



Modoc Nation Family Preservation Program

Located at: The Gathering Place

Phone: (918) 994-1819

Email: syd.colombe@modocnation.com

PARENT AGREEMENT FORM

- I agree to have my application turned in by **December 2, 2024**.
- I agree to have my receipts turned in to the Family Preservation Program office by **January 31, 2025**. We recommend that you make copies of receipts prior to submission. **Receipts can be from September 16, 2024 – January 31, 2025.**
- I agree that all children receiving services are enrolled and attending grades K-12.
- I understand this award is for the purpose of education related assistance (see list of approved purchases). I will not purchase anything for any other person other than the intended tribal child.
- I agree to spend the whole dollar amount until the shopping receipts total the whole award amount for each approved tribal child.
- I agree that each child will have their own receipts for their specific items, and I will write their name on each receipt.
- I agree that I will not have any item purchases on the receipt except those directly pertaining to this program. I understand that if I submit a receipt with items not approved for the program that receipt will be returned to me unapproved.
- I agree to not alter receipts in any way.
- I agree that all original receipts must be turned into Modoc Nation in person located at the address listed at the top of the page. You may also email receipts or mail them to the address listed at the top of the page. Modoc Nation is not responsible for receipts lost in mail/sent to wrong addresses.
- I understand proof of enrollment includes signed letters on school letterhead or other documentation from the school that proves the student is currently enrolled. Online portal verification is allowable.
- I understand that the custodial parent, **where a custody agreement is involved**, will be the individual submitting on behalf of the child(ren).
- I understand if I am suspended or placed on probation, a responsible applicant can apply for funding for eligible child(ren).
- I understand that violating any of the above agreements can result in suspension from this program.
- I have read this entire document and agree to contact the tribe if I have any questions or if I do NOT understand the agreement.
- ALL ELECTRONIC/EMAIL RECEIPTS MUST BE SUBMITTED AS A PDF. NO PICTURES (JPEGS OR PNGS).**

Parent/Responsible Applicant Signature

Date

RETURN THIS FORM TO MODOC NATION

APPROVED PURCHASES

**Please keep this list as a form of reference for future purchases.*

School Related / Project Fees

- Lunch fees, book fees • Tutoring services, educational curriculum/resources
- Band equipment or any sports equipment • Tuition for private school
- Field trips or class events (must have receipt from school stating what it was for)
- High school students may use towards concurrent enrollment fees, class pictures, class rings, letterman's jackets, or prom

Personal Care Items (\$50 Maximum)

- Deodorant • Body Wash • Toothbrush, toothpaste, mouthwash • Razors • Shampoo, conditioner
- Lotion, perfume, cologne • Hair accessories • Other Personal Hygiene products

Clothing

- Socks • Underwear • Sleepwear • Shoes • School Uniforms • Sports related clothing and shoes • Hats
- Clothing of any kind

Electronics

- Printers • Calculators • Headphones or earbuds • Computers or tablets are allowed every 4 years
- Accessories for electronics such as printer paper, ink cartridges, wireless mouse and keyboard, flash drives, webcam computer microphone, etc.

Health services may be included such as dental, vision exams, sports exams for school, etc.

NOTE: We will only accept receipts that have the approved items listed.

ALL ELECTRONIC/EMAIL RECEIPTS MUST BE SUBMITTED AS A PDF. NO PICTURES (JPEGs OR PNGs)

The purpose of the Family Preservation program is to alleviate parents of stress by providing a resource to provide adequate education and health services to tribal children of the community and to preserve or restore their social, emotional, or economic well-being creating a more stable foundation for future tribal generations.

CUSTODIAL PARENT/RESPONSIBLE APPLICANT

MODOC NATION FAMILY PRESERVATION PROGRAM

SUMMER PROGRAMING 2024A

Application due: December 2, 2024

Receipts due: January 31, 2025

The Family preservation program provides \$500 twice a year for eligible enrolled Modoc Nation children for school clothes and other approved purchases that support educational and health needs. Eligible children must be enrolled in K-12th. (preschool students and high school graduates are not

• Tribal enrollment card • Proof of school enrollment for the 2024/25 school year, can you use online portal information

• Receive funds via a **check:** Yes or No Please circle one
OR

• Receive funds via **Direct deposit:** Yes or No Please circle one

• If you are opting to use Direct deposit, please ensure your information is current and correct, form attached*

* Provide voided check if applying for the first time or if you have changed financial institutions (See page 4)

* **IF YOU ALREADY RECEIVE FUNDS BY DIRECT DEPOSIT YOU DO NOT NEED TO FILL THAT FORM OUT!!!**

**The responsible applicant is the person taking over the role of the suspended parent or who the child resides with that is not the custodial parent.*

***Where applicable, custody agreement should be provided for proper distribution of funds.*

Parent/Responsible Applicant Name: _____

Relationship to Child: _____ Phone #: _____

Parent/Responsible applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Child's Name: _____ DOB: _____ Sex: _____ Grade: _____

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I certify that all information is true to the best of my knowledge and that all services requested will be used for Family Preservation purposes only. I understand that there are penalties for falsifying information and that if determined to have provided false information I may be denied for further tribal services. I have read and understand all statements and would like to receive services requested in this application. I give the tribe permission to investigate my case if any questions or concerns arise. **I have read the Parent Agreement Form and will abide by guidelines of this programming.**

Parent/Responsible Applicant Signature

Date

RETURN THIS FORM TO MODOC NATION

DIRECT DEPOSIT AUTHORIZATION FORM

**Direct deposit form only needs to be filled out if you are applying for the first time
or information needs to be updated.**

Name on Account: _____

Mailing Address: _____

City, State, Zip: _____

Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: _____ (Checking or Savings)

Modoc Nation is hereby authorized to deposit my pay to the account listed above directly. If necessary, Modoc Nation is hereby authorized to initiate debit entry adjustments for any credit entries in error to the account listed above. This authorization will remain until I modify or cancel it in writing.

Name (Please Print): _____

Date: _____

Signature: _____

THE ACCOUNTING DEPARTMENT MUST HAVE DOCUMENTATION TO VERIFY THE ROUTING AND ACCOUNT NUMBER ARE ACCURATE AND CORRECT

****Attach a voided check or letter of authorization from the bank account to which funds should be deposited.***

