



Kiowa Tribe Child Care Program
1602 American St. Anadarko, OK 73005
PH: 405-901-9238 . FAX: 405-480-1521 . Email:
aspear@kiowatribe.org



Kiowa Tribe Child Care Application

Thank you for choosing the Kiowa Tribe to assist you in meeting your early care and education needs!
This application must have all 7 sections completed, the Income Verification Form for each working parent, and all the required document before it can be reviewed for approval.

Eligibility Criteria:

- To participate in the Kiowa Tribe's Child Care Assistance Program, the parents must be working, in training, going to school or children are in Protective Status (Court Documents are required)
- Is based on income guidelines. The Program considers Over-Income Essential Workers.
- The parent or child must be Kiowa enrolled and submit their CDIB.
- The child must be under 13 years of age.
- Live within the Southwestern portion of Oklahoma in one of the 22 counties served.

The Kiowa Child Care program Director has 10 days from the date of the receipt of the COMPLETE application to issue an eligibility determination letter. You will be notified along with your provider, by phone, mail and/or email. Any **changes in your household** (Change of employers, address, divorce or separation, change of child care providers, or someone moving into your household) **must be reported to our office.**

***The following documents are required to be submitted along with your application.
Incomplete applications will not be processed until all documents are received.***

- ☐ Copy of Kiowa Tribal Enrollment Verification and/or CDIB for parents and children.
- ☐ Copy of Child and Parent Social Security Card.
- ☐ Copy of State Birth Certificate for all children in the household (or hospital verification).
- ☐ Copy of Child's current Immunization Record.
- ☐ Income Verification Form (included in packet) for each working parent. To be completed by employers.
- ☐ Two recent check stubs for each working parent.
- ☐ Current Utility bill with your name and current address (Gas, electric, water, telephone, cable).
- ☐ Copy of school enrollment on school letterhead and class schedule if attending school.

You will receive annual re-certification paperwork one year from your approval date therefore it is imperative that your contact information is up-to-date in our office. The re-certification papers are required to be returned to prevent termination from the program.

Stop by the office, call us at 405-480-2680, or email: aspear@kiowatribe.org for more information or questions.

SECTION I

☐ New Application

☐ Have applied before

☐ Annual Certification

Qualifying Parent/Guardian Information

Last Name		First Name	MI	Date of Birth
Street Address		City	State	Zip
Mailing Address		City	State	Zip
Email		Cell Phone	Home/Work Phone	
Employer		Marial Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Never Married		
Attending School ☐ Yes ☒ No	Name of School Address			

Spouse/Partner Information

Last Name		First Name	MI	Date of Birth
Email		Cell Phone	Home/Work Phone	
Employer		In the household? ☒ Yes ☐ No		
Attending School ☐ Yes ☒ No	Name of School Address			

Is your household currently receiving Child Care assistance through OKDHS?

☐ Yes

☒ No

Is your household currently receiving Child Care assistance through another Tribe?

☐ Yes

☐ No

Is your household currently receiving assistance through TANF?

☐ Yes

☒ No

Is your household currently receiving assistance through WIC?

☐ Yes

☐ No

Is any of the children adopted or under Protective Services?

☐ Yes

☐ No

SECTION II

Family Household Composition								
Child Care Needed?	Name	Sex F/M	CDIB?	Tribe	Date of Birth (MM/DD/YYYY)	Relationship to applicant	Special Needs	IHS
☐ Yes ☐ No			☐ Yes ☐ No					☐ Yes ☐ No
☐ Yes ☐ No			☐ Yes ☐ No					☐ Yes ☐ No
☐ Yes ☐ No			☐ Yes ☐ No					☐ Yes ☐ No
☐ Yes ☐ No			☐ Yes ☐ No					☐ Yes ☐ No
☐ Yes ☐ No			☐ Yes ☐ No					☐ Yes ☐ No
☐ Yes ☐ No			☐ Yes ☐ No					☐ Yes ☐ No
☐ Yes ☐ No			☐ Yes ☐ No					☐ Yes ☐ No
☐ Yes ☐ No			☐ Yes ☐ No					☐ Yes ☐ No
☐ Yes ☐ No			☐ Yes ☐ No					☐ Yes ☐ No

Emergency Contact #1		
Full Name		Relationship to Child
Physical Address (In case we need to go to the home)		
Email	Cell Phone	Home/Work Phone

Emergency Contact #2		
Full Name		Relationship to Child
Physical Address (In case we need to go to the home)		
Email	Cell Phone	Home/ Work Phone

Medical Information	
Child's Name	
Allergies (Please list)	Medications (Please list)

Medical Information	
Child's Name	
Allergies (Please list)	Medications (Please list)

SECTION III

Provider Information		
Name of Provider	Type of Provider ☐ Center ☐ Child Care Home ☐ Relative	
Contact Center Person	Phone Number	
Facility Address	City	State Zip
Email	County	Relative Provider ☐ Yes ☐ No

Child Care Days and Time	
Name of Child #1	Times of Child Care needed
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	

Child Care Days and Time	
Name of Child #2	Times of Child Care needed
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	

Child Care Days and Time	
Name of Child #3	Times of Child Care needed
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	

Child Care Days and Time	
Name of Child #4	Times of Child Care needed
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	

SECTION IV

Parent Agreement CHILD CARE AGREEMENT & RESPONSIBILITIES

By applying for assistance through the Kiowa Tribe Child Care Program, I expressly agree to the following terms and conditions:

1. I understand I am responsible for any monthly co-payment and for any additional charges not covered by the Kiowa Tribe Child Care Assistance Program.
2. I understand that if my child is going to be absent for an extended period of time, or if my child has excessive absences throughout the month, that I will need to contact the Kiowa Tribe Child Care Assistance Program. I understand that I may need to submit verification to support absences.
3. I am responsible for the care of my child/children when I am not attending work or in school. Time spent running errands, shopping, doctor appointments, vacation, attending funerals, etc., will not be covered for child care assistance.
4. I will notify the Kiowa Tribe Child Care Assistance Program within a minimum of five (5) days of any changes in the following:
 - Change of facility or caretaker
 - The child is no longer in need of assistance; otherwise, you are still required to pay the full monthly copay for that month that we weren't notified.
 - Family status (family size, employment, etc.)
 - Income
 - Contact information (address, phone, email, etc.)
5. I am required to re-pay the Kiowa Tribe Child Care Assistance Program any benefits paid out on my behalf that are determined to be an overpayment of benefits because of my failure to report correct information in a timely manner.
6. I understand that I am responsible for reviewing my child/children's attendance at day care and signing the attendance record at the end of each month's care. I understand that my failure to review my child/children's attendance and sign the timesheet may result in the Kiowa Tribe Child Care Assistance Program terminating payment to the facility and/or the facility discontinuing care of my child(ren).
7. I understand that I am never allowed to sign a blank or incomplete attendance record.
8. I understand that I will be required to complete a recertification once a year. If I do not complete and submit the required forms by the deadline, I may not be eligible for continued child care assistance.
9. If I change caregivers/providers, I will notify the Kiowa Tribe Child Care Program within seven (7) days before the change is made with proper documentation signed by the original provider showing no co-payment owed.
10. I will submit documentation for all income that is received in my household.
11. I understand that my child(ren)'s file must be complete and considered active in order for assistance to be paid.
12. I understand that my child is not approved for the Child Care Assistance program until I receive the Child Care Application Notification Approval signed by the Program Director.
13. I understand that to receive Special Needs and Foster Care Priority, I must submit a doctor's statement and/or legal documents verifying that my child needs this type of care.

14. I understand that all phone calls regarding childcare 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 submit this in writing to the Program Director.
15. I understand that all calls concerning childcare payments or complaints should be directed to the Kiowa Tribe Child Care Program Director, not the Chairman or Tribal Administrator.
16. I agree to provide an email address to have documents and notifications e-mailed to me in lieu of mailing.
17. I understand that if any fraud is substantiated, I will repay the amount of money in question to the Kiowa Tribe Child Care Program or as ordered by the court and will not be able to participate in the child care program for a period of one (1) year. Defrauding a Federal Grant Program is subject to Federal prosecution and potential jail time.

I am certifying that I understand and agree to the contents of the "Parent Agreement". I affirm under penalty of perjury that the childcare 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 rules and regulations of the Kiowa Child Care Program.



Parent/Guardian Applicant Signature



Date



Spouse Signature



Date

Name of Child(ren):

SECTION V

Consent to Release Information

(Complete one per child)

Child's Name:	Child's Birth Date:
Mailing Address:	Parent/Guardian Name:

The Kiowa Tribe Child Care Program uses information from the Health & Developmental History and Child Health & Developmental Screening to identify any possible problems that might interfere with your child's health, growth, development, or learning. Under Oklahoma law, health and screening information and results are classified as confidential and tribal, state, and federal privacy laws apply. This information cannot be released or discussed with anyone without your consent. If you refuse to release this information, it will not affect your child's eligibility for medical assistance or any other health, education, or social service program. Information may be used for the following purpose:

1. To obtain follow-up services for your child after the screening.
2. To arrange for further evaluation or assessment of your child's health, growth, development, or learning.
3. To fulfill the requirements for your child's entrance into public school.
4. To evaluate screening programs by the Kiowa Tribe Child Care Program and partner entities. Your child's name will not be identified in any evaluation results.

Please send a copy of my records to:

The Kiowa Tribe Child Care Program
1602 American St.
Anadarko, OK 73005



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Parent/Guardian Applicant Signature



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Date

SECTION VI

Informed Consent

(Please check one of the consents)

The Kiowa Child Care Program (KCCP) would like you to participate in our program's Family Engagement Activities, Work Sessions, Yearly Holiday Events, Parent-Teacher Conferences, Evaluations, etc. Your participation is important to the program and will help to increase Parent Involvement and assess the effectiveness of the program. There will be evaluations, questionnaires mailed to you or short interviews at events.

We will keep all your answers confidential. Your name will never be included in any reports and none of your answers will be linked to you in any way. The information that you provide will be combined with information from everyone else participating in these evaluations, questionnaires, or interviews. Data collected may be on Family Bonding, Health and Safety, Communication, Children's Behaviors, Discipline, Language & Culture, etc.

Your choice to participate in these evaluations is voluntarily. Even if you agree to participate now, you may stop participating at any time or not answer any questions.

Please Check one: ☐ Agree to Participate ☐ Decline to Participate

SECTION VII

Media Release and Consent for Use of Image

(Please check one of the consents)

I hereby **give** my permission for myself, my family, and/or my children(ren)'s picture, video, or various forms of media (newspaper, fliers, and brochures) to be utilized for the purpose of advertising, public relations, program publications, child observations, teaching, curriculum development, language/culture promotion, etc.

☐

I hereby **DO NOT** give my permission for myself, my family, and/or my children(ren)'s picture, video, or various forms of media (newspaper, fliers, and brochures) to be utilized for the purpose of advertising, public relations, program publications, child observations, teaching, curriculum development, language/culture promotion, etc.

☐

Child(ren)'s Name: _____



Parent/Guardian Applicant Signature



Date



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Child Care Assistance INCOME VERIFICATION FORM

(One form for each working parent)

Parent/Guardian Name: _____

Date: _____

A. This portion is to be completed by Parent/Guardian

I authorize the release of information from _____, to the Kiowa Child Care Assistance Program regarding my employment; therefore, releasing my employer from liability regarding this information.



Parent/Guardian Signature



Date

The person identified above has informed us that he/she is employed by your firm. This form is for the Kiowa Tribe Child Care Development Fund (CCDF) Program, which will be used to determine the client's eligibility for child care for child care services.

B. This portion is to be completed by employer:

Employed from: _____ to _____
, Occupation: _____

Employment is: Permanent ☐
Temporary ☐
Seasonal ☐

(Select only one form of pay) Current rate of Gross pay is \$
per hour. Current rate of Gross pay is \$
per week. Current rate of Gross pay is \$
bi-weekly Current rate of Gross pay is \$
per month

Work Schedule:

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours:							

Name of Firm and Address: _____

Employer's Phone: _____

Completed by:



Employer Signature



Date



Print Name



Title