

COVID-19 RESPONSE TO ALLEVIATE THE EFFECTS OF THE PANDEMIC FOR:

Child Care and Development Fund (CCDF)

Child Care for Essential Workers

- **PURPOSE:** This short-term program will aid COVID-19 impacted families whose parents/guardians are considered essential workers and regardless of income. These families must reside within the Delaware Nation’s designated service area and must meet the definition of an “Indian Child” determined by the Delaware Nation Child Care and Development Fund program. Please review the eligibility requirements listed below BEFORE proceeding to the next step.
- **ELIGIBILITY REQUIREMENTS:**
 1. **Citizenship:** Parent/Guardian or child must be an enrolled member of a Federally Recognized Tribe.
 2. **Residency:** Must reside in one of the following Oklahoma Counties: Caddo, Canadian, Cleveland, Comanche, Cotton, Grady, Kiowa, & Oklahoma.
 3. **Income:** There are no income requirements for this program. However, families cannot currently be utilizing child care assistance from any Child Care and Development Fund (CCDF) program, including tribal or state programs.
 4. **Provider:** The child care provider must be an Oklahoma Department of Human Services licensed provider. This includes child care centers and home child care providers. Proof of provider license is required. Provider must agree to accept the terms of payment from the Delaware Nation CCDF program. Providers not currently receiving CCDF subsidy will be approved by the Delaware Nation on a temporary basis.
- **APPLICATION PROCESS:** This child care assistance program for COVID-19 impacted families with parents/guardians that are considered essential/frontline workers. This program is operated in coordination with the already established Delaware Nation CCDF subsidy program. Checks will be disbursed to the approved OKDHS licensed child care provider on a monthly basis following the current standard pay rates. Applicants must complete the provided application, submit required documents and provide the name and contact information for the licensed child care provider. All billing and licensing information will be verified with the child care provider listed. Applications can be obtained on the Delaware Nation website or by calling 405-247-2448 and may be submitted by email, fax or mail to the Delaware Nation Social Services office.
- **APPLICATION DATES:** Beginning March 15, 2021 and until funding is exhausted
Applications may be submitted beginning March 15, 2021. Processing will be completed after all information is verified on the application. This is a short-term assistance and will last as long as funds are available.
- **AMOUNT OF ASSISTANCE: MONTHLY PAYMENT IS BASED ON CURRENT CHILD CARE PROVIDER PAYMENT RATES.**

Email: spitner@delawarenation-nsn.gov or ismith@delawarenation-nsn.gov

Address: Attn: Social Services, Delaware Nation, P.O Box 825, Anadarko, OK 73005

- **HOUSEHOLD INFORMATION**

Please include the name(s) of Parent(s)/Guardian(s) and all children in the family attending child care.

Parents/Guardians Name:

First _____ Middle _____ Last _____

Name of Federally Recognized Tribe enrolled in (if applicable): _____

Employer: _____ **Position:** _____

First _____ Middle _____ Last _____

Name of Federally Recognized Tribe enrolled in (if applicable): _____

Employer: _____ **Position:** _____

Physical/Mailing Address:

Street _____, City _____,

State _____ Zip Code _____

Email address: _____

Contact Phone #: _____

Type of Child Care (Please check all that describe the type of child care.)

OKDHS Licensed Child Care Center

OKDHS Licensed Home Child Care

Name of Child Care Facility Attending: _____

Address: _____

Owner/Director Name: _____

Phone Number: _____

***Attach a copy of the following with this application:**

Child Care Provider license

CDIB/Proof of Enrollment in a Federally Recognized Tribe for applicant and/or children

Signed Employer Statement that parent/guardian is an essential worker and unable to work from home.

***Essential workers are identified as workers in the health care sector, emergency responders, sanitation workers, farm and other food service workers, and/or other workers deemed essential and unable to work from home during the coronavirus pandemic.**

Please provide the name, date of birth and citizenship identification number for each child attending child care.

Name: First _____ Middle _____ Last _____

Name of Federally Recognized Tribe enrolled in (if applicable): _____

Date of Birth: Month _____ Day _____ Year _____

Name: First _____ Middle _____ Last _____

Name of Federally Recognized Tribe enrolled in (if applicable): _____

Date of Birth: Month _____ Day _____ Year _____

Name: First _____ Middle _____ Last _____

Name of Federally Recognized Tribe enrolled in (if applicable): _____

Date of Birth: Month _____ Day _____ Year _____

Name: First _____ Middle _____ Last _____

Name of Federally Recognized Tribe enrolled in (if applicable): _____

Date of Birth: Month _____ Day _____ Year _____

By signing this application, I certify under penalty of law that all information submitted in this form is true and accurate, and best describes the household and the occupants. I further certify that any misuse of funds will result in ineligibility of future participation in any Delaware Nation Assistance Program until funds are reimbursed. I accept the Terms and Conditions and agree to use the COVID-19 Assistance funds for the intended purpose stated within this application for the citizens reported and will not accept assistance from any other Child Care and Development Funded program.

Signature of applicant: _____

If you have any questions regarding eligibility or submission please call 405-247-2448 ext. 1151 to be directed to Delaware Nation staff assisting with questions.