

PARENTS/GUARDIANS

**YOUR CHILDREN'S CHILD
CARE
SERVICE DOES NOT START**

**UNTIL
APPROVED**

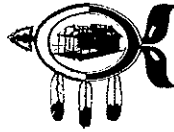
&

**YOUR APPLICATION IS
COMPLETE**

KICKAPOO TRIBE OF OKLAHOMA

CHILD CARE DEVELOPMENT FUND

POST OFFICE BOX 458
McLOUD, OKLAHOMA 74851



TELEPHONE: 405-964-4241
FAX: 405-964-4246

**Please submit the following documents to complete your child care application.
Your application will not be considered complete until documents are received.**

(Revised 9/24/19)

APPLICANT:

- Copy of current CDIB card(s) for child(ren) and parents/guardians or current enrollment letter.
Copy of two current Identification cards of Parents/Guardians (Driver's Licenses, State Identification cards, Birth Certificates, etc.)
- Copy of Original birth certificate(s) for child(ren)
- Current immunization records for child(ren)
- Special Needs: need letter from doctor and IEP (Individual Education Plan)
- Proof of household income: signed income statement from employer on company letterhead and check stub or last year's tax return if self employed and a work schedule
(Including domestic partner)
- Proof of residence: utility bill or copy of lease with your name (Common Law Marriage need both names on a utility bill)
- Current class schedule (if attending a college, university or vo-tech)
- Court documents: divorce decree, marriage license, guardianships/adoptions, court supervision, protective services
- Notarized statement of custody of child(ren) or court document
- Copy of child(ren)'s school schedule/calendar
- Status of other parent: must be employed or enrolled in a higher education program
-If absent, must show proof of child support. (Letter from Child Support Office)
Or provide other parent's check stub.

If child(ren) is attending a DHS License Center or DHS Relative Home Provider all information needed is on page 8.

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

KICKAPOO TRIBE OF OKLAHOMA

CHILD CARE DEVELOPMENT FUND

POST OFFICE BOX 458
MCLoud, OKLAHOMA 74851



TELEPHONE: 405-964-4241
FAX: 405-964-4246

Office use only: New Applicant _____ Re-Certification _____

PERSONAL INFORMATION

Date: _____

Name of parents/guardians _____

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

Mailing & Finding Address _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____

Tribal Affiliation: _____ County: _____

Do you receive any childcare assistance from another Tribe or DHS? YES ___ NO ___

LIST ALL PERSON(S) IN THE YOUR HOUSEHOLD TO DETERMINE ELIGIBILITY

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

CHILD(REN) IN CARE: (Circle one) Licensed Center, Licensed Home Provider, Relative In-Home Pro.

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

KICKAPOO TRIBE OF OKLAHOMA

CHILD CARE DEVELOPMENT FUND



POST OFFICE BOX 458
McLOUD, OKLAHOMA 74851

TELEPHONE: 405-964-4241
FAX: 405-964-4246

**Name of Child and school, school time and copy of school schedule/calendar:
(Need to keep track of school time of attendance)**

1. _____
2. _____
3. _____
4. _____
5. _____

HOUSEHOLD INCOME INFORMATION

NAME	SOURCE OF INCOME Employer/Self-employment	EARNINGS BEFORE DEDUCTIONS	HOW OFTEN PAID	WORK HOURS

List proof of income received for any member of your household. If self-employed need copy of federal income tax return for the previous year or other documentation.

PARENT EDUCATION (If attending school)

NAME	SCHOOL	GED, VOCATIONAL TRAINING, DEGREE	PART TIME/ FULL TIME

Copy of current school schedule.

PROVIDER INFORMATION

Name _____

Mailing Address _____

City _____ Zip Code _____

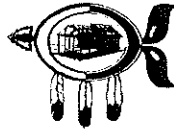
Home Phone _____

License with Department of Human Services. YES _____ NO _____

KICKAPOO TRIBE OF OKLAHOMA

CHILD CARE DEVELOPMENT FUND

POST OFFICE BOX 458
McLOUD, OKLAHOMA 74851



TELEPHONE: 405-964-4241
FAX: 405-964-4246

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

PARENTS/GUARDIANS RESPONSIBILITIES/AGREEMENT

As a condition to my/our participation in the program, I/we agree to strictly abide by the following conditions:

1. I/we agree to drop off and pick up my/our child(ren) on time at the provider home/center in accordance with the schedule established in the Parent/Provider Agreement between myself and the child care provider which has been approved by the Program staff. In case of unforeseen reasons for delay, I/we will contact the provider or Child Care Development Office as soon as possible on the same day.
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/Child Care Development Fund Program 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 child care provider, as soon as possible: 1) if change in facility or caretaker/provider give 1 or 2 weeks' notice depending on the month the week falls on; 2) if participant is ill or otherwise unable to attend.
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), unemployed/loss of job, change in family size, address and cell/phone numbers. I further agree to make this notification within 10 working days. Failure to do so may result in suspension of childcare services for 6 months.
6. Notify the Kickapoo Tribe of Oklahoma/Child Care Development Fund Program of last day of attending training/educational institute and last day of work within 5 working days. Failure to do so may result in suspension of child care services for 6 months and will be responsible for child care services incurred.

KICKAPOO TRIBE OF OKLAHOMA

CHILD CARE DEVELOPMENT FUND

POST OFFICE BOX 458
MCLLOUD, OKLAHOMA 74851



TELEPHONE: 405-964-4241
FAX: 405-964-4246

7. Notify the Kickapoo Tribe of Oklahoma/Child Care Development Fund Program and the child care provider when changing 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(ren). I further understand I am **NEVER** to sign a blank attendance record and Child Care Certificate.
9. Be responsible to pay promptly or make arrangements for any payments I owe to the child care facility/provider.
10. Make available information regarding the health assessment of my child(ren) unless objected to based on religious beliefs.
11. Be responsible for any established overpayment.
12. Be responsible for my choice of childcare which I have 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. I understand and agree that childcare services is limited to work or school schedule only. I understand and agree that if one parent is not working or attending school child care services cannot be provided.

Parent/Client Signature

Date

Spouse/Client Signature

Date

Home and work phone numbers _____

Emergency phone numbers _____

KICKAPOO TRIBE OF OKLAHOMA

CHILD CARE DEVELOPMENT FUND

POST OFFICE BOX 458
MCLLOUD, OKLAHOMA 74851



TELEPHONE: 405-964-4241
FAX: 405-964-4246

RELEASE OF LIABILITY

I _____, release the Kickapoo Tribe of Oklahoma Child
(Parent/Guardian)

Care Development Fund (CCDF) from any liability while in the care of

(Name of facility and address)

for the following children:

1. _____
2. _____
3. _____
4. _____
5. _____

Parent (Head of Household)/Guardian

Date

Spouse

Date

Child Care Development Fund Coordinator
Kickapoo Tribe of Oklahoma

Date

KICKAPOO TRIBE OF OKLAHOMA

CHILD CARE DEVELOPMENT FUND

POST OFFICE BOX 458
McLOUD, OKLAHOMA 74851



TELEPHONE: 405-964-4241
FAX: 405-964-4246

PROVIDER: Information below is needed if child(ren) is attending DHS License Provider or DHS Relative Home Provider.

- Provider Registration (All providers)
- Copy of provider's social security card (All relative providers)
- W-9 (completed by all providers)
- Provider TB skin test Background Check and Drug Test (All relative providers)
- Copy of provider's training certifications for CDA, CPR, First Aid, Food Handlers, Child Development (All relative providers)
- Copy of child care center license, copy of star status/certification & last visit report by DHS (if attending a DHS facility)
- Post Emergency Numbers (police, hospital, etc.) & copy to CCDF (All relative providers)
- Emergency Evacuation/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)

KICKAPOO TRIBE OF OKLAHOMA

CHILD CARE DEVELOPMENT FUND

POST OFFICE BOX 458
MCLLOUD, OKLAHOMA 74851



TELEPHONE: 405-964-4241
FAX: 405-964-4246

PROVIDER REGISTRATION FOR CHILD CARE SERVICES

IN HOME/FAMILY HOME PROVIDERS MUST SUBMIT OR OBTAIN CERTIFICATE/TRAINING FOR CPR, FIRST AIDE, AND CHILD DEVELOPMENT WITHIN SIX (6) MONTHS. PLEASE ENCLOSE COPIES OF EACH CERTIFICATION YOU HAVE. DHS LICENSED HOME/CENTER PROVIDERS MUST SUBMIT A COPY OF LICENSE AND A COPY OF STAR STATUS/CERTIFICATION.

(At the end of the year provider will receive a 1099 form for taxes)

Date: _____

Federal ID Number: _____ Social Security No.: _____

_____ Telephone _____

Name of Business (Provider's Name/Owner)

Provider's Full Legal Name/Maiden Name/Other Name Used _____ Date of Birth _____

Mailing/Physical Address of Business/Home _____

City _____ State _____ Zip _____

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

All of the above information is true and correct to the best of my knowledge. I am aware that any person involved in the care or assisting in the care of said child(ren) is subject to a personal, criminal, and child welfare background check, and drug testing. I will have a TB test conducted and bring the results of that test to the Child Care Development Fund Office. 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 parents/guardians 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.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	(Applies to accounts maintained outside the U.S.)
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													
or													
Employer identification number													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>													

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.