

# **Ponca Tribe Subsidy (CCDF)**

**Please return the following documents:**

- **Application**
- **Provider Agreement**
- **CDIB (Parent/Child Required)**
- **Birth Certificate**
- **Parent/Guardian Contract**
- **Signed work verification form (for both parents)**
- **School Schedule (if applicable)**
- **Most recent check stub (for both parents)**
- **Complete record of immunization**
- **Proof of address**
- **Custody agreement (if applicable)**

# CCDF Application

\_\_\_\_\_  
Date: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Please list **all** members of your household:

Name	Birthdate	Marital Status	Employment

Please list all children requiring care:

Name	Birthdate

# Employment Verification Form

Applicant Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## DAYS AND HOURS WORKED OR IN SCHOOL

SUN	MON	TUES	WED	THUR	FRI	SAT
From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

Rate of Pay: \_\_\_\_\_ per hour

Employee Status:    Full Time                      Part Time                      (Please Circle)

\_\_\_\_\_  
Supervisor Name, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

**\*\* To receive childcare service parents must be at work or school. This can be verified, per policy if you're not at work and your child is at the center we will call and have you pick your child up immediately. Repeatedly doing this will result in termination of care.**

## Emergency Provider Information

Please provide all alias' (maiden and marital)

Providers name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

- The purpose of this contract is to provide direct childcare services for children as approved by the Ponca Tribe CCDF program
- Unless otherwise stated, the duration of this contract is for emergency purposes
- This contract is subject to amendments at anytime, but only upon fully disclosed written consent and approval by both parties
- This contract may be cancelled at anytime by written thirty (30) days' notice being provided by either party.
- Unless otherwise stated, maximum rates are established by the PTCCP.
- It is hereby noted and understood that the provider is responsible for all personal taxes on earned income (FICA, Medicare, and unemployment)
- All child/provider records should be kept confidential

\_\_\_\_\_

Childcare Provider

\_\_\_\_\_

Date

This agreement between \_\_\_\_\_ (provider) and the Ponca Tribe Child Care Program is valid for emergency purposes.

\_\_\_\_\_

CCDF Representative

\_\_\_\_\_

Date

## **Permission to Verify Form**

I agree to provide the PTCCP with all the information necessary to verify any statement made in this application and hereby give permission to obtain such verification as necessary, including contacting employer. Furthermore, the PTCCP may call my employer at anytime to verify work hours. Routine and random employment checks will be conducted.

I affirm under penalty of perjury, that the information given in this application is complete and accurate 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 will be immediately terminated from the program without further notice. I also understand that knowingly providing false information subjects me to prosecution for fraud.

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Applicant Signature

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Date

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Co-Applicant Signature

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Date

# Child Care Rights and Responsibilities Agreement

## I AGREE AND UNDERSTAND:

- To notify the childcare center office of any changes to my family income (from any source) and the size of my family. I further agree to make this notification within (7) days.
- To notify CCDF of Any changes to address, employer, and/or eligibility verification telephone number.
- To abide by the days and hours specified in my childcare plan and to keep my emergency contact information up to date, always.
- To promptly pay any required copayments to my childcare provider.
- To certify my child's attendance by written record form maintained by the facility or childcare provider monthly. I understand that I will never sign a blank attendance record.
- To ensure all immunization and health information regarding the health assessment of my child(ren) is provided to my provider or directly to CCDF if services are provided by relative providers.
- That I always have the right to unlimited access to my child(ren) while in the care of any facility or childcare provider.
- If any fraud is committed, I will repay the amount of money established as overpayment and will be unable to participate in the childcare program for a period of no less than (1) year.
- To promptly pay any established overpayment and that I will be subjected to criminal prosecution if I fail to do so.
- That I have the right to appeal against any decisions made by CCDF and such complaint must be made in writing no later than ten (10) days from the date of decision and that a hearing will be scheduled within fifteen (15) days from the date a written complaint is received.
- Absences will not be covered. We will only cover when the child(ren) are in childcare and parents are at work/school.
- CCDF will only cover active applicants in my sole and legal custody.

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Applicant Signature

Date

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Co-Applicant Signature

Date

# Ponca Tribe of Oklahoma



## Childcare and Development Fund Subsidy Check Third Party Authorization Form

I \_\_\_\_\_ authorize the Ponca Tribe of Oklahoma Child Care and Development Fund Program to release my CCDF subsidy check only to approved individuals listed on this form.

I hereby grant permission for my CCDF subsidy check to be released to the following individual(s):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Please note: a signature and proof of identification will be required before checks will be distributed.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date