



Comanche Nation Child Care Program

Comanche Nation of Oklahoma

Child Care Program

P.O. Box 908

Lawton, Ok 73502

Phone 580-699-3991

Fax 580-699-3992

## Re-certification checklist

**The following documents are needed to complete your Child Care Re-certification which is due 30 days from date given to client.**

\_\_\_\_\_ Complete Application (Attached)

\_\_\_\_\_ Immunization Records of Comanche child(ren) applying for program

\_\_\_\_\_ Provide of ALL Employment income for everyone over 18 yrs of age.  
Past months pay stubs, (2)-Bi-weekly or (4)- weekly) or  
Statement from your employer on company letterhead with  
approximate hours per week, starting date and hourly salary (If you  
just started employment)

\_\_\_\_\_ Evidence of Enrollment in an Educational Program (Schedule of enrollment)

\_\_\_\_\_ Proof of Residence (Utility bill, electric, gas, water or rental agreement)



## Comanche Nation Child Care Program

**Primary Adult:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Number: \_\_\_\_\_

Days & hours worked: \_\_\_\_\_

Education and/or Job Training: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Days & Hours Attended: \_\_\_\_\_

**Secondary Adult:**

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home/Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Number: \_\_\_\_\_

Days & hours worked: \_\_\_\_\_

Education and/or Job Training: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Days & Hours Attended: \_\_\_\_\_



## Comanche Nation Child Care Program

### **Household Info:**

How many in household? \_\_\_\_\_

### **List ALL persons residing in home:**

Name	DOB	Relationship	S/M/D/Separated	Income
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

### **Why are you seeking Child Care Assistance at this time? Please Describe:**

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Have you been on the CCDF program before? Y or N If Yes, when? \_\_\_\_\_

Are you currently receiving assistance through DHS? Y or N If Yes, Describe.

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Do you receive any other assistance from tribal or state agencies? Y or N If Yes, Describe.

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### **Education & Job Training Info:**

Is anyone in the household attending school and/or job training? Y or N

If yes, what type of program? \_\_\_ 4yr College \_\_\_ 2yr College \_\_\_ Vo-tech \_\_\_ W.I.A. \_\_\_ Other

\_\_\_ Full time \_\_\_ Part time \_\_\_ Temporary

Please describe other: \_\_\_\_\_

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# Comanche Nation Child Care Program

## Children Needing Child Care:

**1<sup>st</sup> Child's Name:** \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**2<sup>nd</sup> Child's Name:** \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**3<sup>rd</sup> Child's Name:** \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Enrollment #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

## Day Care Center, before & after school care, or extended day info:

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Facility name	Address	City, State, Zip Code
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Days & Times childcare is needed for: (list children names)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Sun: \_\_\_\_\_ Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

## 2<sup>nd</sup> Child Care Facility (If Applicable)

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Facility name	Address	City, State, Zip Code
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Days & Times childcare is needed for: (list children names)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Sun: \_\_\_\_\_ Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_



## Comanche Nation Child Care Program

### PARENT STATEMENT:

I understand that childcare services are not available for shopping, studying, job search or errands. Childcare is only available while I work, train, and travel to and from the childcare facility. I understand that all information is true and accurate to the best of my knowledge. I hereby authorize the Comanche Child Care Program to make any investigation to verify the answers I have given. I have read this application or it has been read to me and I fully understand that in case of fraud I will be ineligible for future services.

I understand that I must furnish updated work/school/training schedules with monthly time sheets if there are reoccurring changes.

I understand that it is my responsibility to make arrangements for childcare services while this application is being processed. I will be notified by mail for eligibility of child care services and will be responsible for any child care services before the approval letter for this service is deemed approved by this office.

I understand that the Comanche Child Care Program pays the child care providers a maximum payment of \$\_\_\_\_\_ per day, and it is my responsibility to cover the remaining difference, along with my monthly co-payment to the provider in a timely manner. I further understand that I will be responsible for notifying the *Comanche Child Care Program* of any changes of statements made on this application within seven days of the date of change. Failure to do so may result in program ineligibility.

\_\_\_\_\_  
Primary Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
CCDF STAFF Signature

\_\_\_\_\_  
Date



Comanche Nation Child Care Program

***EMERGENCY CONTACTS***

**Client Information:**

Child's Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Emergency Contact #1**

Name & Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

**Emergency Contact #2**

Name & Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Best Contact #: \_\_\_\_\_

**Emergency Contact #3**

Name & Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Best Contact #: \_\_\_\_\_



Comanche Nation Child Care Program

## CONSENT TO RELEASE INFORMATION

Date: \_\_\_\_\_

To Whom It May Concern:

Please send a copy of my records to the:

Comanche Nation of Oklahoma  
Child Care Program  
P.O. Box 908  
Lawton Ok 73501

This information to be used to determine eligibility for child care services for the following:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Sign Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, & Zip Code