



## Program Information Sheet & Check List

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

1.  Yes  No     **APPLICATION** and supporting forms.
2.  Yes  No     **TRIBAL CARDS** copies of cards for ALL members. May consider other tribal documents not listed.  
NEW clients.
3.  Yes  No     **BIRTH CERTIFICATES** copies of State B.C. for each child attending child care. NEW clients.
4.  Yes  No     **SOCIAL SECURITY CARDS** copies of cards for ALL household members. NEW clients.
5.  Yes  No     **IMMUNIZATION RECORDS** copies for each child attending child care.
6.  Yes  No     **INCOME VERIFICATION** latest tax documents or most current past 30 days check stubs for each working adult. Self-employed-taxes and complete Self-Employed Income Statement Verification.
7.  Yes  No     **EMPLOYMENT VERIFICATION FORM** for each working adult. Must work a minimum of 20 hours a week.
8.  Yes  No     **RESIDENCY VERIFICATION** current utility bill/lease/mortgage reflecting name, physical address (if in a different name complete the Notarized Statement of Residence) Must live within service area.
9.  Yes  No     **CLASS SCHEDULE** if attending school.
10.  Yes  No     **CUSTODY/DIVORCE/GUARDIANSHIP** if no court papers-complete the Notarized Statement of Household Occupancy & Custody Agreement.
11.  Yes  No     **CLIENT RESPONSIBILITIES AND AGREEMENT**
12.  Yes  No     **PRIORITY RULES FOR SPECIAL NEEDS AND PROTECTIVE SERVICES** (IFSP/IEP/504 for children with special needs)
13.  Yes  No     **LETTER OF NO SERVICES** from your tribe stating you are not receiving child care services through them. NEW clients.

**I understand that I must have all the above documentation delivered to the Modoc Nation CCDF office and have a complete application before I will be considered for assistance from Modoc Nation CCDF Program. I also have read the above terminology and understand that I must be attending work, a job training program, and/or school, or pre-approved job search while my child is receiving CCDF subsidies. I also understand if I falsify information or fail to submit information required for eligibility, I will be suspended or terminated and will be required to reimburse the program.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



## Application for Child Care Assistance

Application must be filled out completely or it will be returned for incompleteness.

Guardian Name: \_\_\_\_\_ Application Date: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email Address: \_\_\_\_\_  
 Tribe: \_\_\_\_\_ Membership Card: Yes: \_\_\_\_\_ No: \_\_\_\_\_

### All Household Members – Include Guardian

Household Members	Gender	DOB	Hours for Care	Tribe
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

### Child Care Facility Information

Name: \_\_\_\_\_ Star Rating: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ email Address: \_\_\_\_\_

\*Special Needs:  YES  NO If your child has special needs describe and submit documentation: \_\_\_\_\_

\*Are you currently or in the past received child care assistance from any tribe or state:  YES  NO from whom: \_\_\_\_\_

\*Are any children in household in foster care or court custody: \_\_\_\_\_

***I understand by signing the form I must submit all required documentation with the completed application to the CCDF office before you are considered for childcare assistance. Child Care assistance will not be paid until a date of approval is determined by the CCDF staff. Any assistance received prior to the date of approval will be the sole responsibility of the applicant. I understand that if I falsify information or fail to submit information required for eligibility that I will be suspended or terminated and will be required to reimburse the program.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**Priority Rules for Special Needs and Protective Services**

Does any child in the home have a special needs or protective service:  YES  NO

If so, describe (attach appropriate documents): \_\_\_\_\_  
\_\_\_\_\_

**Special Needs includes 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 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 or 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
- Families with parents actively participation 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 describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant 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 Staff Signature Date



**Client Employment Verification**

1. Employee's Name: \_\_\_\_\_
2. Employer's Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Employer's Phone Number: \_\_\_\_\_
4. Manager/Supervisor: \_\_\_\_\_
5. Hire Date: \_\_\_\_\_
6. Employee's Position: \_\_\_\_\_
7. Pay Schedule: (circle one)      **Weekly**      **2X Month**      **Every Other Week**      **Monthly**
8. Work Schedule: \_\_\_\_\_  

(example Mon-Fri 7:30-7:30)
9. Hours worked per week: \_\_\_\_\_

I certify that the preceding information is true and correct:

Employer's Authorized Signature: \_\_\_\_\_ 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.**



### Client Employment Verification

1. Employee's Name: \_\_\_\_\_
2. Employer's Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Employer's Phone Number: \_\_\_\_\_
4. Manager/Supervisor: \_\_\_\_\_
5. Hire Date: \_\_\_\_\_
6. Employee's Position: \_\_\_\_\_
7. Pay Schedule: (circle one)      **Weekly**      **2X Month**      **Every Other Week**      **Monthly**
8. Work Schedule: \_\_\_\_\_  

(example Mon-Fri 7:30-7:30)
9. Hours worked per week: \_\_\_\_\_

I certify that the preceding information is true and correct:

Employer's Authorized Signature: \_\_\_\_\_ 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.**



## Client Responsibilities and Agreement

I agree to provide Modoc Nation CCDF Program 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, may be denied future benefits and held liable for payment directly to the provider or reimbursement to the tribe.

1. I will be responsible for payment for any days and hours of care more than days and hours for which Modoc Nation has agreed to pay.
2. I will be responsible for establishing my continued eligibility and updating my status.
3. I will notify the Modoc Nation and the Child Care Provider:
  - a) before any changes in facility or caretaker
  - b) any changes in employment status, school schedules, work schedules, address, phone number, within 10 days
  - c) if either parent is no longer working or attending school or dropped classes
  - d) change of members in family
4. I will be responsible for certifying my child's attendance by signing the attendance record maintained by the facility at the end of each month's care.
  - a) I understand that my failure to certify my child's attendance by signing the attendance record form will result in Modoc Nation terminating payment to the provider and/or the facility's discontinuing care of my child.
  - b) I further understand I am NEVER to sign a blank attendance record. **If you are found signing blank claim forms, it will result in termination of services.**
5. I must choose a childcare provider who is State licensed, License Exempt or Tribally Licensed. Exceptions are at the discretion of the Modoc Nation CCDF Director.
6. I understand if I decide to switch my child to another facility, I must have the new provider sign the appropriate forms, and I must submit those forms to the CCDF office for an approval letter before switching facilities.
7. I verify I do not have family assets that exceed \$1,000,000.
8. I understand the consequences of not submitting information will be suspension of termination.

### LIABILITY DISCLAIMER

I understand my right to parental choice in choosing a provider and agree to hold 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.***

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Modoc Nation CCDF Staff Signature

\_\_\_\_\_  
Date