Osage Nation Child Care Department
239 W. 12th Street
Pawhuska, Oklahoma 74056
(918) 287-5363-phone
(918) 287-5220-fax

CHILD CARE ASSISTANCE APPLICATION

Dear Applicant:

The Child Care Assistance Program provides subsidies to income eligible Native American families residing in Osage County. This program assists families with children ages 0-12 who are in need of child care in order to attend work, job training, an educational program or children that receive protective services. Please provide the following information along with your application:

- ☐ Copy of CDIB or tribal membership cards for the children and/or parent(s)
- ☐ Copy of Social Security cards for each member of the household
- ☐ Copy of birth certificate for each child in the household requiring services
- ☐ Current proof of residence (utility bill or rent receipt with physical address)
- ☐ Proof of income for each adult in the household. Please submit the most recent pay stub or a written statement from employer (on employer letterhead), dated within 30 days of application.
- ☐ Work schedule verification form for each working adult in the household, completed by employer
- ☐ Copy of school schedule for all household members attending school
- ☐ Copy of court records verifying custody, guardianship, divorce or seperation (if applicable)

Applications will not be processed until all required documentation has been received by the Child Care Department. Completed applications will be processed within thirty (30) days of receipt.

Should you have any questions or concerns regarding this application or the Child Care Program, please feel free to call us between the hours of 8:00 a.m. to 4:30 p.m., Monday through Friday. We look forward to serving you.

PARENT/APPLICANT INFORMATION

Last Name:	First Name:	MI:	Date:

Street Address:	City:	State:	Zip:

Mailing Address:	City:	State:	Zip:

Email:	Cell Phone:	Work Phone:

Employer:	Marital Status:
	☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

SPOUSE/PARTNER INFORMATION

Last Name:	First Name:	MI:	Date:

Email:	Cell Phone:	Work Phone:

Employer:

Is your household currently receiving child care assistance through DHS?

☐ Yes ☐ No

Is your household currently receiving assistance through State or Tribal TANF?

☐ Yes ☐ No

Is your household currently receiving any assistance through WIC?

☐ Yes ☐ No

Has any child in your household been adopted in the past year?

☐ Yes ☐ No

Are you or your partner currently attending school or training?

☐ Yes ☐ No

Name of school: _____

School Address: _____

_____

School Phone: _____

Applicant

Travel time to work/school: _____

Mileage to work/school: _____

Spouse

Travel time to work/school: _____

Mileage to work/school: _____

HOUSEHOLD INFORMATION
(List all members of the household unit, including self)

Last, First Name	DOB	Age	SS#	Relationship to Applicant (spouse, daughter, step-child)	CDIB (Yes/No)	Tribal Affiliation	Gross Monthly Income (Put "0" if applicable)	Needs Child Care Assistance (Yes/No)	Foster child OR under legal guardianship (Yes/No)

CHILD CARE PROVIDER INFORMATION

Provider Requested:		Type of Care: Child Care Center Child Care Home Family Provider In Home
Address: City: State: Zip:		Is this person related to the child: YES NO
Phone Number:	Is this center/person licensed? YES NO	If so, how is this person related:

WORK SCHEDULE VERIFICATION

EMPLOYEE NAME: _____

Dear Employer:

Please complete the work schedule below for the days the client/employee named above works for your company & their current rate of pay.

EMPLOYMENT VERIFICATION
Company Name:
Company Address:
Company Phone Number:

WORK SCHEDULE VERIFICATION							
	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Week#1							
Week#2							
Week#3							
Week#4							

1. RATE OF PAY: $_____ PER: ☐ HOUR ☐ WEEK ☐ ANNUAL
2. HOW OFTEN DOES THE CLIENT RECEIVE A PAYCHECK?

   ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY ☐ YEARLY

_____

Employer Printed Name

_____ _____

Employer Signature Date

WORK SCHEDULE VERIFICATION

EMPLOYEE NAME: _____

Dear Employer:

Please complete the work schedule below for the days the client/employee named above works for your company & their current rate of pay.

EMPLOYMENT VERIFICATION
Company Name:
Company Address:
Company Phone Number:

WORK SCHEDULE VERIFICATION							
	Sunday	**Monday**	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**
Week#1							
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2. HOW OFTEN DOES THE CLIENT RECEIVE A PAYCHECK?

   ☐ WEEKLY ☐ BI-WEEKLY ☐ MONTHLY ☐ YEARLY

_____

Employer Printed Name

_____ _____

Employer Signature Date

CHILD CARE APPLICANT AGREEMENT

By applying for assistance through the Osage Nation Child Care Program, I expressly agree to the following terms and conditions:

1) I understand I am responsible for any monthly co-payment and for any additional charges not covered by the Osage Nation Child Care Assistance Program.

2) I am responsible for the care of my child/children when I am not attending work or school.

3) If I work or attend school more than 300 hours per month, I am responsible for and will pay the costs of childcare in excess of 300 hours.

4) I will notify both Osage Nation Child Care Assistance Program and the Provider, within a minimum of ten (10) days of: 1) any change in facility or caretaker 2) the participant is no longer in need of assistance, otherwise you are still required to pay the full monthly "family" co-pay for that month that we weren't notified that your child did not attend. Each additional child in care adds 1.25% onto your total monthly co-pay amount.

5) I must notify Osage Nation Child Care Assistance Program of any change in the amount of my family's income or the size of my family. I further agree to make this notification within fifteen (15) days of the change.

6) I am required to re-pay to the Osage Nation Child Care Assistance Program any benefits paid out on my behalf that are determined to be an overpayment of benefits because of my failure to report correct information in a timely manner.

7) I understand that I am responsible for reviewing my child/children's attendance at day care and signing the attendance record maintained by the facility at the end of each month's care. I understand that my failure to review my child/children's attendance and sign the attendance record form may result in the Osage Nation Child Care Assistance Program terminating payment to the facility and/or the facility discontinuing care of my child(ren).

8) I understand that I must work at least twenty (20) hours per week and/or attend class equivalent to twelve (12) hours per semester, in college, or twenty (20) hours a week for High School or Vo-Tech.

9) I understand that I will be required to complete a recertification twice a year. If I do not complete and submit the forms by the deadline I may not be eligible for coverage.

10) The undersigned hereby expressly recognizes that the benefit sought or presently receiving by the undersigned from the Osage Nation government, to wit: Child Care Assistance is a privilege and a benefit to the undersigned and not a property interest or matter of right. The undersigned further stipulates to be bound by all Osage Nation laws, codes, regulations, policies and procedures governing such benefits, privileges and activities. The undersigned further expressly waives all further rights to contest the jurisdiction of the Osage Nation Tribal Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation government.

11) The information contained within this Agreement and any supporting documentation attached is a protected record under the Osage Nation Open Records Act. The Osage Nation will not disclose any record containing protected information without the written consent of the applicant unless the information is being used to perform the duties of an Osage Nation employee. The applicant's information may be released to other Osage Nation Departments/Programs with which the applicant is receiving or requesting services and to the Office of the Osage Nation Attorney General for an investigation to detect or eliminate fraud.

12) I agree to provide the Osage Nation Child Care Assistance Program with all information necessary to verify the information provided in this application.

I affirm under penalty that the information given in this application is complete and the information is correct to the best of my ability and knowledge. I understand and agree that if any statement is false, and results in my receiving benefits for which I am not eligible; this case will be turned over to the Osage Nation Attorney General for legal action. I further agree and acknowledge that I have read and understand this agreement, and sign it on my own free will.

Applicant Signature

Date