

CHEYENNE & ARAPAHO TRIBES OF OKLAHOMA

() NEW () UPDATE

Applicant(s): _____ SS#: _____
 _____ SS#: _____
 Address: _____ Single _____ Married _____ Divorced _____
 _____ Separated _____ Other _____
 Phone# _____ Contact# _____
 Finding Directions _____
 To Home Address: _____

Type of Assistance Requested:
 () In-Home Provider () Daycare Center () Daycare Home

ALL HOUSEHOLD MEMBERS: (include children's SS#)

NAME	RELATIONSHIP	DEGREE OF		Child's SS#	D.O.B.
		IND.	BLOOD		
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____

I. Shelter / is Home: () Owned () Mortgaged () Supplied () Rented

To whom do you pay rent or house payment? _____

II. Income/Benefits: Do any of the above family members have income/benefits from the following:

	YES	NO	AMOUNT	HOW OFTEN RECEIVED
1. Social Security (SSI or SSA)	_____	_____	_____	_____
2. TANF	_____	_____	_____	_____
3. Child Support	_____	_____	_____	_____
4. VA Benefits	_____	_____	_____	_____
5. IIM Account	_____	_____	_____	_____
6. Employment	_____	_____	_____	_____
7. Self-Employment	_____	_____	_____	_____
8. Other Federal Programs -----(Please circle all that applies to you; for Statistical purposes only) (WIC, Medicaid, Food Stamps, Housing Assistance, Educational Aid)	_____	_____	_____	_____

III. Resources: Do you have any of the following:

	YES	NO	AMOUNT
1. Checking Account	_____	_____	_____
2. Saving Account	_____	_____	_____

Legally-binding child support paid to _____ amount _____

IV. Employment:

PLEASE KEEP
THIS PAGE

Dear Applicant:

This program has been initiated as an incentive for families who are employed or in school.

Therefore, you **must fit one of the following conditions:**

- a. **Both parents work.**
 - b. **Both parents are in school or training**
 - c. **One parent is employed and the other parent is in school or in training.**
 - d. **A single parent who either works or attends school or both.**
- I. **School/Training:**
 1. **School/Training verification form** completed, signed, and dated.
 2. Request your **grades** every three (3) months and **submit** to Child Care Office.
 - II. **Employment:**
 1. **Employment verification form** completed, signed, and dated.
 2. Pay **check stubs** two (2) bi-weekly, four (4) weekly.
 - III. **Proof of Residence:**
 1. **Head of Household statement** affirming that you and your family reside there.
 2. **Rent receipt, or utility bill** with **your residence address** on it.
- In order to determine eligibility for the Child Care Subsidy Program, please submit the following documentation:
1. Child Care **application** completed, signed, and dated.
 2. Certification of degree of Indian blood (**CDIB**) for **child(ren)**.
 3. Income verification:
 - a. Pay **check stubs two (2) bi-weekly, four (4) weekly.**
 - b. Copy of Award Letters/Checks (**VA**), **Social Security, SSI., Child Support.**
 4. The child must attend a licensed Child Care Facility. The child care facility is of the parent(s) choice, and must be located and contacted by the parent.

Co-payments will be computed before eligibility is determined. Eligibility letters will be mailed to the applicant and daycare facility/in-home daycare.

Students will be re-evaluated every three (3) months. A new school verification form and a copy of your grades must be submitted.

Employed participants will be re-evaluated every six (6) months. A new employment verification form and your two (2) most recent payroll check stubs must be submitted.

revised 07/19/05

CHILD CARE PROGRAM REQUIREMENTS

1. The child(ren) must be an enrolled member of a federally recognized tribe. A copy of their **CDIB** must be submitted in the application process.
2. The family must reside in the Cheyenne and Arapaho Service Area. Which are the counties of: Beckham, Blaine, Canadian, Custer, Dewey, Ellis, Kingfisher, Major, Roger Mills, Washita, and Woodward.
3. This program has been initiated as an incentive for families who are employed or in school. Therefore, you must fit one of the following conditions:
 - a) Both parents work
 - b) Both parents are in school or training
 - c) One parent is employed and the other parent is in school or in training
 - d) A single parent who either works, or attends school, or both
4. The child must attend a licensed Child Care Facility. The child care facility is of the parent(s) choice, and must be located and contracted by the parent(s)
5. If the family needs to use an In-Home Provider the following will be considered: {however there is a waiting list and a limited number of slots available}
 - a) there must be three or more children in the family needing childcare
 - b) working nights/weekends and there are no licensed centers/homes open
 - c) no licensed centers/homes available in your area
 - d) no licensed centers/homes available to care for infants under one year old

Any changes in your family situation such as income, employment, school status, martial status, or changes of your provider, must be reported within five (5) working days of the change to this office. FAILURE TO DO SO MAY RESULT IN THE DISCONTINUATION OF CHILD CARE SERVICES.

PLEASE REMEMBER! IT IS YOUR RESPONSIBILITY TO VERIFY THE HOURS YOUR CHILD IS IN ATTENDANCE AT THE DAY CARE FACILITY BEFORE YOU SIGN THE ATTENDANCE TIME SHEET. ANY HOURS BEYOND THE AUTHORIZED HOURS IS YOUR RESPONSIBILITY!

revised 12/12/01