



Osage Nation Child Care Department
239 W. 12th St.
Pawhuska, OK 74056



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CHILD CARE RELATIVE PROVIDER APPLICATION

In order to process your application, **all** required documents must be submitted with the application to the Child Care Department in person, via email or fax. If the information is faxed, please contact the Child Care Department to confirm receipt. Once the application is complete, all documentation has been received, and background information is completed and approved, the Licensing and Compliance Specialists will schedule a licensing visit and will make a determination to approve/deny your child care facility. Applicants must complete required child care trainings **before** becoming a licensed Osage Nation Child Care Provider.

Required documents to be submitted:

- ☐ Completed Child Care Relative Provider Application
- ☐ Completed W-9
- ☐ Completed Electronic Funds Transfer (EFT) Form
- ☐ Signed Provider Agreement
- ☐ Copy of Social Security Card
- ☐ Copy of Current Oklahoma Driver's License or State Issued ID
- ☐ Copy of Home Insurance verification (In accordance with Section 4045.3 of title 10 of the Oklahoma Statutes). If home insurance is not maintained, the state Insurance Exception Notice must be completed
- ☐ Copy of CDIB/Membership Card (if applicable)
- ☐ Copy of CPR/First Aid Certification Cards (If you do not have one, you have 60 days from the date of approval to obtain one. CPR/First Aid Training is provided for providers through Osage Nation, but it is your responsibility to consult with the Compliance Officer and schedule this training)
- ☐ Copy of Vehicle Insurance (if children are transported)
- ☐ If transportation is not provided, an emergency transportation plan will need to be submitted (see pg. 3)

RELATIVE APPLICATION INFORMATION

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Names and ages for all residents residing in the home where children are being cared for:

1. _____ Age: _____

2. _____ Age: _____

3. _____ Age: _____

4. _____ Age: _____

Name of the family you would be providing child care for: _____

Is this family on Osage Nation Child Care Subsidy? ☐ Yes ☐ No

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Providers relation to the child(ren): _____

TRANSPORTATION

Will the provider be responsible for transporting the child(ren): ☐ Yes ☐ No

Driver's Name: _____ License No.: _____

Driver's Name: _____ License No.: _____

EMERGENCY TRANSPORTATION PLAN

If no transportation is provided, describe the Emergency Transportation Plan here.

Signed: _____ Date: _____

CRIMINAL BACKGROUND CONSENT

CRIMINAL BACKGROUND INFORMATION MUST BE OBTAINED ON EVERY ADULT PRESENT IN THE HOME WHERE CHILDREN ARE BEING CARED FOR.

ALL COMPREHENSIVE BACKGROUND CHECKS WILL BE CONDUCTED AS REQUIRED BY 45CFR 98.43 AND 45 CFR 98.38(d) (3).

Last Name: _____ First Name: _____ MI: _____

List all Aliases (including maiden name): _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Number: _____

DOB: _____ Race: _____ Sex: ☐ M ☐ F Height: _____ Weight: _____

Place of Birth (state): _____ Hair Color: _____ Eye Color: _____

Social Security Number: _____

Driver's License Number: _____ State Issued: _____

Are you required to register under the Sex Offenders Registration Act or Mary Rippey Violent Offenders Registration Act?

☐ Yes ☐ No Initials: _____

Do you have any pending charges, have you ever entered a plea of guilty or nolo contendere (no contest), or been convicted of any criminal activity involving gross irresponsibility or disregard for the safety of others; violence against an individual; sexual misconduct; child abuse or neglect, animal cruelty; or possession, sale or distribution of illegal drugs or convicted of a crime?

☐ Yes ☐ No Initials: _____

If yes, please explain

Have you lived outside the USA or the state of Oklahoma in the past five years? ☐ Yes ☒ No

State: _____ From _____ to _____

State: _____ From _____ to _____

State: _____ From _____ to _____

I, (print name) _____ hereby grant full consent to the Osage Nation Child Care Department to obtain a background check through the OSBI's Criminal History Information Request Portal (CHIRP), for the purpose of becoming a license relative provider through Osage Nation Child Care Department.

Signed: _____ Date: _____



Osage Nation Child Care Relative Provider Agreement

As a child care provider, I will: (please initial each item)

- _____ Work cooperatively with the child(ren's) parent/guardian in meeting the needs of the child(ren) and provide unlimited access for the parent and the Osage Nation Child Care Department staff during the hours that child(ren) are in care.
- _____ I agree to maintain adequate safety precautions and health practices to insure the well-being of the child(ren), as well as following minimum health and safety guidelines set by the Osage Nation Child Care Department and Oklahoma Department of Human Services (OKDHS).
- _____ I agree to allow the Osage Nation Child Care Department to conduct a background check, in order to ensure the safety of the child(ren) and meet the Federal, State and Tribal regulations pertaining to child care programs.
- _____ I understand that I must comply with an initial home visit, as well as random/unannounced home visits in order to ensure a safe place for child(ren) in my care. A minimum of one home visit per year will be conducted for Relative Providers.
- _____ If a violation is severe and affects the child(ren's) welfare, the Osage Nation Child Care Department may be required to report the situation to the Osage Nation Social Services Department and/or the Oklahoma Department of Human Services (depending on jurisdiction). Depending on the disposition of the possible investigation, disciplinary action will be determined, accordingly.
- _____ I agree to have a phone or immediate access to a phone, in case of an emergency.
- _____ I agree to maintain a current driver's license or state issued ID.
- _____ I agree to maintain current CPR/First Aid.
- _____ Emergency numbers (fire, local police, ambulance, sheriff, tribal police, poison control, local hospital, child(ren's) doctor) must be posted and be readily available, at all times. I must also have an evacuation plan in case of a fire or tornado.
- _____ I agree to post the Osage Nation Child Care Hotline sign at the facility.
- _____ I agree to partake in required provider trainings conducted by the Osage Nation Child Care Department and their designated presenters and trainers.
- _____ I will agree to abide by the Osage Nation Child Care Department Timesheet Policy.
- _____ I understand that the Osage Nation Child Care Department requires each child care assistance applicant to recertify every 12 months. Recertification notices are sent to each client via mail. I acknowledge that the

individual whose children I am caring for will be responsible for any payments due, if the recertification process is not completed.

_____ I understand and agree that I am responsible for collecting the co-pay that is due, from the parent. The co-pay will be paid directly to the provider and is not the responsibility of the Osage Nation Child Care Department.

_____ I agree that as a child care provider, I am not an employee of the Osage Nation and I am therefore, an independent contractor and will be responsible for all applicable State and Federal Income Tax and obligations related to payments received from the Osage Nation under the terms of this agreement as a child care provider. I also understand that I am not entitled to coverage under the Osage Nation where insurance (medical or liability), Social Security, workman's compensation, retirement or unemployment benefits are concerned.

_____ 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 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 or 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.

_____ I, hereby, expressly recognize that the benefit sought or presently enjoyed by the undersigned for the Osage Nation Government, to wit: participate as a licensed child care provider with the Osage Nation is a privilege and a benefit to the undersigned and not a property interest or matter of right. In consideration of, and as a condition precedent to, the grant, issuance of continued enjoyment of this privilege and benefit, regardless of whether the undersigned is a natural or artificial person or entity, and further, regardless of whether is a Indian or non-Indian blood, descent or legal character, the undersigned hereby agrees with jurisdiction over all matters and disputes arising out of exercise of such a benefit shall vest in Osage Nation Tribal Court over any such matters, disputes, actions or decisions of any branch of the Osage Nation Government.

_____ I agree that it is the provider's responsibility to follow these requirements and abide to any and all terms of this agreement.

Applicant Signature

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/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ ☐ Other (see instructions) ▶ _____	
	☐ Exempt payee	
	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 the "Name" line 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								
				-				
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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.

**Sign
Here**

Signature of
U.S. person ▶

Date ▶

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.



Authorization for Electronic Funds Transfer (EFT) / Direct Deposit Form

Form Submission Instructions

Important Information Regarding EFT/Direct Deposit.

(Please read before signing the Authorization Agreement form.)

- Participants who wish to have their checks deposited directly into their bank account must complete an Authorization Agreement for EFT/Direct Deposit Form.
- Once you agree to the EFT/Direct Deposit process, all transactions will be in this format until we receive your written request to cancel the process.
- Notice of EFT/Direct Deposits will be sent via email if chosen.



Authorization for Electronic Funds Transfer (EFT) / Direct Deposit Form

Vendor

First Name, MI: _____

Last Name: _____

Email Address: _____

Account Information

Please check one of the following:

- ☐ **Add.** Deposit funds to the account shown.
- ☐ **Change.** Change my financial institution and/or account number.
- ☐ **Cancel.** Stop my participation in the direct deposit program.

Type of account. Please check one of the following:

- ☐ **Checking** (default if none selected)
- ☐ **Savings**

Type of account. Please check one of the following:

- ☐ **Business**
- ☐ **Personal**

Name of Financial Institution: _____

Bank Routing # (ABA#): _____

Account #: _____

Account Holder Name: _____

Account Holder Signature: _____

I hereby authorize Osage Nation Treasury Department to initiate deposits to the bank account indicated below. This agreement authorizes the Osage Nation Treasury Department to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future. This agreement authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable federal and tribal laws. This authorization will be in effect until the Osage Nation Treasury Department receives a written termination notice from myself and has a reasonable opportunity to act on it. I understand the Osage Nation Treasury Department will not provide written statements advising me of deposits. Osage Nation may assign its rights and obligations under this agreement to Osage Nation's designated fee-for-service contractor. Osage Nation may change its designated contractor at Osage Nation's discretion. I acknowledge that I have read, and I understand, this entire agreement. If my financial institution information changes, I agree to submit to Osage Nation an updated EFT Authorization Agreement.

Vendor Signature: _____

Date: _____

Attach Voided Check Below

- *Providing a voided check is optional but will eliminate any errors in payee information.*

Please tape your voided check here

(Do not send deposit slips)

1071 Grandview Lane Pawhuska, OK 74056
| Phone (918) 287-5343 |
FAX (918) 287 5251
<https://www.osagenation-nsn.gov/>



Insurance Exception Notification



When insurance coverage is **NOT** maintained, state law requires this form is:

- Completed; and
- Posted at the main entrance of the facility in a conspicuous location where parents and the public enter the facility.

Program Information

Program name	K8		
	License number		
Program street address	City	State	ZIP code
Phone	Owner		

This program:

- does NOT maintain liability insurance coverage of at least \$200,000 for each occurrence of negligence, which would cover injury to a child due to negligence that occurs while the child is in the care of the child care program.
- reports self-insurance in accordance with state law.

I agree to contact the Oklahoma Department of Human Services, Child Care Services Licensing when liability insurance coverage changes.

Owner signature _____ Date _____