

## Child Care Subsidy Program

Delaware Nation Child Care Program will provide childcare 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 childcare provider. The childcare 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 childcare 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 childcare services are no longer needed
  - Reasons for child(ren) not attending day care
  - Change in 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 OK DHS stating not receiving state childcare 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, Garvin, Grady, Kiowa, McClain, Oklahoma, & Pontotoc counties in Oklahoma.

For more information contact Youth and Family Services

## DELAWARE NATION

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



### Child Care Application

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

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

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

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

Are you: ☐ Homeowner ☐ 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 the 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 the 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: \_\_\_\_\_

Children attending: \_\_\_\_\_

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

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

Check One:      ☐ Center      ☐ Family Home

**By signing this application, I certify under penalty of law that all information submitted in and with this form is true and accurate. I further certify that any misuse of funds or fraudulently obtaining funds will result in a reimbursement of fraudulent funds obtained and ineligibility of future assistance for any Delaware Nation program assistance for one-calendar year from the date fraud was committed. I accept the Terms and Conditions and agree to use these funds for the intended purpose stated within this application. **Additionally I agree to follow outlined responsibilities from page 1 of this document.****

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Office Use Only**

Approved ☐

Denied ☐

Date \_

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

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

\_\_\_\_\_  
**Date**