future Farmer Rd.  
Quapaw, OK 74363

## APPLICATION CHECKLIST FOR CHILD CARE ASSISTANCE

(918) 238-3153  
FAX (918) 238-3153

The documentation must be delivered to the CCDF office by mail, email, fax or hand delivered. The following documentation is required to determine eligibility for child care assistance.

- 1. APPLICATION
- 2. CDIB CARD (Certificate Degree of Indian Blood) or LETTER OF TRIBAL ENROLLMENT (each child and/or a parent/guardian)
- 3. PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS  
(Must have 3 most recent check stubs for each working household member.)
- 4. PROOF OF ADDRESS (Current Utility bill with **physical address not P.O. Box**. If your address is not in your name, you must fill out a physical address form provided in the application and return it with your application.)
- 5. COPY OF IMMUNIZATION RECORDS FOR ALL CHILDREN RECEIVING CARE (must be up to date)
- 6. COPY OF CHILDREN'S BIRTH CERTIFICATES OR HOSPITAL RECORD  
until birth certificate can be obtained for **all children under the age 18 years old living in the household**)
- 7. CLASS SCHEDULE AND LETTER OF ACCEPTANCE FROM SCHOOL (for the parent/guardian if attending)
- 8. EMPLOYMENT VERIFICATION FORMS FOR EACH WORKING HOUSEHOLD MEMBERS
- 9. SELF-EMPLOYED must submit NOTARIZED Income Statement Verification Form provided by the CCDF Program
- 10. DIVORCE/SEPARATION/CUSTODY/CHILD SUPPORT/GUARDIANSHIP DOCUMENTS

### Appendix 2- ELIGIBILITY TERMINOLOGY

1) ATTENDING (a job or education program) –duly enrolled in a program of training or education.

2) EDUCATIONAL PROGRAM- Activities to secure 1) high school education or equivalency, 2) GED or adult basic education, 3) certificate or post-secondary education, 4) basic and remedial education to attain a basic literacy level, 5) Education in English proficiency or Tribal language.

3) JOB TRAINING – a training program is defined as a course of study that when completed qualifies a person to meet requirements for a job the client could not have obtained without the certificate of completion, accreditation, or licensure. Includes: vocational training for a specific job occupational area and college work.

4)WORKING- Gainfully employed. Time spent in activities which incur wages, commissions, tips, piece-rate payments, on-the-job training programs, work study employment, and self-employed. The applicant(s) must make at least minimum wage for the number of hours he or she works. Sleep time also meets the definition of employment when the applicant works nights and has an alternative care provider during work hours and needs child care to sleep during the day.

I understand that I must have all the above documents delivered to the CCDF office and have a complete application before I will be considered for assistance from the CCDF Program. I also understand that if I falsify information required for eligibility, childcare services may be suspended or terminated.

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

\_\_\_\_\_  
Date

# QUAPAW NATION CCDF PROGRAM

206 E. Future Farmer Rd.  
Quapaw, OK 74363

## APPLICATION FOR CHILD CARE FINANCIAL ASSISTANCE

(918) 238-3153  
FAX (918) 238-3153

|                       |  |          |          |      |
|-----------------------|--|----------|----------|------|
| Applicants Name:      |  | County:  | Date:    |      |
| Mailing Address:      |  | City:    | State:   | Zip: |
| Physical Address:     |  | City:    | State:   | Zip: |
| Parent/Guardian Email |  | Phone #: | Other #: |      |

| Child Care Needed   | Name (state full name of all household members) | Sex F/M | Tribal Affiliation | Date of Birth | Relation to Applicant | Special Needs   |
|---|---|---------|--------------------|---------------|-----------------------|---|
| <input type="checkbox"/> yes<br><input type="checkbox"/> no |   |         |                    |               |                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <input type="checkbox"/> yes<br><input type="checkbox"/> no |   |         |                    |               |                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <input type="checkbox"/> yes<br><input type="checkbox"/> no |   |         |                    |               |                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <input type="checkbox"/> yes<br><input type="checkbox"/> no |   |         |                    |               |                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <input type="checkbox"/> yes<br><input type="checkbox"/> no |   |         |                    |               |                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <input type="checkbox"/> yes<br><input type="checkbox"/> no |   |         |                    |               |                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <input type="checkbox"/> yes<br><input type="checkbox"/> no |   |         |                    |               |                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <input type="checkbox"/> yes<br><input type="checkbox"/> no |   |         |                    |               |                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no |
| <input type="checkbox"/> yes<br><input type="checkbox"/> no |   |         |                    |               |                       | <input type="checkbox"/> yes<br><input type="checkbox"/> no |

|   |
|---|
| <b>1. Special Needs: if you marked yes to Special Needs please describe below:</b>  |
| 1)  |
| <b>2. Reason child care needed: Please check the box below that best describes your situation:</b>  |
| 2) <input type="checkbox"/> Work <input type="checkbox"/> School <input type="checkbox"/> Training <input type="checkbox"/> Protective/Preventive <input type="checkbox"/> TANF Work <input type="checkbox"/> Other |
| <b>3. Please initial to verify the following statement per federal requirement:</b>   |
| 3) I certify that my family assets do not exceed \$1,000,000 (initials)   |
| <b>4. Do any of the children reside in a Foster Care Home?</b> <input type="checkbox"/> yes or <input type="checkbox"/> no  |
| <b>5. Is anyone in the family homeless?</b> <input type="checkbox"/> yes or <input type="checkbox"/> no   |

|   |                  |
|---|------------------|
| <b>6. Name of Child Care Facility: (if you have not chosen a facility just leave blank)</b> |                  |
| Facility Name:  | Director's Name: |
| Address:  |                  |
| Phone Number:   | Center or Home:  |

|  |                                   |                                       |
|--|-----------------------------------|---------------------------------------|
| <b>FOR OFFICE USE ONLY:</b>              |                                   |                                       |
| Date application received in the office: | <input type="checkbox"/> ELIGIBLE | <input type="checkbox"/> NOT ELIGIBLE |
| Monthly Co-Pay: \$                       | Approval Date:                    |                                       |
| Net Monthly Income:\$                    | Deductions:\$                     | Adjusted Monthly Income: \$           |
| REASON FOR DENIAL:                       |                                   |                                       |
| DOCUMENTATION NEEDED:                    |                                   |                                       |
| DAYS/TIMES APPROVED:                     |                                   |                                       |

# QUAPAW NATION CCDF PROGRAM

206 E. Future Farmer Rd.  
Quapaw, OK 74363

(918) 238-3153  
FAX (918) 238-3153

## CLIENT CHILD CARE RESPONSIBILITIES AND SERVICE PLAN AGREEMENT

| <b>PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS: I agree to:</b>   | <b>INI</b> |
|--|------------|
| 1) Be responsible to promptly pay or make arrangements to pay co-payments and/or other fees to the provider.   |            |
| 2) Notify the Child Care Provider: (a) if a child ill or otherwise unable to attend.   |            |
| 3) Notify the Child Care Provider: (b) if child care is no longer in need of services.   |            |
| 4) Notify the Quapaw Nation CCDF Program of any change in contact information.   |            |
| 5) Notify the Quapaw Nation CCDF Program before any changes of child care facility<br>a) Request change in writing (email, fax, mail, or in person)<br>b) Include: Child's name, date of change, name of new child care facility<br>c) Must be approved prior to making change.<br><b>All outstanding payments must be paid in full prior to any changes in child care facility.</b> |            |
| 6) Be responsible for verifying my child's attendance in child care by signing the Quapaw Nation claim form maintained by the facility at the end of each month's care.<br><b>I further understand that I am NEVER to sign a blank attendance claim form.</b>  |            |
| 7) I agree to and understand the Client Responsibilities and Service Plan and to provide the CCDF staff all information necessary to verify any statements made in the application and hereby give permission to the staff to obtain such verification.  |            |
| 8) I affirm under penalty of perjury that the foregoing is true that the information given in 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 and may be denied future benefits.      |            |

**GUIDELINES MAY BE AMENDED TO THE BEST INTEREST OF THE CCDF PROGRAM AT ANY TIME.**

*By signing this form, I agree and understand the guidelines of the Quapaw Nation CCDF Program.*

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**DATE**

| FOR OFFICE USE ONLY:              | DOCUMENTATION  |
|-----------------------------------|--|
| CDIB:                             | <input type="checkbox"/> yes <input type="checkbox"/> no |
| CHECK STUBS:                      | <input type="checkbox"/> yes <input type="checkbox"/> no |
| EMPLOYMENT VERIFICATION FORMS:    | <input type="checkbox"/> yes <input type="checkbox"/> no |
| PROOF OF ADDRESS:                 | <input type="checkbox"/> yes <input type="checkbox"/> no |
| IMMUNIZATION RECORDS:             | <input type="checkbox"/> yes <input type="checkbox"/> no |
| BIRTH CERTIFICATES:               | <input type="checkbox"/> yes <input type="checkbox"/> no |
| PROOF ATTENDING SCHOOL:           | <input type="checkbox"/> yes <input type="checkbox"/> no |
| COPY CHILD CARE FACILITY LICENSE: | <input type="checkbox"/> yes <input type="checkbox"/> no |

# QUAPAW NATION CCDF PROGRAM

206 E. Future Farmer Rd.  
Quapaw, OK 74363

## PROOF OF ADDRESS

(918) 238-3153  
FAX (918) 238-3153

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 CCDF Program.

|                              |               |             |  |
|------------------------------|---------------|-------------|--|
| <b>NAME OF APPLICANT(s):</b> |               |             |  |
| <b>PHYSICAL ADDRESS:</b>     |               |             |  |
| <b>CITY:</b>                 | <b>STATE:</b> | <b>ZIP:</b> |  |
| <b>MAILING ADDRESS:</b>      |               |             |  |
| <b>CITY:</b>                 | <b>STATE:</b> | <b>ZIP:</b> |  |

*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 CCDF Program. Please sign below and have notarized.*

\_\_\_\_\_  
APPLICANT'S SIGNATURE

Imprint

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

# QUAPAW NATION CCDF PROGRAM

206 E. Future Farmer Rd.  
Quapaw, OK 74363

(918) 238-3153  
FAX (918) 238-3153

## EMPLOYMENT VERIFICATION FORM

(This form should be completed by the Manager or Owner of the Company)

### Verification of employment for:

|                |
|----------------|
| Employee Name: |
|----------------|

|                        |                               |
|------------------------|-------------------------------|
| Company/Employer Name: | Company/Employer Phone Number |
|                        | (    )                        |

|                           |        |      |
|---------------------------|--------|------|
| Company/Employer Address: |        |      |
| City:                     | State: | Zip: |
|                           |        |      |

|                         |        |
|-------------------------|--------|
| Manager/Supervisor Name | Title: |
|                         |        |

|                        |   |                                     |
|------------------------|---|-------------------------------------|
| Date of Employment     | Rate of Pay   | Number of Hours Employee Works/Week |
| / /<br>month/date/year | \$ _____<br><input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Other | # _____                             |

### Work Schedule: Please list the times employee is scheduled to work.

| Days   | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|--------|---------|-----------|----------|--------|----------|--------|
| EX:    | 8a.m.- | 8a.m.-  | 8a.m.-    | 8a.m.-   | 8a.m.- | 8a.m.-   | 8a.m.- |
| Hours: | 4p.m.  | 4p.m.   | 4p.m.     | 4p.m.    | 4p.m.  | 4p.m.    | 4p.m.  |
|        |        |         |           |          |        |          |        |

### Check the Type of Pay

|   |
|---|
| <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Direct Deposit <input type="checkbox"/> Other, please describe: _____ |
|   |

### Check the type of employment:

|   |
|---|
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Other: _____ |
|---|

Manager/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# QUAPAW NATION CCDF PROGRAM

206 E. Future Farmer Rd.  
Quapaw, OK 74363

(918) 238-3153  
FAX (918) 238-3153

## EMPLOYMENT VERIFICATION FORM

(This form should be completed by the Manager or Owner of the Company)

### Verification of employment for:

|                |
|----------------|
| Employee Name: |
|----------------|

|                               |                                      |
|-------------------------------|--------------------------------------|
| <b>Company/Employer Name:</b> | <b>Company/Employer Phone Number</b> |
|                               | ( )                                  |

|                                  |        |      |
|----------------------------------|--------|------|
| <b>Company/Employer Address:</b> |        |      |
| City:                            | State: | Zip: |

|                                |               |
|--------------------------------|---------------|
| <b>Manager/Supervisor Name</b> | <b>Title:</b> |
|                                |               |

|                           |   |  |
|---------------------------|---|--|
| <b>Date of Employment</b> | <b>Rate of Pay</b>  | <b>Number of Hours Employee Works/Week</b> |
| / /<br>month/date/year    | \$<br><input type="checkbox"/> Weekly, <input type="checkbox"/> Bi-weekly, <input type="checkbox"/> Other | #  |

### Work Schedule: Please list the times employee is scheduled to work

| Days   | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|--------|---------|-----------|----------|--------|----------|--------|
| EX:    | 8a.m.- | 8a.m.-  | 8a.m.-    | 8a.m.-   | 8a.m.- | 8a.m.-   | 8a.m.- |
| Hours: | 4p.m.  | 4p.m.   | 4p.m.     | 4p.m.    | 4p.m.  | 4p.m.    | 4p.m.  |
|        |        |         |           |          |        |          |        |

### Check the Type of Pay:

|                                |                               |   |  |
|--------------------------------|-------------------------------|---|--|
| <input type="checkbox"/> Check | <input type="checkbox"/> Cash | <input type="checkbox"/> Direct Deposit | <input type="checkbox"/> Other, please describe: |
|                                |                               |   |  |

### Check the type of employment:

|                                    |                                    |                                    |                                    |                                 |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Full Time | <input type="checkbox"/> Part Time | <input type="checkbox"/> Temporary | <input type="checkbox"/> Permanent | <input type="checkbox"/> Other: |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|---------------------------------|

**Manager/Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

# QUAPAW NATION CCDF PROGRAM

206 E. Future Farmer Rd.  
Quapaw, OK 74363

(918) 238-3153  
FAX (918) 238-3153

## CCDF PROGRAM GUIDELINES

### **ELIGIBILITY CRITERIA**

*\*NOTE– the CCDF will determine Eligibility within a 48-hour period if all criteria have been submitted.*

1. The applicant must complete an application and submit all information required before eligibility can be determined.  
**The following information must be submitted:**
  - a. Original application
  - b. Child(s) birth certificate (if birth certificate has not been received the applicant will have approximately 90 days to get certificate)
  - c. Updated immunization records (if records are not updated the applicant has one week to begin the process of having them updated)
  - d. Proof of address
  - e. CDIB Card or Enrollment Letter from parent of the child or child.
  - f. If parent/guardian attends educational program: college transcripts, student enrollment card or letter of acceptance, and class schedule.
  - g. Proof of income: Copies of three most current check stubs from all household members, employment verification form provided by CCDF.
  - h. Copy of State License from child care facility your child attends.
  - i. Divorce/Separation/Custody/Child Support/Guardianship Documents
2. The applicant is responsible for choosing a State Licensed child care facility.
3. The CCDF program will pay for child care services by providing full payment to providers as long as a child is absent for five or fewer days in a four-week period. Ninety days of job search is allowable.
4. The child will be able to stay on the program until the service period ends after the child turns thirteen, unless the child has a special need.
5. The applicant is required to submit any change in contact information.
6. **Applicants will be required to Re-Certify every twelve months.**
7. Applicants are responsible for paying any rates that exceeds CCDF rates, overtime charges, and any additional fees required by their chosen Child Care Provider.
8. Job search may be approved for a maximum of 90 consecutive days when a recipient who has received CCDF subsidies prior to losing employment or completes a formal education or training program.
9. Time for sleep may be approved for applicant(s) who work the graveyard shift. Graveyard shift is considered from 11 p.m. to 7 a.m.
10. The CCDF Program may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances: 1) a change in residency outside of the state, territory, or tribal service area. 2) substantial fraud or intentional program violations that invalidate prior determinations of eligibility.  
The worker does not decrease the child care plan hours because the client no longer meets a need factor or has a decreased need for child care between renewal periods.

### **CERTIFICATE CLAIM FORMS:**

1. It is the applicant(s) responsibility to view the certificates at the end of the month to confirm that the Child Care Provider is providing accurate information.
2. It is the applicant(s) responsibility to sign the certificates at the end of the month. Signature must be from the parent or guardian.
3. All outstanding payments must be paid in full prior to any changes in the child care facility.
4. If a certificate has not been signed by the client, it will be the applicant's responsibility to pay for services for that month.
5. If the Provider requires payment for the child even when the child is absent for more than five days from daycare it is the parent's responsibility to pay for those days that the child is not in care.
6. If a co-pay exceeds the amount of the day care fee for the month then the applicant is responsible for paying the day care fee and not the co-pay.

**CLIENT'S – PLEASE KEEP THESE GUIDELINES FOR YOUR RECORDS!**

# **CCDF PROGRAM GUIDELINES**

## **INCOME VERIFICATION**

1. The CCDF will calculate your co-payment when adequate income verification has been received.
2. The CCDF calculates your co-pay using the net sum on your most recent paycheck stub. Check stubs with no names or social security numbers will be required to attach letterhead from employer, copy of the actual check, or other verifiable proof.
3. SELF-EMPLOYED persons must submit most recent Income Tax Forms, Income Statement Verification (supplied by CCDF program), and if possible, proof of business (license, Employer Identification Number).
4. After initial approval, applicants who are starting a new job must have employment verification letter that is supplied by the CCDF.
5. For self-employed applicants there is no minimum number of hours required for eligibility; however, the parent must make at least minimum wage for the number of hours he or she works. They must also submit an Income Verification Statement supplied by the CCDF. **Applicant must turn in information to the Child Care Office weekly.**

## **ELIGIBLE CHILD CARE PROVIDER**

1. It is the parental right of the applicant to make an informed choice and to monitor the quality of child care provided by a State Licensed Child Care Provider. It is the applicant's responsibility to determine the appropriateness of their chosen Child Care Provider.
2. The Provider must remain state licensed and follow CCDF guidelines while receiving CCDF subsidies. If the provider does not remain licensed payments will be denied and become the responsibility of the parent.
3. The parent may take their child to another Child Care Provider at any time as long as the Provider is State Licensed. The Child Care Office must be notified in writing and a copy of the license must be sent to the Child Care Office immediately.
4. The provider is not an employee of the Quapaw Nation. They are considered an independent vendor. No taxes are withheld from their payments. They are not eligible for unemployment, social security, workman's compensation, or medical insurance. The provider will be requested to complete a W-9 Form to verify Taxpayer Identification Number (TIN). They will receive a 1099 from if received more than \$600 in a year from the program. They will not receive a W-2 Form.
5. Children must be supervised at all times.
6. The Provider must remain in complete compliance with State Licensing Regulations.
7. The Provider cannot receive more than one source of subsidies for the same child without the prior approval of the CCDF. Parents are required to inform the child care office if they are receiving other subsidies than from the CCDF.

\*NOTE- IT IS THE APPLICANTS RESPONSIBILITY TO HAVE ALL CRITERIA SUBMITTED. INFORMATION BETWEEN THE CCDF STAFF AND APPLICANT IS CONFIDENTIAL AND WILL NOT BE DISCUSSED WITH PROVIDER. WHEN APPLICANT IS DETERMINED ELIGIBLE FOR SERVICES THE CCDF STAFF WILL CALL OR SEND LETTER OF APPROVAL TO THE PROVIDER BUT WILL NOT DISCUSS INFORMATION WITH PROVIDER.

### **PENALTIES FOR FRAUD-**

**Recover through repayment plans.** When a client overpayment is established by the CCDF Staff, a notice is mailed to the client instructing the client to contact us to set up a repayment plan. When a provider overpayment is established by the CCDF Staff, a notice is mailed to the provider instructing the client to contact us to set up a repayment plan. The funds may be recouped by reducing payments in subsequent months until the overpayment is paid off. If the provider no longer contracts with the program, then a payment plan is made until the overpayment is paid off. Program violations may lead to a corrective action plan or cancellation of the provider subsidy contract.

**CLIENT'S – PLEASE KEEP THESE GUIDELINES FOR YOUR RECORDS!**