

# QUAPAW NATION CCDF PROGRAM

5681 S. 630 Rd  
Quapaw, OK 74363

## CERTIFICATION APPLICATION CHECKLIST FOR CHILD CARE ASSISTANCE

(918) 238-3120  
FAX (918) 674-5720

The documentation must be delivered to the **QNCCDF office** by mail, email, fax or hand delivered. The following documentation is required to determine eligibility for childcare assistance.

- \_\_\_1. APPLICATION
- \_\_\_2. CERTIFICATE DEGREE OF INDIAN BLOOD (CDIB) CARD (Parent or each child) or Letter of Tribal Enrollment (each child and/or 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, must have **physical address not P.O. Box**. If your address is not in your name, you must fill out a physical address form 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 until can be obtained for **all children under 18 years old living in the household**)
- \_\_\_7. CLASS SCHEDULE AND LETTER OF ACCEPTANCE FROM SCHOOL (for parent/guardian if attending school)
- \_\_\_8. EMPLOYMENT VERIFICATION FORMS FOR EACH WORKING HOUSEHOLD MEMBERS
- \_\_\_9. SELF-EMPLOYED must submit most NOTARIZED Income Statement Verification Form provided by the CCDF Program.
- \_\_\_10. DIVORCE/SEPERATION/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) 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 alternative care provider during work hours and needs childcare to sleep during the day.

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

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**Signature of Applicant**

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**Date**

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## CERTIFICATION APPLICATION FOR CHILD CARE FINANCIAL ASSISTANCE

(918) 238-3120  
FAX (918) 674-5720

Applicants Name:		County:	Date:	
Mailing Address:		City:	State:	Zip:
Physical Address:		City:	State:	Zip:
List your Tribal Affiliation:	Phone #:		Other #:	

### 1. LIST ALL PERSONS LIVING IN HOUSEHOLD INCLUDING SELF

Child Care Needed	Name (state full name of all household members)	Sex F/M	Tribal Affiliation	Date of Birth	Marital Status M/S	Relation to client	Special Needs	School Age
<input type="checkbox"/> yes <input type="checkbox"/> no							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> yes <input type="checkbox"/> no							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> yes <input type="checkbox"/> no							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> yes <input type="checkbox"/> no							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> yes <input type="checkbox"/> no							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> yes <input type="checkbox"/> no							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> yes <input type="checkbox"/> no							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
<input type="checkbox"/> yes <input type="checkbox"/> no							<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

1. Special Needs: if you marked yes to Special Needs please describe below: 1)
2. Reason childcare needed: Please check the box that best describes your situation: 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
3. Please Initial to verify the following statement per Federal requirements 3) I certify that my family assets do not exceed \$1,000,000 _____ (initials)
4) Do any of the children reside in Foster Care Home? <input type="checkbox"/> yes <input type="checkbox"/> no
5) Is anyone in the family homeless <input type="checkbox"/> yes <input type="checkbox"/> no

<b>5. Name of Child Care Facility:</b> (if you have not chosen a facility just leave blank)	
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:		

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## 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 Childcare Provider: (a) if a child ill or otherwise unable to attend.	
3) Notify the Childcare Provider: (b) if the child is no longer in need of services.	
4) Notify Quapaw Nation CCDF Program of any change in contact information.	
5) Notify the Quapaw Nation CCDF Program before any changes of childcare facility a) Request change in writing (email, fax, mail, or in person) b) Include: Child's name, date of change, name of new childcare facility c) C) Must be approved prior to making change. <b>All outstanding payments must be paid in full prior to any changes in the childcare facility.</b>	
6) Be responsible for verifying my child's attendance in the childcare by signing the Quapaw Nation claim form maintained by the facility at the end of each month's care. <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 the 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 prosecutions 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 QNCCDF 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

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## PROOF OF ADDRESS

(918) 238-3120  
FAX (918) 674-5720

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 QNCCDF 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 QNCCDF 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

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## 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>
_____	( ) _____

**Company/Employer Address:**

\_\_\_\_\_

City:	State:	Zip:
_____	_____	_____

<b>Manager/Supervisor Name</b>	<b>Title</b>
_____	_____

<b>Date of Employment Works/Week</b>	<b>Rate of Pay</b>	<b>Number of Hours Employee</b>
____/____/____ Month / date / year	\$ _____ <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:**

Check    Cash    Direct Deposit    Other, please describe: \_\_\_\_\_

**Check the type of employment:**

Full Time    Part Time    Temporary    Permanent    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.**

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## 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  
Works/Week

Rate of Pay

Number of Hours Employee

/ /  
Month / date / year

\$ \_\_\_\_\_  
 Weekly,  Bi-weekly,  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:

Check  Cash  Direct Deposit  Other, please describe:

Check the type of employment:

Full Time  Part Time  Temporary  Permanent  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 childcare services.

Revised 8/15/2022

# QUAPAW NATON CCDF PROGRAM

5681 S. 630 Rd.  
Quapaw, OK 74363

## CCDF PROGRAM GUIDELINES

(918) 238-3120  
FAX (918) 674-5720

### 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 acceptance, and class
  - g. Proof of income: Copies of three most current check stubs from all household members, employment verification form provided by QNCCDF.
  - h. Copy of State License from childcare facility your child attends.
  - i. Divorce/ Separation/ Custody/ Child Support/ Guardianship Documents.
2. The applicant is responsible for choosing a State Licensed childcare facility.
3. The QNCCDF program will only pay for childcare services by providing full payments to providers as long as a child is absent seven or fewer days in a four-week period. Ninety days of Job search is allowable.
4. A 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 rate that exceeds CCDF rates, overtime charges, and any additional fees required by their chosen Childcare Provider.
8. Job search may be approved for a maximum of 30 consecutive days when a recipient who has received QNCCDF 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 to be from 11 p.m. to 7 a.m.
10. The QNCCDF Program may discontinue assistance prior to the next 12-month redetermination in the following limited circumstances1) 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 childcare plan hours because the client no longer meets a need factor or has a decreased need for childcare 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 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 made in full prior to any changes in the childcare 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 seven days from daycare it is the parent's responsibility to pay for those days that the child was 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!**

## **INCOME VERIFICATION**

1. The QNCCDF will calculate your co-payment when adequate income verification has been received.
2. The QNCCDF 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 or 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 QNCCDF 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 QNCCDF.
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 Income Verification Statement supplied by the QNCCDF. **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 childcare provided by a State Licensed Child Care Provider. It is the applicant's responsibility to determine the appropriateness of their chosen Childcare Provider.
2. The Provider must remain state licensed and follow QNCCDF guidelines while receiving QNCCDF 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 Childcare Provider at any time as long as the Provider is State Licensed. The Childcare 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 QNCCDF. Parents are required to inform the childcare office if they are receiving other subsidies than from the QNCCDF.

\*NOTE- IT IS THE APPLICANTS RESPONSIBILITY TO HAVE ALL CRITERIA SUBMITTED. INFORMATION BETWEEN THE QNCCDF AND APPLICANT IS CONFIDENTIAL AND WILL NOT BE DISCUSSED WITH PROVIDER. WHEN APPLICANT IS DETERMINED ELIGIBLE FOR SERVICES THE QNCCDF 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 repayments plan. When a provider overpayment is established by the QNCCDF Staff, a notice is mailed to the provider instructing the provider 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 providers no longer contract 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!**