

Child Care Assistance & Family Enrichment Program

Application



Mailing Address: PO Box 908 Lawton, OK 73502

Physical Address: 1001 SW C Avenue - Lawton, OK 73501

Phone: (580) 699-3991 **Fax:** (580) 699-3992

Email: childcare@comanchenation.com

Mission:

The Program is to encourage employment and education among our tribal members, provide a safe childcare environment for Comanche children, & provide a rewarding program for families that wish to work and/or further their education. This program is designed to promote stronger family environments that will include requirements such as: Comanche language classes, parenting classes, relationship-building classes, community service, & more. The Program will assist with childcare expenses for children ages Newborn to Kindergarten and School-Age children that need before & after school services and/or childcare during summer months. The program goal is to strengthen family relationship skills and youth development.



Comanche Nation Child Care Assistance & Family Enrichment Program Application

Application Checklist

The following documents are required

- _____ Copy of DHS Denial Letter
- _____ Complete application (attached) *Includes app, statement of understanding, emergency contacts, consent to release information, child support consultation form, child support affidavit, provider agreement, provider registration, and a copy of provider's DHS child care license.
- _____ Copies of the past month's income to include pay stubs, child support, alimony, SSI/Disability, or any other income received.
- _____ Copy of School, Training and/or Work Schedule
- _____ Copy of Updated Immunization Records for each applicant (child(ren))
- _____ Copy of CDIB's (child(ren) and parent(s))
- _____ Copy of Birth Certificates (only child(ren) applying for assistance)
- _____ Proof of Residence (Utility Bill)

Roni Hill
Child Care Technician

Carolyn Codopony
CCDF Director



COMANCHE NATION

For Office Use Only:	
Start Date:	Received Date:
End Date:	Completion Date:

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Section I - Primary Adult (Lives with child)			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	Gender:	CDIB #	
Contact Information for Primary Adult and Child			
Living Address:		Mailing Address:	
City, State, Zip code		Mailing Address: (If different from Living Address)	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Name and Address of Employer/ School:			
Hours of Employment/ School:			
Days of Employment/ School: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.			

Section II - Secondary Adult			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	Gender:	CDIB #	
Contact Information for Secondary Adult			
Living Address:		Mailing Address:	
City, State, Zip code		Mailing Address: (If different from Living Address)	
Home Phone:	Work Phone:	Cell Phone:	
Email Address:			
Name and Address of Employer/ School:			
Hours of Employment/ School:			
Days of Employment/ School : Sun. Mon. Tues. Wed. Thurs. Fri. Sat.			

Section III - Child(s) Applying Information

1st Child's Information

Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	Gender:	CDIB #:	Age:
Child care center name:	Address:	Telephone #:	Contact Person Name:

2nd Child's Information

Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	Gender:	CDIB #:	Age:
Child care center name:	Address:	Telephone #:	Contact Person Name:

3rd Child's Information

Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	Gender:	CDIB #:	Age:
Child care center name:	Address:	Telephone #:	Contact Person Name:

4th Child's Information

Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	Gender:	CDIB #:	Age:
Child care center name:	Address:	Telephone #:	Contact Person Name:

Section IV - Certification

I certify that this information is true. If any parts is false, my participation in the Child Care Assistance and Family Enrichment program may be terminated. I also understand that the information in this application will be held in strict confidence within the program and will be accessible to me during normal business hours.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



Comanche Nation Child Care Assistance & Family Enrichment Program

STATEMENT OF UNDERSTANDING

I, _____, confirm that I have read the below statements and will abide by them if accepted as a participant on the CCA/FEP.

1. I will abide by the rules and regulations of the daycare/care provider and CCA/FEP for attendance, payment, drop-off/pick-up times and all contract fulfillment.
I further understand that I shall attend my place of employment and/or other items over and above childcare expenses.
2. I will pay all daycare/ care provider bills on time and in full. I understand the CCA/FEP assistance cannot be used to pay for personal bills, i.e. car payments, loans or any other items over and above childcare expenses.
3. I understand I must provide the CCA/FEP manager with updated changes of work and/ or class schedules once modifications are complete and definite. Also the same if any changes in household i.e. add or subtract family members, pay rate, work status, address/phone, email address, or children revision. If I must discontinue during this period will be solely my responsibility.
4. I understand if I am “terminated” from the CCA/FEP for any unfavorable reason, I will be put on a suspension period and my application will be evaluated before further funding assistance will be provided. Also any costs that are incurred during this period will be solely my responsibility.
5. By accepting my application for the CCA/FEP and meeting all eligibility requirements and upon approval, the CCA/FEP agrees to furnish financial assistance for child care provider services limited to maximum allowances under the CCA/FEP guidelines. This financial assistance will be granted during my approval period as long as I observe the rules mentioned above and maintain renewal guidelines and all procedures.
6. I understand that there are 7 class requirements that need to be met before I can recertify and receive assistance on the program the following fiscal year. The 7 requirements are: 2 Comanche Culture, 2 Comanche Language, 1 Financial, 1 Healthy Relationships, and 1 Parenting.

PLEASE CAREFULLY READ, SIGN AND DATE THE FOLLOWING.

By my signature, I affirm that the information in this application is correct to the best of my knowledge and belief. I fully understand the terms under which I have applied for assistance with the CCA/FEP Program. However, no financial assistance will be provided until the CCA/FEP Manager has certified my application and I receive an award letter.

APPLICANT'S SIGNATURE

DATE:



Comanche Nation Child Care Assistance & Family Enrichment Program

Emergency Contact Information

Client Information

1st Child's Name: _____

2nd Child's Name: _____

3rd Child's Name: _____

4th Child's Name: _____

Physical Address: _____

Home Phone: _____ Work #: _____

Cell Phone: _____

Emergency Contact #1

Name: _____ Relation: _____

Physical Address: _____

Home Phone: _____ Best Contact # : _____

Emergency Contact #2

Name: _____ Relation: _____

Physical Address: _____

Home Phone: _____ Best Contact # : _____

Emergency Contact #1

Name: _____ Relation: _____

Physical Address: _____

Home Phone: _____ Best Contact # : _____



Comanche Nation Child Care Assistance & Family Enrichment Program

CONSENT TO RELEASE INFORMATION

*only acceptable if notarized

I hereby give my permission to release information to:

Comanche Nation Child Care Assistance & Family Enrichment Program

P.O. Box 908 - Lawton, OK 73502

Print Full Name: _____ **Date :** _____

Signature: _____

ATTENTION: According to Family Education Rights and Privacy Act of 1974 (P.L. 93-380) The Parent, Guardian or 18 years old, has the right to make written request to view any records released.

Subscribed and sworn to before me on this day _____ day of _____ 20 _____

My Commission Expires: _____

Notary Public



Comanche Nation Child Care Assistance & Family Enrichment Program

CHILD SUPPORT CONSULTATION FORM

To whom it may concern:

_____ has met with the Comanche Nation Child Support Program on this _____ day of _____ 20__.

_____ has been counseled on his/her options provided by this office.

Parent Signature

Date

Child Support Caseworker

Date



Comanche Nation Child Care Assistance & Family Enrichment Program

CHILD SUPPORT AFFIDAVIT

Date: _____

To whom it may concern:

I, _____ do not receive child support payment for the following children:

From the children's father and/or mother.

Signature

Date

Subscribed and sworn by me this _____ day of _____ 20_____.

My commission number _____ expires the _____ day of _____ 20_____.

Notary Signature



Comanche Nation Child Care Assistance & Family Enrichment Program



DAYCARE PROVIDER AGREEMENT

PART ONE

THIS AGREEMENT: entered into an effective the _____ day of _____ 20__, by and between the Comanche Nation Child Care Program, P.O. Box 908, Lawton, OK 73502, hereinafter referred to as "Program", and _____ as an (check one) _____, Licensed In-Home Daycare _____, or Licensed Daycare _____ which is located at: _____, hereinafter referred to as "Provider" in this agreements set forth herein, it is mutually agrees as follows:

PART TWO

THIS AGREEMENT is too effective for twelve (12) months and may not be extended or renewed under the discretion of the Program.

ELIGIBLE START DATE: _____ END DATE: _____

PART THREE

IT IS AGREED AND UNDERSTOOD that daycare services are provided to the following child(ren):

IT IS FURTHER AGREED that said services will be provided at the following location:

IT IS FURTHER UNDERSTOOD AND AGREED that no services authorized under this contract will be subcontracted by provider to any other person or entity without prior written approval by the Program.

PART FOUR

IT IS AGREED AND UNDERSTOOD that the Program will pay for services rendered by Provider pursuant to this agreement only (a) in accordance with written authorized from the Program for each client served and (b) upon receipt from Provider, and verification of monthly timesheet by the Program. In addition, the Provider agrees to provide unlimited access to the facility by the parent/guardian during normal hours of operation in order that the child maybe observed in the care setting may be assessed.

PART FOUR (continued)

IT IS AGREED AND UNDERSTOOD by Provider that changes to the Program for authorized services will not exceed the Program maximum payment rates schedules of the Comanche Nation Child Care Program.

X_____

IT IS FURTHER AGREED AND UNDERSTOOD by Provider that in the event of an overpayment by the Program to a Provider, the Program at its discretion may (1) demand immediate reimbursement by Provider (2) withhold the full amount of overpayment from any and all funds in possession of said Program the due or to become due and owing to Provider (3) accept a mutually agreeable written re-payment plan of (4) seek collection by ligation.

X_____

PART FIVE

IT IS AGREED AND UNDERSTOOD that the Program will determine eligibility for all authorized clients' services.

X_____

IT IS FURTHER AGREES that the Provider will not include on any list for billing, invoice or monthly claim any person or persons without prior certificate of eligibility by the Program.

X_____

IT IS FURTHER AGREED AND UNDERSTOOD that any recipient of service will have the right to a fair hearing in cases of denial or termination of services described herein.

X_____

PART SIX

IT IS AGREED AND UNDERSTOOD that Provider must meet and maintain all Tribal, State and Federal standards applicable to the authorized services being provided pursuant to this Agreement and Provider hereby acknowledges full awareness of such standards. Provider shall, prior to renewal or approval of this agreement, disclose to the Program the name of any person who has an ownership or controls an interest in or is an agent or managing employee of Provider and who has been convicted of criminal offense related to such person's involvement in any program under Title XVIII, XIX or XX of any Social Security Act since inspection of these Program.

X_____

PART SEVEN

PROVIDER AGREES to develop and maintain written records sufficient to document proper fiscal and program management of Providers' responsibilities under this Agreement. All records shall be retained for a period of three (3) hours Provider further agrees to utilize a uniform method of record keeping.

X_____

PROVIDER FURTHER AGREES AND UNDERSTANDS that all such business records shall be made available and accessible to the Program at any time with or without notice, for the Program use in inspecting, monitoring, evaluating, and audition, Provider's compliance with the terms of this agreement.

X_____

PART EIGHT

IT IS AGREED that any Provider who resides, or has principal place of business in Indian Country, as defined in 18 USC 151, will be subject to the C.F.R. Court of Indian Offenses or the Comanche Nation Court as the court of competent jurisdiction.

X_____

PART NINE

IT IS AGREED AND UNDERSTOOD that this Agreement may be canceled at any time by mutual consent of the parties hereto, by either party, without cause by giving a thirty (30) day written notice of intent to cancel to the other party; or by another party with cause by giving a ten (10) day written notice of intend to cancel the other party. The term "with cause" is hereby defined as failure to meet the terms and conditions, of the Agreement as set forth herein or incorporated herein, as through fully set out, by reference thereto.

X_____

PART TEN

FOR the faithful performance of the terms of this Agreement, the parties hereto in their respective capacities as stated affix their signature below.

Applicant Signature

Date

Subscribed and sworn by me this _____ day of _____ 20_____.

My commission number _____ . Expires the _____ day of _____ 20_____.

Notary Signature



Comanche Nation Child Care Assistance & Family Enrichment Program
Provider Registration

Name of Facility:

Contact Person at Facility:

Telephone #: _____ FAX #: _____

Physical Address: _____ City: _____
State: _____ Zip Code: _____

Finding Directions:

Type of Child Care Services (please check one):

Day Care Center: _____ Provider's Home: _____
Before & After Care Program: _____ Extended Day Program: _____

License number: _____

Maximum Number of Children: _____

Issued Date: _____

I hereby consent to any authorized representative of the Comanche Nation to obtain information from any and all records that may be needed to determine my eligibility as a Child Care Provider for the Comanche Nation Child Care Program. I will attach a copy of my Child Care License with this Provider Registration form.

Provider Signature: _____ Date: _____

Revised: 08/16/2016