Child's name: _____

Parent's name: _____

For office use only	Date Received: _____
	Date Reviewed:

Wichita and Affiliated Tribes Child Care Program Subsidy Application Checklist

For Child Care Staff Only

The following documents are required to be submitted at the same time as the application.

Incomplete applications may cause a delay in processing.

Date:	Initials:	Type of Documentation Requested:
		Proof of Residence Utility Bill (Water, Gas, Internet or Electric), Rent/Lease Agreement, or mail
		Copy of parents and/or guardians Identification (Driver license, State ID, or CDIB/Tribal ID)
		Copy of Certificate of Indian Blood (CDIB) or Certified pending enrollment letter(s) for each child with Parent's CDIB/Tribal ID • If pending enrollment-submit the child's CDIB/Tribal ID once enrolled • If child is a descendant and not enrolled we must have the CDIB/Tribal ID of the tribal member and all birth certificates to prove lineage
		Copy of child(ren) Birth certificate(s) and Guardianship paper work (if applicable)
		Proof of Income/Training/Schooling (income includes recent pay stubs (30 days' worth), child support, alimony, SSI/Disability, VA Benefits, or any other income documents) • If newly employed we need a letter from your employer stating how many hours you work and your pay rate • If in training/school we need copy of school schedule (each period/ semester)
		Provider acceptance letter or written communication with child start date

Wichita and Affiliated Tribes
Child Care Program
Subsidy Application

Application Information Date: _____

Applicant 1: Full Name:_____Marital Status:

Email: _____

Address:_____City/State:_____Zip Code:_____

Cell Phone Number:_____ Work Phone Number:_____

Employer/School Name: _____

Address of Employer/School: _____

Applicant 2: Full Name:_____Marital Status:

Email: _____

Address:_____City/State:_____Zip Code:_____

Cell Phone Number:_____ Work Phone Number:_____

Employer/School Name: _____

Address of Employer/School: _____

Other Assistance: Check all that apply. USDA Commodity Y__ N__ USDA Food Stamp Y__ N__

Family Composition: Complete for all household members

Name	Relation	D.O.B.	Tribe	Roll Number	Needs Care
	Self				

Confidential

510 W Mississippi Ave. Anadarko, Oklahoma 73005 Phone: 405-247-2425 Ext. 334 Email: josh.davilla@wichitatribe.com

Income: List all income received by all adults over age 18 in the household.

Name	Sources	Monthly Gross Income	How Often Received

Child Care Provider Information:

Provider Name: _____ Director/Contact Name:_____

Email: _____

Address: _____Phone: _____

City/State/Zip Code:_____

Parent Authorization and Release of Information

I authorize the Wichita and Affiliated Tribes CCDF Program to obtain the following information necessary to establish my eligibility for child care assistance and/or other public assistance.

Release to: Wichita and Affiliated Tribes
P.O. Box 729
Anadarko, OK 73005

I agree to supply all necessary information about my resources and income and to notify the CCDF Program when my situation changes. I attest that the above statements are true to the best of my knowledge. I further agree that any false statements knowingly submitted by me will subject me to forfeiture of services from the Wichita and Affiliated Tribes Child Care Program.

This consent is subject to revocation at any time upon written request by applicant. This release of information is effective only during the duration of assistance. **I understand by signing this form that the CCDF Department staff has <u>10 business days</u> to complete the child care subsidy application.**

- ✓ I will abide by the rules and regulations of the program (CCDF) and I will pay all co-pays and additional fees on time and in full to the provider.
- ✓ I understand if I am "terminated" from the program (CCDF) for any unfavorable reason, I will be put on a suspension period and my application will be evaluated before further assistance will be provided. Also, any costs that are incurred during this period will be solely my responsibility.
- ✓ I understand that to receive special needs and/or foster care priority services I must submit a doctor's statement and/or legal documents verifying that my child needs this type of care.
- ✓ By my signature, I authorize the Wichita and Affiliated Tribes Child Care Staff permission to make any investigation to verify any answers I have given. I affirm under penalty of perjury that the child care application is complete and correct to the best of my knowledge and belief. I also understand that providing false information may result in termination of these benefits.

Applicant:_____ Date:_____

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