



Miami Tribe of Oklahoma

P.O. Box 1326~Miami, Oklahoma 74355

Ph: 918-541-1300 Fax: 918-542-7260



Dear Provider,

Welcome to the Miami Tribe of Oklahoma CCDF program. We are very excited to be working with you! Enclosed you will find a provider contract, W-9 form and monthly claim/billing forms. The Provider contract needs to be filled out, signed, and sent back to our office as soon as possible along with the W-9 form which also needs to be filled out and signed. In addition to the Provider contract and W-9, we also require a copy of your license, star's rating, recent inspections and/or monitoring reports. **The above information must be submitted before payments can be processed!**

Providers are expected to follow State and/or Tribal Health and Safety Requirements. All monitoring reports, stars report, inspections and any serious noncompliance must be submitted to the CCDF office.

When submitting your claim forms, you may either **mail or scan/email**. If you are emailing your monthly claim form, please put the Name of your childcare facility, Month and Year in the subject box. **Example: Jane Doe's Little Ones February 2023**. Once we have received your emailed claim forms, we will reply to confirm it has been received. You can email claim forms to CCDF@miamination.com. If you choose to Mail in your claim form, you can mail it to: **Miami Tribe of Oklahoma P.O. Box 1326 Miami, OK 74355**

If claim forms are received by the 5th of the month, payment can be expected around the 15th (This is not a guarantee other factors such as a holiday or weather will play a part in the date). **Claim forms are expected to be submitted as soon as possible. Claim forms that are older than two months will not be accepted for payment and parents will not be required to pay for amounts other than the determined copay amount.**

All children will be approved based on their notification letter. The Miami Tribe CCDF offers full monthly payment for each child if the child is in attendance **7 days or more**. If the child is there LESS than 7 days, you will only receive payment for the days attended. To receive full month payment, facilities must be open for the full month with exception of one of the approved holidays. You will receive full day payment for the following approved holidays: **Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve & Christmas Day**. Weather and any other closures will only be paid as determined by the Miami Tribe CCDF staff.

When filling out the Miami Tribe monthly claim forms, please be mindful of the following sections:

Section ONE:

- Input the child's information, including the child's parent/guardian, address and date of birth.
- The signature from the parent/guardian must be one of the names listed on the Miami Tribe notification letter. Any other signatures will not be accepted and the claim for will be returned.

Section TWO:

- Your facilities information and the owner/director's signature as listed on your provider contract. Any other signature will not be accepted.

Please remember that under no circumstance should a parent or provider sign a blank claim form.

Section THREE:

- Fill in the appropriate abbreviation for each day the child is or is not in attendance at your facility. Approval days will be based off the child's notification letter.
- **SCHOOL AGE CHILDREN** will be approved for a PART DAY throughout the school year. If the child ATTENDS your facility and school is out of session, you will be paid for a FULL DAY.
- You will be paid a full day for the following holidays: Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve & Christmas Day.
- When school is out for the summer, all school age children will be approved for FULL DAY.
- Attendance times are not required. Abbreviations ONLY! If you fill in the box using a check in and check out times, your claim form will be returned.
- Fill in the Month and Year located below the attendance time.

Section Four:

- This section is for OFFICE USE ONLY. DO NOT fill out this section. If you fill out this section, your claim for will not be accepted and will be returned to you.

If you have any questions, please feel free to call Tracy at (918) 541-1353 or Tiffany at (918) 541-1354.

Thank You,

Tracy Beckwith
Miami Tribe of Oklahoma
Child and Family Services Manager
P.O. Box 1326
Miami, OK 74355
Phone: (918) 541-1353
Cell: (918) 961-1430
Fax: (918) 513-5360
tbeckwith@miamination.com



MIAMI TRIBE CHILD CARE DEVELOPMENT FUND SERVICE

ATTENDANCE CLAIM FORM

Child's Name:	Date of Birth:
Guardian's Name:	Name of Provider:
Address:	Address:
City, State, Zip:	City, State, Zip:
I affirm under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.	
Signature of Guardian:	Signature of Provider:

Fill in appropriate abbreviation for each day the child is not in attendance at your facility.
Approved days will be based off notification letter.

(P) Present (ABS) Absent Day (PSC) Present school closed- *For School Age Only*
(PV) Virtual Learning (H) Holiday (CL) Provider Closed

****Attendance times not required. Abbreviations ONLY****

SCHOOL AGE CHILDREN:

- Throughout the school year, all school age children will be approved for part day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for full day.
- Holidays throughout the school year will be paid at a part day rate.

To be eligible for a full month payment, the child must be in attendance 7 days or more.

Claim forms can be emailed to:
CCDF@miamination.com

Please put the name of your facility, the month and year in the subject box.

Or mailed to:
Miami Tribe CCDF
P.O. Box 1326
Miami, OK 74355

Revised 10/01/21

For the Month of:

Year:

***** FOR OFFICE USE ONLY *****					
Full Day		X	Per Day	=	
Part Day		X	Per Day	=	
Star Rating:		Total Monthly Charges			
		Less Co-pay			
		ADJ Total DUE			



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Miami Tribe of Oklahoma Child Care Provider Contract

Date: _____

Facility Name: _____

Owner's Name: _____

Director's Name: _____

Facility Physical Address: _____

Facility Mailing Address: _____

Facility Phone Number: _____ Facility County: _____

Social Security or FID#: _____ License #: _____

Maximum Number of Children: _____ Expiration Date: _____

Type of Facility: Center Group Home E-mail Address: _____

State Licensed by: OK MO AR KS Tribally Licensed ONLY (by): _____

Oklahoma S.T.A.R. Rating: _____ Arkansas Better Beginnings: _____

*** The following must be submitted to complete contract***

1. Signed Provider Contract
2. Copy of State or Tribal License
3. Quality Rating Documentation: Oklahoma STARS Certificate, Arkansas Better Beginnings, Kansas, and Missouri-QRIS Not in place currently.
4. Current State Monitoring Report (monitoring reports must be submitted each time you are visited)
5. W-9 Form



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Days & Hours of Operation: _____

Please list Daily Rate:

Full Time

0-12 Months: \$ _____
13-24 Months: \$ _____
25-48 Months: \$ _____
49-72 Months: \$ _____
73+ Months: \$ _____

Part Time

0-12 Months: \$ _____
13-24 Months: \$ _____
25-48 Months: \$ _____
49-72 Months: \$ _____
73+ Months: \$ _____

PROVIDER RESPONSIBILITIES

- (1.) The Provider is considered an independent vendor, they are not eligible for unemployment, social security, workman's compensation, or medical insurance. The Provider will receive a 1099 Miscellaneous Income Form if they received more than \$600 worth of child care payments. As an independent vendor, the Provider is responsible for federal and state taxes.
- (2.) Provider must meet their respective state licensing or license exempt requirements.
- (3.) Provider must follow State and/or Tribal Health and Safety Requirements.
- (4.) Provider must follow guidelines of approval letter.

I have read and understand all the requirements and information that is listed above and authorize the following individual(s) to sign the Miami Tribe of Oklahoma CCDF Claim Forms.

Facility Owner (Please Print)

Signature

Facility Director or other Authorized Person
(Please Print)

Signature



MIAMI TRIBE CHILD CARE DEVELOPMENT FUND
ATTENDANCE CLAIM FORM (Effective March 1, 2023)

Child's Name:	Date of Birth: Attends School Yes or No
Guardian's Name:	Name of Provider:
Address:	Address:
City, State, Zip:	City, State, Zip:

I affirm under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.

Signature of Guardian:

Signature of Provider:

Fill in appropriate abbreviation for each day the child is/is not in attendance at your facility.
Approved days will be based on Approval Notification letter.

(P) Present	(ABS) Absent Day	(PSC) Present School Closed- <i>for School Age Only</i>
(V) Virtual Learning	(H) Holiday	(CL) Provider Closed (must give reason)

******Attendance times not required. Abbreviations ONLY******

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- ✚ Throughout the school year, all **school age children** will be approved for Part Day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for Full Day.
- ✚ The following Holidays will be paid as a full day: Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve & Christmas Day.
- ✚ To receive full month payment facilities must be open for the whole month with exception of an approved holiday and the child must be in attendance for at least 7 days. Payment for weather and other closures will be determined by the CCDF Staff.

For the Month of: _____, 20_____

Claim forms can be emailed to:
ccdf@miamination.com

Please put the name of your facility, the month and year in the subject box.

Mailed to:
 Miami Tribe CCDF
 P.O. Box 1326
 Miami, OK 74355

***** FOR OFFICE USE ONLY *****						
Full Day		X		Per Day	=	
Part Day		X		Per Day	=	
Star Rating:			Total Monthly Charges			
OK	KS	CENTER	Less Co-pay			
MO	AR	HOME	ADJ Total DUE			

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
			+			+		
or								
Employer identification number								
			+					

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,