

# SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

## Child Care Program

Delaware Nation Child Care Program will provide child care assistance to any child enrolled, eligible for enrollment or whose parent is enrolled in a federal recognized tribe.

### REQUIREMENTS

- Child(ren) must be enrolled, eligible to be enrolled, or whose parent is enrolled with a federally recognized tribe
- Parent(s) must be working, attending college or vocational training
- Child(ren) must be ages 0-12
- Complete a Child Care application with supportive documentation
- Must provide proof of employment or class schedule of school attending
- The parent(s) must select the child care provider. The child care provider must be licensed by the state of Oklahoma and be approved or eligible to be approved by Delaware Nation

### RESPONSIBILITIES

- The parent(s) is responsible for completing and submitting an annual application to this office
- Abide by the day and hours as specified in the day care plan for my child(ren)
- To sign child(ren) attendance record every month
- To never sign a blank attendance record
- To make my co-payments on time to the child care provider
- To make any payments to the care provider for days/hours over the agreed care plan
- Parent/guardian **MUST** notify the Delaware Nation Child Care Coordinator of:
  - Change of facility or care provider
  - If child care services are no longer needed
  - Reasons for child not attending day care
  - Change of family income
  - Change in family size
  - Change of address and phone number

### REQUIRED DOCUMENTS

If you fail to secure the documents listed below your file will be placed on pending status

- ✓ Copy of CDIB's and/or pending enrollment letter for each child and parent/guardian
- ✓ Copy of the past month's income to include paystubs, child support, alimony, or any other source of income
- ✓ Copy of school and/or training schedule for parent/guardian
- ✓ Updated immunization records for each applicant
- ✓ Letter from DHS stating not receiving state child care assistance
- ✓ Copy of day care provider license

### DEADLINE

Request that application and supportive documents be submitted 10-15 days prior to start date.

### SERVICE AREA

Caddo, Canadian, Cleveland, Comanche, Cotton, Grady, Kiowa, & Oklahoma counties in southwestern Oklahoma.

**For more information contact Social Services**

**DELAWARE NATION**

P.O. Box 825  
 Anadarko, OK 73005  
 Phone (405)247-2448/Fax (405)247-5942



**Child Care Application**

Parent(s) Name: \_\_\_\_\_  Parent  Guardian

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Finding directions: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ County \_\_\_\_\_

Are you:  Home owner  Renting How many people living in household? \_\_\_\_\_

**List all household members:**

Name (head of household 1 <sup>st</sup> )	Age	Birth date	Tribe/CDIB#	Relationship
				Head of Household

\*For additional household members, please continue on back of page.

EMPLOYMENT	HEAD OF HOUSEHOLD	SPOUSE
Employer Name		
Address		
Work Number		
Monthly Income		

\*Please submit income statement with application.

**INCOME VERIFICATION:**

✓	DO YOU RECEIVE	NAME	AMOUNT
	Social Security		\$
	TANF		\$
	Food Stamps		\$

\*For additional members, please continue on back of page.

If you receive TANF or food stamps, please write case number. \_\_\_\_\_

**OTHER INCOME/RESOURCES:**

SOURCE	NAME/LOCATION	AMOUNT
Child Support		\$
Alimony		\$
Income Tax Return		\$
Retirement		\$
WIC		\$
Per Capita (over \$1,000 per month)		\$

If applying for Child Care Services, please specify the time frame for services needed:

Full Day       Part-time (before & after school and/or less than 4 hours per day)

**Facility requested:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Provider's Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

Check One:     Center       Family Home

\_\_\_\_\_  
**Signature of applicant** **Date**

**OFFICE USE ONLY**

Approved       Denied       Date \_\_\_\_\_

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
**Child Care Coordinator** **Date**