



INSTRUCTIONS FOR CLIENT FORMS

All highlighted forms are included in the Client Application Packet.

- Date and sign **Program information sheet and PARENT CHECKLIST**
- On **APPLICATION** Fill in ALL information and sign and date.
- Read **CLIENT AGREEMENT** carefully and initial after each statement. Sign and date on Client Signature.
- **EMPLOYMENT VERIFICATION** must be filled out by employer for EACH working adult.
- Mark **ALL** that apply on the Priority Rules and sign and date.

ADDITIONAL INFORMATION NEEDED:

- Latest tax documents for everyone employed in household
- Proof of **physical address** (current water, gas or electric bill)
- Tribal card and/or CDIB
- Social security cards for everyone
- Birth certificates for children
- Immunization for children (must be up-to-date)
- College enrollment / Letter from registrar's office / Class schedule
- Letter from your tribe stating you are not receiving childcare assistance.



MODOC NATION

Child Care and Development Fund
625 6th Ave SE, Miami, OK 74354
(918) 542-7890 (P) (918) 542-7878 (F)
ModocCCDF@modocnation.com



PROGRAM INFORMATION SHEET AND PARENT CHECK LIST

Submit the Application Using Any of the Following Methods:

**Bring or Mail it to the above address "Attention CCDF"*

**Email to ModocCCDF@modocnation.com*

**Fax to (918) 542-7878*

The following documentation is required to maintain eligibility for child care assistance.

- ___ 1. Application and supporting forms.
- ___ 2. Copy of tribal membership cards or Certificate Degree of Indian Blood (CDIB) for ALL members. May consider other tribal documents not listed.
- ___ 3. Copy of Children's Birth Certificates.
- ___ 4. Copy of Social Security cards for ALL household members.
- ___ 5. Copy of Immunizations records for all children attending child care. (Must be up to date)
- ___ 6. Income and Work Verification: W-2, 1099, Employer Letter - Schedule with days & hours currently working for all adult members of the household. Yearly tax documents (1040 Form including any schedules attached). Students must submit schedule per semester. Client must work a minimum of 20 hours or attend full time higher education or PRE-approved part time. Job search must be pre-approved.
- ___ 7. Proof of physical address (**Current** utility bill/lease/mortgage) with client name, street address, city, state, zip or, statement from landlord/homeowner.
- ___ 8. Letter from your Tribe stating you are not getting CCDF service through them. At initial application.

To be eligible you must provide the complete documentation list, meet income guidelines, live within the Tribe's CCDF service area and work 20 hours or more or attend pre-approved higher education or pre-approved job search.

YEARLY RE-CERTIFICATION Recertification occurs once a year unless otherwise notified. Please check your contract dates and MARK YOUR CALENDARS. Courtesy notices will be sent to both parents and providers.

Applications are accepted all year, with the exception of auditing and recertification periods or maximum capacity. Submit your completed application to the Modoc Nation CCDF office. Once we process your application we will send you written notification of approval, denial or pending. If approved we may pay back to the first day of the month for which you have submitted a complete application. ALL APPLICATIONS ARE PENDING FINAL APPROVAL.

I understand that I must have all the above documentation delivered to the CCDF office and have a complete application before I will be considered for assistance from the CCDF Program. I also have read the above and understand in its entirety.

Signature of Applicant

Date



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Application for Child Care Assistance

Name: _____ Application Date: _____
 Physical Address: _____ St: _____ County: _____ Zip: _____
 Mailing Address: _____ St: _____ County: _____ Zip: _____
 Cell Phone: _____ Email Address: _____
 Tribe: _____ Membership card: Yes _____ No _____

ALL Household Members- including applicant

	Name	Gender	DOB	SS#	List Tribe
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

Childcare Facility Information:

Name: _____ Star Rating: _____
 Physical Address: _____ St: _____ County: _____ Zip: _____
 Mailing Address: _____ St: _____ County: _____ Zip: _____
 Phone: _____ Fax Number: _____
 Email Address: _____

Children seeking care:

1. _____ 2. _____ 3. _____
 4. _____ 5. _____ 6. _____

Special Needs: Yes _____ No _____ If your child has special needs please describe and submit documentation: _____

Are any children in household in foster care or court custody: _____

I certify my family assets do not exceed \$1,000,000? initial _____

By signing this form I verify that all the information is true and correct and that I will cooperate with tribal and Federal officials should my application or information become part of a quality control audit review.

Applicant Signature _____

Date _____



CLIENT AGREEMENT

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

I agree to:

1. Be responsible to promptly pay or make arrangements to pay co-payment and/or other fees to the provider. _____
2. Notify the Child Care Provider:
 - a) If child is ill or otherwise unable to attend
 - b) The child is no longer in need of services _____
3. Notify the Modoc Nation CCDF:
 - a) Of any change in contact information _____
4. Notify the Modoc Nation CCDF before any change of childcare facility.
You must:
 - a) Request change in writing (email, fax, mail)
 - b) Include: child's name, date of change, new childcare facility
 - c) Must be approved prior to making change _____

All outstanding payments (co-pay, etc.) must be paid in full prior to any changes.

5. Be responsible for certifying my child's attendance in child care by signing the claim form maintained by the facility at the end of each month's care.
I further understand I am NEVER to sign a blank attendance record. _____

I agree to provide the Modoc Nation CCDF all information necessary to verify any statements made in the application and hereby give permission for the Modoc Nation to obtain such verification.

I affirm under penalty 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.

DISCLAIMER ON LIABILITY ON CHILDREN

I understand my right to parental choice in choosing a provider and agree to hold the Modoc Nation harmless from any liability, claims, damages that may result from the childcare provider's performance of its obligations under this agreement.

I UNDERSTAND BY SIGNING THIS FORM THAT I AGREE TO ANY AND ALL TERMS OF THIS AGREEMENT.

Client Signature

Date

Modoc Nation CCDF Staff

Date



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ModocCCDF@modocnation.com



Client Employment Verification

Employee Name: _____

Employer Name & Address: _____

Phone: _____ Fax: _____

The above named individual is seeking childcare through the Modoc Nation CCDF Program. Federal regulations require employment verification which includes work schedule and rate of pay. The individual has authorized your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I, _____ hereby authorize the release of information
(Print Applicant Name)
requested below regarding my employment and compensation.

Signature Date
EMPLOYEE EMPLOYER

1. Date employment began _____ Position/Occupation _____
2. Work schedule (example Tue-Sat 7:30am-4:30pm) _____
4. Number of hours per week normally worked _____ Full time or Part time (circle)
5. Employee is paid: (circle one) **Weekly** **2X a Month** **Every Other Week** **Monthly**

I certify that the preceding information is true and correct:

Name of Company Official Title of Company Official

Signature of Company Official Date

If you have any questions regarding the documentation please contact the Modoc Nation CCDF Program at 918-542-7890.

Note: Submit one form for each adult household member and each employer. Please ask for more copies if needed.



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I, _____ hereby authorize the release of information
(Print Applicant Name)
requested below regarding my employment and compensation.

Signature Date

TO BE COMPLETED BY EMPLOYER

1. Date employment began _____ Position/Occupation _____
2. Work schedule (example Tue-Sat 7:30am-4:30pm) _____
4. Number of hours per week normally worked _____ Full time or Part time (circle)
5. Employee is paid: (circle one) **Weekly 2X a Month Every Other Week Monthly**

I certify that the preceding information is true and correct:

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Priority Rules for Special Needs and Protective Services
Parent Please Complete This Form

Does any child in the home have a special needs or protective service? ___ Yes ___ No

If so then please describe: _____
(Attach appropriate documents)

Special Needs Include Children Delayed in: (check all that apply)

- ___ Cognitive development,
- ___ Physical development,
- ___ Speech and language skills,
- ___ Psychosocial development, or self-help skills whose condition requires oversight or Care,
- ___ Children who receive SSI, sooner start or special education services,
- ___ Medical/including documented temporary mental health leave, (Evaluate every 30 days.)
- ___ Other case-by-case: _____

Protective Services will be Available for At-Risk Families: (check all that apply)

- ___ TANF Families and families at or below poverty *,
- ___ Homeless, including temporarily living with a friend or family, *
- ___ Teen parents, (age 19 or under)*
- ___ Single parent/guardian with documented sole custody*, (One or all parents out of the picture.)
- ___ Foster care, respite care*,
- ___ Families who have an open case with State/Tribal CPS or ICW*,
- ___ Abusive situations, (detailed guardian statement)
- ___ Single parent/guardian
- ___ Military Family (One or both parents deployed.)
- ___ Children living with grandparents,
- ___ Pre-school age,
- ___ Families in danger of having protective cases opened with DHS/ICW,
- ___ Parents with temporary disabilities who need treatment in order to return to work ,
- ___ Families with parents actively participating in job search,
- ___ Other case-by-case: _____

Do you feel your case should be considered priority for any other reason not listed above?

___ Yes ___ No If so then please describe: _____

Parent Signature

Date

DO NOT WRITE BELOW THIS LINE

This case is considered a priority case? ___ Yes ___ No

What special considerations will be given and what basis are they given?

CCDF Signature

Date