



Miami Tribe of Oklahoma

P.O. Box 1326~Miami, Oklahoma 74355
Ph: 918-541-1300 Fax: 918-542-7260



Dear Prospective Client,

Thank you for your interest in the Miami Tribe of Oklahoma Child Care Development Funding Program. Enclosed you will find an application for childcare services along with an information sheet stating what required documentation will be needed to complete your application. Applications can be mailed to P.O. Box 1326 Miami, OK 74354 or dropped off at the Miami Tribe CCDF office located at 3410 P St Miami, OK 74354. Once the application and documentation has been submitted, eligibility will be determined immediately.

If approved, a copayment amount is determined based on the income and household size. The copayment is your financial responsibility and is paid directly to your chosen childcare home or facility on a monthly basis.

Annually each family is required to recertify on the date of your original approval date. The following information will be needed for approval; current check stubs for each wage earner, employment verification for each wage earner, tax returns/ self-employed income verification form (self-employment only), vaccination for each child in childcare and a current utility bill.

The Miami Tribe CCDF Program will pay full monthly payments to your childcare facility if your child attends the facility for at least 7 days during the month. These absent days can be used to cover childcare cost due to sickness, doctor's visit or a vacation day. We also offer payment for days your facility might be closed due to snow or holidays as long as your child is in attendance that month.

If your child attends less than 7 days in a month, your facility will only receive payment for those days attended. No absent days will be paid, and you will be financially responsible for any absent days determined by your facility.

It is the responsibility of the parent to determine which childcare facility or home best suits the needs of your family. Please remember to continually monitor the quality of childcare being provided by your chosen provider. The provider must be licensed by the state in which their home or facility is located or must be a tribally licensed facility. If the facility or home charges more than this program pays, you are responsible for paying for the remaining amount. Should you have a complaint against the provider, it must be submitted to the Miami Tribe CCDF office in written form, signed and dated by the parent making the complaint.

Again, we thank you for your interest in the Miami Tribe of Oklahoma Child Care Development Funding Program. We are very eager to assist you with your childcare subsidy. If you have any further questions, please do not hesitate to contact our office.

Sincerely,

Tracy Beckwith
Miami Tribe of Oklahoma
Child and Family Services Manager
P.O. Box 3410
Miami, Oklahoma 74355
(918) 541-1353
(918) 513-5360 FAX
tbeckwith@miamination.com

Revised 10/01/22



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Requirements for CCDF Clients

Fill out Application and Responsibility Agreement

Provide copies of the following documentation:

- + Copy of tribal enrollment cards for child and/or parent
- + Copy of social security cards for the entire family
- + Copy of birth certificates for the children
- + Copy of children's immunizations
- + Employment verification form signed and filled out by your direct supervisor or HR department. Each wage earner is required to have an employment verification form on file, this also includes self-employed.
- + Check stubs for each wage earner in the household
- + School schedule for all adults that are attending school
- + If wage earner is self-employed, we need a copy of COMPLETE income taxes included the schedule C. Taxes must reflect a full year of current business, if this is not available please submit the self-employed income statement verification form.
- + Copy of a utility bill with name and address. If you do not have a utility bill in your name, you will need to fill out the Notarized Statement of Residence form and/or provide a lease agreement.
- + Legal documentation such as a divorce decree, affidavit of separation or custody papers. If papers are not available a notarized statement of household occupancy.

Other forms or documents may be needed depending on family circumstances. This will be determined by CCDF staff.



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Application for Childcare Services Miami Tribe of Oklahoma

| | |
|---|---------------------|
| 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/yy | 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: |
| Miami Tribe CCDF: | Date: |



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YOUR CHILD CARE NEEDS

In an effort to plan for the financial responsibility of the Miami Tribe CCDF program we ask you to complete the questions below (to the best of your knowledge):

MY SCHOOL-AGE CHILD WILL NEED CHILDCARE:

Please print the name(s) of child(ren) on the correct option.

Before and/or After School only: _____

Before and/or After School AND school closures (holidays, summer):

ONLY during school closures (holidays, summer): _____

****IF YOUR SCHOOL DISTRICT IS NOT GOING TO OPEN ON A NORMAL SCHEDULE (4 OR 5 FULL DAYS PER WEEK), PLEASE DESCRIBE THE SCHEDULE BELOW:**

MY INFANT - PRESCHOOL CHILD WILL NEED CHILDCARE:

Please print the name(s) of child(ren) on the correct option.

Infant/Toddler – Needs full day care: _____

PreK – Needs full day care: _____

PreK – Attends public school; Needs Before/After Care AND school closures (holidays, summer):

Kindergarten (morning or afternoon sessions) – Needs full day care:

Kindergarten (full day public/private) – Needs Before/After Care AND school closures (holidays, summer):

Parent/Gaurdian Name: _____

Email: _____

Parent/Guardian Signature

DATE

MIAMI TRIBE CLIENT RESPONSIBILITIES AGREEMENT

I _____ agree to:

1. The Miami Tribe CCDF Program will only pay for child care services stated on the notification letter. _____
2. Notify the Miami Tribe CCDF before I change providers or if I no longer need the assistance of the Miami 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 any remaining balance. _____
4. Be responsible for your full co-payment each month as well as any additional charges from your provider. Please discuss this with your provider before beginning services. _____
5. If the provider charges tuition or higher rates than CCDF rates, it is the responsibility of the applicant(s) to pay this fee. _____
6. Be responsible for verifying my child's/children's attendance in a child care facility by signing the attendance record/records maintained by the facility at the end of each month's care. I understand that my failure to verify my child's/children's attendance will result in the Miami Tribe's refusal to pay the provider and/or the provider's discontinuing care of my child/children. I further understand I am **NEVER** to sign a blank or incorrectly logged attendance record. _____
7. Be responsible to promptly pay or make arrangements to pay the co-payment that I owe the Provider (the amount of the copayment is shown on the notification letter). If your monthly co-payment exceeds the amount of the daycare fee for the month then the applicant is responsible for paying the daycare fee and not the co-payment _____
8. I must choose a child care provider who is State licensed, License Exempt or Tribally licensed and the child care facility that I choose must be at one, one plus, two, or three star statuses if the facility is located in the state of Oklahoma. _____
9. Maybe responsible for repaying to the Miami Tribe any overpayment of benefits paid in my behalf. Failure to do so may result in loss of child care assistance from the Miami Tribe CCDF Program. _____
10. I agree to provide the Miami Tribe Child Care Program all contact information necessary to verify any statements made in my application for assistance, and I hereby give permission for the Miami Tribe Child Care Program to verify all information that I have provided in my application with employer, employment agencies, child care providers, educational or 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 and correct 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 Miami Tribe Child Care Program and other Miami Tribe Programs. _____

LIABILITY DISCLAIMER

I AGREE TO HOLD THE MIAMI TRIBE HARMLESS FROM ANY LIABILITY, CLAIMS, OR DAMAGES THAT MAY RESULT FROM A CHILD CARE PROVIDER'S 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 AGREEMENT

Client Signature

Date

Miami Tribe CCDF Program

Date



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EMPLOYMENT VERIFICATION

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: _____

8. WORK SCHEDULE:

| DAYS | SUN | MON | TUE | WED | THUR | FRI | SAT |
|-------|-----|-----|-----|-----|------|-----|-----|
| HOURS | | | | | | | |

9. NUMBER OF HOURS EMPLOYEE WORKS PER WEEK: _____

10. EMPLOYEE IS CONSIDERED: FULL TIME PART TIME TEMPORARY

11. EMPLOYER'S PHONE NUMBER: _____

Authorized Signature: _____



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| DAYS | SUN | MON | TUE | WED | THUR | FRI | SAT |
|-------|-----|-----|-----|-----|------|-----|-----|
| HOURS | | | | | | | |

9. NUMBER OF HOURS EMPLOYEE WORKS PER WEEK: _____

10. EMPLOYEE IS CONSIDERED: FULL TIME PART TIME TEMPORARY

11. EMPLOYER'S PHONE NUMBER: _____

Authorized Signature: _____

NOTARIZED STATEMENT OF RESIDENCE

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 Miami Tribe CCDF Program.

| | | |
|--------------------------------------|--------|------|
| NAME OF APPLICANT(S): | | |
| PHYSICAL ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| MAILING ADDRESS: | | |
| CITY: | STATE: | ZIP: |
| NAME UTILITY BILLS ARE CURRENTLY IN: | | |

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 Miami Tribe CCDF Program. Please sign below and have notarized.

APPLICANT'S SIGNATURE

Imprint

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

Address verified to be within service area.

By: _____

NOTARIZED STATEMENT OF HOUSEHOLD OCCUPANCY & CUSTODY AGREEMENT

Please use this form if a Divorce Decree, Affidavit of Separation or Custody Papers are not available.

This form will be used solely for the Miami Tribe CCDF Program as a statement of household occupancy. Please explain your living situation in the area given below.

I, _____, hereby certify that:

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 Miami Tribe CCDF Program. I agree to notify the Miami Tribe CCDF Program immediately of any changes in household size or custody agreement. Please sign below and have notarized.

Applicant's Signature

Date of Statement

Imprint

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 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

SELF-EMPLOYED

INCOME STATEMENT VERIFICATION FORM

To Whom It May Concern:

I, _____, am self-employed. My income last month was \$_____. I expect to be making (within \$100 plus or minus) \$_____ per month this quarter. I work approximately _____ days a month.

Signature

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____, 20_____.

NOTARY PUBLIC

My commission expires: _____

IMPRINT

SEAL

HERE

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