



CCDF



Enrichment

For office use only	Date Received: _____
	Date Reviewed: _____

Comanche Nation Child Care Program

Application Checklist

The following documents are required to be submitted at the same time as the application. Incomplete applications will not be accepted and will be returned to the applicant.

<input type="checkbox"/>	Denial letter for child care services from DHS
<input type="checkbox"/>	Proof of Residence (Utility Bill or Lease Agreement)
<input type="checkbox"/>	Copy of parents and/or guardians Identification Driver license, State ID, or CDIB
<input type="checkbox"/>	Copy of Certificate of Indian Blood (CDIB) or certified pending enrollment letter(s) for each applicant with Parent's CDIB
<input type="checkbox"/>	Copy of Birth certificate(s) for each applicant (child(ren) only)
<input type="checkbox"/>	Copy of Social Security Card(s) for each applicant (child(ren) only)
<input type="checkbox"/>	Copy of Immunization Records for each applicant (child(ren) only)
<input type="checkbox"/>	Proof of income (includes pay stubs, child support, alimony, SSI/Disability, or any other income received)
<input type="checkbox"/>	Copy of School and/or training schedule
<input type="checkbox"/>	Copy of the Child Care Provider's License

Comanche Nation Child Care Program

Date: _____

Section I - Primary Adult			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	Gender:	CDIB #	
Contact Information for Primary Adult			
Physical Address:			
City, State, Zip code		Mailing Address: (If different from Physical Address)	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			
Name of Employer / School			
Address of Employer / School:			
Hours of Employment / School:			
Days of Employment / School : Sunday Monday Tuesday Wednesday Thursday Friday Saturday			

Section II - Secondary Adult			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	Gender:	CDIB #	
Contact Information for Secondary Adult			
Physical Address:			
City, State, Zip code		Mailing Address: (If different from Physical Address)	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			
Name of Employer / School			
Address of Employer / School:			
Hours of Employment / School:			
Days of Employment / School : Sunday Monday Tuesday Wednesday Thursday Friday Saturday			

Comanche Nation Child Care Program

Household Info:

How many in household? _____

List ALL persons residing in home:

	Name	DOB	Relationship	Single/Married/Divorced/Separated	Income
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

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

Have you been on the CCDF program before? Yes or No If Yes, when?

Are you currently receiving assistance through DHS? Yes or No If Yes, Describe.

Do you receive any other assistance from tribal or state agencies? Yes or No If Yes, Describe.

Education & Job Training Info:

Is anyone in the household attending school and/or job training? Yes or No

If yes, what type of program? ___ 4yr College ___ 2yr College ___ Vo-tech ___ W.I.O.A.

___ Other ___ Full time ___ Part time ___ Temporary

Please describe other: _____

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Children needing Child Care:

1st Child's Name: _____ D.O.B ____/____/____ Age _____

Tribal Affiliation: _____ Enrollment #: _____ Social Security #: _____

2nd Child's Name: _____ D.O.B ____/____/____ Age _____

Tribal Affiliation: _____ Enrollment #: _____ Social Security #: _____

3rd Child's Name: _____ D.O.B ____/____/____ Age _____

Tribal Affiliation: _____ Enrollment #: _____ Social Security #: _____

4th Child's Name: _____ D.O.B ____/____/____ Age _____

Tribal Affiliation: _____ Enrollment #: _____ Social Security #: _____

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

Facility Name: _____

Telephone number: _____

Address: _____

City, State, Zip code: _____

Days & Times child care is needed for: (list children names)

1. _____ 2. _____ 3. _____ 4. _____

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

2nd Child Care Facility (If Applicable)

Facility Name: _____

Telephone number: _____

Address: _____

City, State, Zip code: _____

Days & Times child care is needed for: (list children names)

1. _____ 2. _____ 3. _____ 4. _____

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Comanche Nation Child Care Program

Parent Agreement

1. I understand that my child's application must be turned in **COMPLETED** in order to receive child care services.
2. I understand that our services with the Comanche Nation Child Care Program will be for **either 36 months on the CCDF Program or 12 months on the Enrichment Program**, whichever I/we may qualify for.
3. I understand that I/we will only receive childcare assistance during the time that I/we are physically working, training, or attending class/lab.
4. I/we will submit **ALL INCOME** that is received in my/our household.
5. I understand that to receive Special Needs and/or Foster Care Priority, I must submit a doctor's statement and/or legal documents verifying that my child needs this type of care.
6. I understand that the Comanche Nation Child Care Program will pay according to our program's rates.
7. I understand that if there are additional fees charged by the child care provider I will be responsible them.
8. I understand that a co-payment is a dollar amount that I must pay to the child care provider each month for my family share.
My co-payment is \$ _____ per month.
9. I will provide my child care provider with a daytime telephone number as well as emergency contact information.
10. In the event that my child is ill and does not receive services, I will note that information on the attendance record.
11. I understand that all child care time sheets **must be signed** and agreed upon by both the child care provider and parent. *Unsigned time sheets will not be processed for payment due to the provider.*
12. I will never sign a blank statement form. If the time sheet I sign is inaccurate, I understand the following month of service payment will either be increased or decreased to make payment current.
13. I will notify the child care program in writing within **seven (7) days** in the event of any changes to my contact or living situation changes **such as address, telephone number, persons living in residence and employment/income status.**
14. If I decide to change providers, I will notify the Comanche Nation Child Care Program in **seven (7) days before** the change is made with the proper documentation signed by the original provider showing no balances is owed to them.
15. I understand that if my child's file is incomplete, I will be fully responsible for payment due to the child care provider.
16. I understand that I will be required to recertify annually.

Comanche Nation Child Care Program

- 17. I understand that if any fraud is committed, I must repay the amount in question to the Comanche Nation Child Care Program and will be unable to participate in the program until the repayment is made.
- 18. I understand that all phone calls regarding child care cases must be from applicant, no information will be shared with relatives or providers. If I have a complaint about child care staff or providers, I will make this complaint in writing and submit to the Human Service Manager.
- 19. I understand that all calls concerning child care payments should be directed to the Comanche Nation Child Care Program.

I authorize the Comanche Nation Child Care Staff permission to make any investigation to verify any answers I have given. I am certifying that I understand and agree to the contents of the "Parent Agreement". I affirm under penalty of perjury that the child care application is complete and correct to the best of my knowledge and belief. I also understand that providing false information may result in termination of these benefits.

By signing below, I agree to the following rules and regulations of the Comanche Nation Child Care Program.

Applicant Parent/Guardian

Date

INDIVIDUAL ACKNOWLEDGEMENT

State of _____, County of _____. Before me the undersigned, a Notary Public, in and for the said County and State, on this ____ day of _____, 20____, personally appeared _____, she/he Subscribed and Sworn the above Parent Agreement.

My commission expires on the ____ day of _____ 20_____.

Notary Public

Comanche Nation Child Care Program

EMERGENCY CONTACTS

Date: _____

Client Information

1st Child's Name: _____

2nd Child's Name: _____

3rd Child's Name: _____

4th Child's Name: _____

Emergency Contact #1

Name: _____ Relation: _____

Physical Address: _____

Cell #: _____ Work #: _____

Best Contact #: _____

Emergency Contact #2

Name: _____ Relation: _____

Physical Address: _____

Cell #: _____ Work #: _____

Best Contact #: _____

Emergency Contact #3

Name: _____ Relation: _____

Physical Address: _____

Cell #: _____ Work #: _____

Best Contact #: _____

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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, Oklahoma 73502

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

Print Name

Sign Name

Address

City, State, & Zip Code

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

Reviewed by Child Care Staff

Date

CHILD SUPPORT AFFIDAVIT

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

INDIVIDUAL ACKNOWLEDGEMENT

Subscribed and Sworn by me this ____ day of _____ 20____.

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

Notary Signature

Reviewed by Child Care Staff

Date

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LIABILITY RELEASE FORM

I, _____, understand that the Comanche Nation Child Care Program, the Comanche Nation of Oklahoma and all its entities are not liable for any accidents, injuries, or mishaps that may happen to my child, while he/she is in the care of _____, to be inclusive of transportation and the dispersal of medications. All efforts are made by the Comanche Nation Child Care Program to provide a safe and healthy environment for my child. I understand that by placing my child in _____ for child care also releases this facility from liability due to accidents, injuries, or mishaps.

Primary Adult Signature

Secondary Adult Signature

Date

Date

INDIVIDUAL ACKNOWLEDGEMENT

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

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

Notary Signature