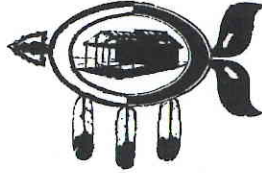


# KICKAPOO TRIBE OF OKLAHOMA

## Child Care Development Fund

Kickapoo Community Child Care Center  
10525 S. Hwy 102

Post Office Box 458  
McLoud, Oklahoma 74851



Telephone: 405-964-2063  
Fax: 405-964-2106

**Please submit the following items to complete your child care application.  
Your application will not be accepted unless all items requested are included.**

### APPLICANT:

Revised 6/17/10

- CDIB card(s)/Social Security card(s) for child(ren)
- Original birth certificate(s) for child(ren)
- Current immunizations for child(ren)
- Proof of household income: current check stub or last year's tax return and work schedule
- Proof of residence: utility bill or copy of lease
- Current class schedule (if attending a college, university or vo-tech)
- Court document of divorce/separation, Marriage License also court documents for guardianships/adoptions

### PROVIDER:

- Provider Registration, DHS license provider copy of star status (All providers)
- Copy of provider's social security card (All relative providers)
- W-9 (completed by all providers)
- Provider TB skin test (All relative providers)
- Copy of child care center license & last visit report by DHS (if attending a DHS facility)
- Post Emergency Numbers(police, hospital, etc.) & copy to CCDF (All relative providers)
- Emergency escape plan(fire, tornado) & copy to CCDF (All relative providers)
- Daily Schedule(rest time, meals, etc.) for child(ren) & copy to CCDF(All relative providers)
- Menu for the first month of Child Care Services & copy to CCDF (All relative providers)

**\*Your application will be processed within 30 days from the date stamped on application.  
Thank you for your cooperation.**

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Office use only: New Applicant \_\_\_\_\_ Re-Certification \_\_\_\_\_

Revised 6/17/10

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name of parents/guardians \_\_\_\_\_

**Marital Status (Circle one):** Single, Married- copy of Married License, Divorced/Separated-need copy of Court document

Mailing & Finding

Address \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

Are you Kickapoo Tribal members? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you receive any child care assistance from another Tribe or DHS? YES \_\_\_\_\_ NO \_\_\_\_\_

### LIST ALL PERSON(S) LIVING IN THE HOME

	NAME/RELATIONSHIP	DOB	SOCIAL SECURITY	DISABLED	TRIBE
1					
2					
3					
4					
5					
6					
7					
8					

### CHILD(REN) IN CARE

NAME OF CHILD & AGE	FULL TIME/PART TIME	TYPE OF CARE	HOURS OF CARE

Licensed Child Care Center, Licensed Day Care Home, Relative Provider-in your home,  
Relative Provider-in relatives home

**HOUSEHOLD INCOME INFORMATION**

<u>NAME</u>	<u>SOURCE OF INCOME</u> Employer, Child Support, Social Security, Welfare, Unemployment, Workers Comp, Self-employment.	<u>EARNINGS BEFORE DEDUCTIONS</u>	<u>HOW OFTEN PAID</u>

Proof of income received by people in your household. If self-employed need copy of federal income tax return for the previous year.

**FOR PARENTS IN JOB TRAINING OR FORMAL EDUCATION**

<u>NAME</u>	<u>SCHOOL</u>	<u>GED, VOCATIONAL TRAINING, DEGREE</u>	<u>PART TIME/ FULL TIME</u>

**PROVIDERS INFORMATION**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

License with Department of Human Services. YES \_\_\_\_\_ NO \_\_\_\_\_

All relative providers must be directly related to children or parents. (Uncles, aunts, grandparents only)

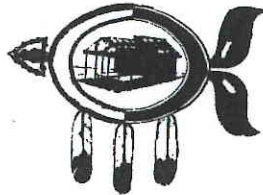
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**Telephone: 405-964-2063  
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### PARENT/CLIENT CHILD CARE RESPONSIBILITIES

**I agree to:**

1. Abide by the days and hours specified in the child care plan in order to assure that my child(ren) will be supervised by me or someone else at all times. I will notify the provider of the person to contact if there is any emergency. If care is needed beyond the specified plan during an emergency or for any other reason, I understand that I will be responsible for any additional charges.
2. Be responsible for payment for any days and hours of care in excess of days and hours for which the Kickapoo Tribe of Oklahoma/CCDF has agreed to pay.
3. Be responsible for any expense incurred by my failure to notify the Kickapoo Tribe of Oklahoma, Child Care Development Fund, as noted in numbers 1 and/or 2 above.
4. Notify both the Kickapoo Tribe of Oklahoma, Child Care Development Fund Program and the Day Care Center/In Home/Family Home provider, **within two (2) working days:** 1) if change in facility or caretaker/provider.
5. Notify the Kickapoo Tribe of Oklahoma, Child Care Development Fund Program of any change in the amount of my family's income (received from any source) and any change in the size of my family. I further agree to make this notification within 10 working days of the change in income or family size.
6. Notify the Kickapoo Tribe of Oklahoma, Child Care Development Fund Program of any change of address and/or phone number.
7. Notify the Kickapoo Tribe of Oklahoma, Child Care Development Fund Program if there is any change concerning the person to contact in case of emergency.
8. Be responsible for certifying my child(ren)'s attendance in day care center/in home/family home care by signing the attendance record from maintained by the facility/provider at the end of the month's care. I understand that my failure to certify my child(ren)'s attendance by signing the attendance record may result in the Kickapoo Tribe of Oklahoma's terminating payment to the facility/provider and/or facility/provider's discontinuing care of my child. I further understand I am **NEVER** to sign a blank attendance record and Provider's Notice of Child Approval form.
9. be responsible to pay promptly or make arrangements for any payments I owe to the child care facility/caretaker(provider).

10. Make available information regarding the health assessment of my child(ren) unless objected to base on religious grounds.
11. Be responsible for any established overpayment.
12. Be responsible for my choice of child care which I chosen for my child(ren).

I read and agree to the Parent/Client Responsibilities as shown on this page and to provide the Kickapoo Tribe of Oklahoma, Child Care Development Fund Program the opportunity to obtain any needed verification. I affirm under penalty of perjury that this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud.

\_\_\_\_\_  
**Parent/Client Signature**

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

**Home and work phone numbers** \_\_\_\_\_

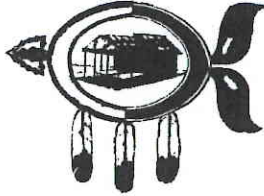
**Emergency phone numbers** \_\_\_\_\_

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### RELEASE OF LIABILITY

I \_\_\_\_\_, releases the Kickapoo Tribe of Oklahoma/Child Care Development Fund (CCDF) from any liability that may occur while my child(ren):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

are in the care of: \_\_\_\_\_  
(Name)

who resides at (location/address): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent (Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care Development Fund Coordinator

\_\_\_\_\_  
Date

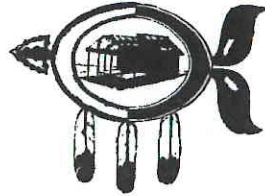
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### PROVIDER REGISTRATION FOR CHILD CARE SERVICES

IN HOME/FAMILY HOME PROVIDERS MUST SUBMIT OR OBTAIN CERTIFICATE/TRAINING FOR CPR, FIRST AIDE, CHILD DEVELOPMENT. PLEASE ENCLOSE COPIES OF EACH CERTIFICATION YOU HAVE. DHS LICENSED HOME/CENTER PROVIDERS MUST SUBMIT A COPY OF LICENSE AND STAR STATUS. (At the end of the year provider will receive a 1099 form for taxes)

Date: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_  
Full Legal Name

\_\_\_\_\_  
Name of Business (PROVIDER'S NAME/OWNER)

\_\_\_\_\_  
Mailing/Physical Address of Business/Home

\_\_\_\_\_  
City

State

Zip

**TYPE OF CARE PROVIDED** (circle one): Family Home/In Home/Center

All of the above information is true and correct to the best of my knowledge. I have been informed that people who are assisting in the care of said child(ren) and I would be subject to a personal background check. I have been informed that any person who knowingly, willfully, and fraudulently provides false information for purpose of obtaining assistance, which he/she is ineligible to receive, may be subject to prosecution to the fullest extent to the appropriate federal statute. I understand the parent will have unlimited access to their children while in my care.

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Date

## Request for Taxpayer Identification Number and Certification

Give form to the  
 requester. Do not  
 send to the IRS.

Print or type  
 See Specific Instructions on page 2.

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,