

Child Care Assistance & Family Enrichment Program

Re-certification 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 Program

Re-certify Application Checklist

*The following documents are needed on or by **September 15th, 2016**.
That is within thirty (30) days of from the re-certification letter to update your Child Care
Application.*

- _____ Complete application (attached) *Includes re-cert app, signed parent statement, and emergency contacts.
- _____ 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/children)
- _____ Proof of Residence (Utility Bill)

Please complete and submit the attached application 5 with above required documents by September 15, 2016. Your services will end effective September 30, 2016 if complete information is not submitted.

Roni Hill
Child Care Technician

Carolyn Codopony
CCDF Director



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For Office Use Only:	
Start Date:	Received Date:
End Date:	Completion Date:
Applications have until September 15, 2016 to submit application to the Child Care Office will ALL Documents.	

Comanche Nation Child Care Assistance & Family Enrichment Program Re-certification Application

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 have received a copy of the CCA/FEP program guidelines. (Initial here) _____

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:



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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 # : _____