



DATE/TIME RECEIVED

PO Box 453220 - Grove Ok 74345-3220 | P: (918) 791-6055 | P: (918) 791-6056 F: (918) 517-3520

[nlogan@sctribe.com](mailto:nlogan@sctribe.com) [kharris@sctribe.com](mailto:kharris@sctribe.com)

## RE-CERTIFICATION

Please be advised that it is time to re-certify your child care.

To guarantee receipt of documentation to the Seneca-Cayuga office you should send the information through mail, fax, or e-mail.

There is a checklist on the application, please read this and make sure that **ALL** your paper work is turned into our office. If your application is lacking any documentation or the application boxes are not filled in or signed, your application will be considered incomplete and will be returned for completion. If your application is not returned completed by the deadline your application will be denied and will result in loss of child care assistance.

Your child care provider will also receive a notice that it is time for you to re-certify. The providers will also be notified of approval of child care or termination of child care services.

If you happen to lose any of the following documentation you can get a copy from our website: [www.sctribe.com](http://www.sctribe.com)

Thank You,

Seneca-Cayuga Nation CCDF

Signature of Applicant





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### **Re-certification Checklist**

The documentation must be delivered to the CCDF office by mail or hand delivered. **FAXED APPLICATIONS WILL NOT BE ACCEPTED. Incomplete applications will not be accepted and will be mailed back for completion.** The following documentation is required to maintain eligibility for child care assistance. **ALL** fields **MUST** be filled in.

1. \_\_\_\_\_ **Application with Client Responsibilities Agreement**
2. \_\_\_\_\_ **Proof of Income for all household members** (*paycheck stub, State Aid, Self Employment Form, Social Security, any other income*)
3. \_\_\_\_\_ **Employment Verification Forms** for Applicant and Co-Applicant
4. \_\_\_\_\_ **Proof of Address** (Utility bill, must have physical address – NOT P.O. Box)
5. \_\_\_\_\_ **Copy of Class Schedule** (If parent/ guardian attending School)
6. \_\_\_\_\_ **Immunizations**
7. \_\_\_\_\_ **Other:** \_\_\_\_\_

#### Appendix 2 – Eligibility Terminology

- 1) **ATTENDING** (a job or education program) – Duly enrolled in a program or education. Child care services reimbursed only for the necessary time for actual classroom attendance with required labs and travel time (30 minutes to get to class and 30 minutes to get to child care provider.)
- 2) **JOB TRAINING & EDUCATIONAL PROGRAM** – Activities to secure a High School education or equivalency certificate or post secondary education; basic and remedial education to attain a basic literacy level; Education in English proficiency or Tribal language; job skill training which includes: vocational training for a specific job occupational area, and college work.
- 3) **WORKING** – Gainfully employed. Time spent in activities which incur wages, commissions, tips, piece-rate payments, on the job training programs, work study employment and self employed. Time spent on a pre-approved job search (30 hours per year).

I understand that I must have all the above documentation delivered to the CCDF office and have a complete application before I will be considered for assistance from the CCDF Program. I also have read the above terminology and understand that I must be attending work, a job training program, and/or school, or pre-approved job search while my child is receiving CCDF subsidies. I also understand that if I falsify information or fail to submit information required for eligibility that I will be suspended or terminated and will be required to reimburse the program. Client must be working, etc., for child care services to be rendered to facility by the CCDF Program. If client does not have prior approval and does not comply, services will be suspended indefinitely.

\*\* Family is receiving or has received child care or other assistance from any other Tribal/DHS program.

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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## *Family Information Page*

|                            |            |                            |             |
|----------------------------|------------|----------------------------|-------------|
| <b>Applicant Name:</b>     |            | <b>Application Date:</b>   |             |
| Physical Address:          |            | Mailing Address:           |             |
| City:                      | State/Zip: | County:                    | Home Phone: |
| <b>Parent/ Guardian 1:</b> |            | <b>Parent/ Guardian 2:</b> |             |
| Cell Phone:                |            | Cell Phone:                |             |
| Email:                     |            | Email:                     |             |
| Employer:                  |            | Employer:                  |             |
| Work Address:              |            | Work Address:              |             |
| City:                      | State/Zip: | City:                      | State/Zip:  |
| Phone:                     |            | Phone:                     |             |

## *Please List All Household Members*

*Please Print*

| First Name | M.I. | Last Name | Sex | D.O.B. | Age | Social Security No. | Tribal Affiliation | (M) Married<br>(S) Single,<br>(C) Child | (X)<br>Here if in need<br>of Child Care |
|------------|------|-----------|-----|--------|-----|---------------------|--------------------|-----------------------------------------|-----------------------------------------|
|            |      |           |     |        |     |                     |                    |                                         |                                         |
|            |      |           |     |        |     |                     |                    |                                         |                                         |
|            |      |           |     |        |     |                     |                    |                                         |                                         |
|            |      |           |     |        |     |                     |                    |                                         |                                         |
|            |      |           |     |        |     |                     |                    |                                         |                                         |
|            |      |           |     |        |     |                     |                    |                                         |                                         |
|            |      |           |     |        |     |                     |                    |                                         |                                         |
|            |      |           |     |        |     |                     |                    |                                         |                                         |

***Applicant Signature:*** \_\_\_\_\_

\*By signing this page, you are acknowledging that all above information is true and correct.\*

|                                                        |                 |                                   |  |
|--------------------------------------------------------|-----------------|-----------------------------------|--|
| <b><i>Child Care Provider:</i></b>                     |                 | <b>BELOW OFFICE USE ONLY</b>      |  |
| Address:                                               |                 | Co-Payment (per month-per child): |  |
| Phone:                                                 | Director/Owner: | Max. Days Authorized:             |  |
| <b><i>2<sup>nd</sup> Provider (If applicable):</i></b> |                 | Hours Per Day:                    |  |





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## CLIENT RESPONSIBILITIES AGREEMENT

**\*Applicant and Co-Applicant please initial each blank space.\***

1. I shall be responsible for certifying my child's attendance in day care by signing the attendance record maintained by the facility at the end month's care. I understand that my failure to certify my child's attendance by signing the attendance record form will result in Seneca-Cayuga Nation terminating payment to the provider and/or the facilities discontinuing care of my child. **I further understand I am NEVER to sign a blank attendance record.** \_\_\_\_\_
2. If the provider requires payment for the child even when the child is absent from daycare it is the parents responsibility to pay for those days that the child is not in care. \_\_\_\_\_
3. I am responsible to promptly pay or make arrangements to pay the co-payment that I owe the Provider (the amount of the co-payment is shown on the approval letter). \*If your monthly co-payment exceeds the amount of the daycare fee for the month then the applicant is responsible for paying the daycare fee and not the co-payment. \_\_\_\_\_
4. If the provider charges higher rates than Oklahoma State rates, it is the responsibility of the applicant(s) to pay this fee. \_\_\_\_\_
5. I will be responsible for any additional charges or overtime charges if my children requires child care beyond the number of hours for which I have been certified on the Seneca-Cayuga CCDF Program (as noted on my Approval Letter). \_\_\_\_\_
6. I am responsible for any expenses incurred by my failure to notify the Seneca-Cayuga Nation or the Provider of any changes in my status, as required in this agreement. \_\_\_\_\_
7. I will be held responsible for repaying the Seneca-Cayuga Nation any overpayment of benefits paid in my behalf. Failure to do so will result in loss of child care assistance from the Seneca-Cayuga CCDF Program. Any applicant found to be defrauding the Child Care Development Fund Program will be terminated indefinitely. \_\_\_\_\_
8. The Seneca-Cayuga Nation CCDF Program will only pay for child care services while the applicant(s) are attending work, school, or approved job training. Approved job search is allowable on a case-by-case basis. \_\_\_\_\_



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9. If child attends child care facility while parent is NOT working, in school, or job training, without prior approval by CCDF, the client's child care may be suspended up to one year or terminated indefinitely effective immediately. \_\_\_\_\_
10. If I wish for my child to attend daycare when I am NOT working/ in school/ job training, I understand that I am responsible for paying child care facility for those days. I understand I am not eligible to receive child care assistance for days/hours that either I or my spouse is not attending work/school/job training. \_\_\_\_\_
11. Time for sleep may be approved for applicant(s) who work Graveyard shift. Graveyard shift is to be considered to be from 11:00 p.m. to 7:00 a.m. \_\_\_\_\_
12. I understand that my child is to be dropped off at daycare 30 minutes before work/school and picked up no later than 30 minutes after work/school. NO EXEPTIONS WILL BE MADE FOR DRIVE TIME.  
\_\_\_\_\_
13. I understand that in order to receive Child Care Assistance for a non-tribal child, the child must reside in a Native American home, with a tribal parent and a tribal sibling. I further understand that a Non-Tribal Child Verification must be filled out for the non-tribal sibling. \_\_\_\_\_
14. I agree that it is my responsibility to certify/re-certify my childcare **ON or BEFORE** the due date and time listed on the re-certification **ON or BEFORE** the due date and time listed on the application. As this is the standard certification month for the CCDF Program, the forms will be available on [www.sctribe.com](http://www.sctribe.com) under Child Care or contact CCDF. \_\_\_\_\_
15. I must notify Seneca-Cayuga Nation **within 10 days**, of any changes of status that will affect eligibility of services. Changes include but are not limited to: change of address, marital status, living arrangements (such as a significant other moving in/out the home or vice versa.), employment status, changes in work/school schedules, changing Providers/Child Care Facilities, or no longer need the assistance of the Seneca-Cayuga Nation CCDF Program. \*\*\* **Failure to comply may result in loss of childcare assistance and client repayment of child care funding to the CCDF program.**  
\_\_\_\_\_
16. The consequences of not submitting correct or updated information may result in the loss of your childcare. You will also be required to refund the CCDF Program for the time the information was withheld. \_\_\_\_\_



SENECA - CAYUGA  
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NATION

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17. I agree to provide the Seneca-Cayuga Nation Child Care Program all contact information necessary to verify any statements made in my application for assistance, and I hereby give permission for the Seneca-Cayuga Nation Child Care Program to verify all information that I have provided in my application with employers, employment agencies, child care providers, educational or training facilities, sources of financial support, and other similar agencies. \_\_\_\_\_
18. I affirm under penalty of law that the information given in this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement I have made is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud and may be denied future benefits from the Seneca-Cayuga Child Care Program and other Seneca-Cayuga Nation Programs. \_\_\_\_\_





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## Employment Verification - CCDF Program

**Applicant Name:** \_\_\_\_\_

**Name/Address of Employer:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above named individual is seeking childcare assistance through the Seneca-Cayuga Nation CCDF Program. Federal regulations require employment verification which includes work schedule and rate of pay. The individual has authorized your release of the requested information. We are required to complete the verification process in a short time period and would appreciate your prompt response. If you have any questions, please feel free to contact our office. Thank you for your cooperation.

I \_\_\_\_\_ hereby authorize the release of information requested below regarding any employment and compensation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

-----  
**TO BE COMPLETED BY EMPLOYER:**

Date employment began \_\_\_\_\_

Position/Occupation \_\_\_\_\_

Work schedule (example Tue-Sat 7:30 – 4:00) \_\_\_\_\_

Current rate of pay \_\_\_\_\_ per hour

Number of hours per week normally worked \_\_\_\_\_

Employee is paid: (Circle one)

**Weekly**

**2x a Month**  
**(ex. 15<sup>th</sup> & 30<sup>th</sup>)**

**Bi-Weekly**  
**(Every 2 Weeks)**

**Monthly**

**I certify that the preceding information is true and correct:**

\_\_\_\_\_  
Name of Company Official

\_\_\_\_\_  
Title of Company Official

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date



