



## Kiowa Tribe Child Care Program

1602 American St. · Anadarko, Oklahoma · 73005

Phone: (405) 901-9238 Fax: (405) 648-7106

Email: [aspear@kiowatribe.org](mailto:aspear@kiowatribe.org)

# RELATIVE PROVIDER

## Relative Provider Program;

Parents may choose to have a relative provide care for their child. The relative must be over the age of 18 and reside in a different household as the child (case by case bases). If applying for the Relative Provider program

The following documents must be included with the completed application, with all documents dated within 30 days of application.

Relative Provider Required Document List	
Highlighted portions are included in the application packet	
Provider must complete an application	Copy of Providers Driver's License
Copy of providers Social Security Card Authorization Of Release (Background Check)	Provider's proof of residency Copy of W-9



## Kiowa Tribe Child Care Program

1602 American St. • Anadarko, Oklahoma • 73005

Phone: (405) 901-9238 Fax: (405) 648-7106

Email: aspear@kiowatribe.org

### Relative Provider information:

Provider Name: \_\_\_\_\_

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

Mailing Address (if different from

Physical): \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Days childcare will be Provided: S M T W T F S

Times care will be provided: \_\_\_\_\_

List any additional persons living in the home where care will be provided including children. All person(s) over the age of 18 will be required to have a background check.

List all children care will be provided for.

**THE PROVIDER AGREES THE ABOVE INFORMATION IS CORRECT TO THE BEST OF HIS/HER KNOWLEDGE.**

Provider Signature

Date

Kiowa Childcare Program Representative Signature

Date

# Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number								
				-				
or								
Employer identification number								
					-			

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



**Kiowa Tribe Child Care Program**  
**100 Kiowa Way**  
**Carnegie, OK 73015**



## **Family Provider Privacy Act and Authorization of Release**

### **Privacy Act Statement**

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 25 U.S.C. 2701 et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed with the Tribal government. The information will be used by the Tribal authorities' staff who need it in the performance of their official duties. The information may be disclosed by the Tribe or the appropriate Federal, Tribal, State, local or foreign law enforcement and regulatory agencies when relevant to civil, criminal, or regulatory investigations or prosecutions or when pursuant to a requirement by a tribe or investigations of activities while associated with a tribal operation. Furnishing the information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, clearance, or access, or in the determination for your employment.

The discloser of your Social Security Number (SSN) is voluntary. However, failure to supply an SSN may result in errors in processing your application.

### **Authorization of Release**

By this release, I authorized any official representative of the General Services Administrative (GSA) Office of Inspector General to request and obtain from any school, residential management agent, employer, law enforcement agency, individual and any other entity, information relating to me and my activities. This information may include any records concerning my personal history, academic achievement, job performance and attendance, and results of any disciplinary action, arrests, and convictions. I authorized you to provide the requested information to the GSA, Office of Inspector General, officially presenting this release. I have been advised that any information requested and provided will be used only for official purposes by the GSA Office of Inspector General and may be disclosed to third parties as necessary in accordance with applicable laws and regulations in fulfillment of official responsibilities. I release any individual or organization from liability for actual or alleged damages to me due to good faith compliance with this authorization. Should you have questions on the validity or scope of this release, you may contact me as indicated below.

I (Family Provider), hereby authorize the Kiowa Tribe CCDF to obtain ALL NECESSARY information needed to verify past employment, educational records, driving records, criminal records, residency, or any other public agency record which may have access to my record.

I understand that this information will be used for provider purposes only.

---

Family Provider Signature

---

Date





Kiowa Tribe  
Childcare Program  
1602 American St.  
Anadarko, Ok 73005  
405-901-9238

## Background Check Information

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Race \_\_\_\_\_

Gender \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date Submitted \_\_\_\_\_