

*Osage Nation Child Care Assistance Program*  
 1301 Grandview Avenue  
 Pawhuska, OK 74056  
 (918)287-5306 -phone  
 (918) 287-5220 -fax

**Child Care Assistance Application**

Date _____	Date Received in office _____
Name _____	S.S.# _____
Street Address _____	City/Zip _____
Mailing Address _____	Home Phone _____
Employer _____	Work Phone _____
How often are you paid? _____	DOB: _____
Tribe _____	CDIB or other verification __yes__no
Marital status ___Married ___Single ___Separated ___Divorced ___Widowed	
Spouse/Partner _____	S.S.# _____
Tribe _____	CDIB or other verification __yes__no
Employer _____	Work Phone _____
How often are you paid? _____	DOB: _____
Are you currently receiving day care assistance through DHS? __yes__no	
Are you currently receiving assistance through TANF? __yes__no	
Are you/spouse attending school or training? __yes__no	
Name of School _____	Address _____
City/Zip _____	County _____

**Please List Everyone Living in the Household.**

Household Members	Gross Monthly Earnings
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Office Use Only**

Monthly Gross Income\$ \_\_\_\_\_ -200/400=Adjusted Monthly Income\$ \_\_\_\_\_  
 # in household \_\_\_\_\_ # of children in care \_\_\_\_\_ Co-pay.per family \$ \_\_\_\_\_  
 Approved \_\_\_\_\_ Over Income \_\_\_\_\_ Incomplete \_\_\_\_\_

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**Children's Information**  
(age 0-12 years only)

Child's Name _____	DOB _____	Age _____
Tribal Affiliation _____	CDIB _____	yes _____ no _____
SSN: _____		
Child's Name _____	DOB _____	Age _____
Tribal Affiliation _____	CDIB _____	yes _____ no _____
SSN: _____		
Child's Name _____	DOB _____	Age _____
Tribal Affiliation _____	CDIB _____	yes _____ no _____
SSN: _____		
Child's Name _____	DOB _____	Age _____
Tribal Affiliation _____	CDIB _____	yes _____ no _____
SSN: _____		

If you have more than 4 children, please use the back of this page. All the information contained in this application will be updated and verified every four (4) months to keep your file current.

**Provider Information**

Provider Requested \_\_\_\_\_

Type of Facility

Day Care Center \_\_\_ Day Care Home \_\_\_ Family Provider \_\_\_ In-Home \_\_\_

\* In-Home only if six (6) or more children are needing child care assistance.

Alternate Provider Requested \_\_\_\_\_

Type of Facility

Day Care Center \_\_\_ Day Care Home \_\_\_ Family Provider \_\_\_ In-Home \_\_\_

\* In-Home only if six (6) or more children are needing child care assistance.

**Child Care Client Responsibilities**

Section 1

**I AGREE TO:**

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

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**Child Care Client Responsibilities-Continued**

2. Be 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 will pay the costs of childcare in excess of 300 hours.
4. Notify both Osage Nation Child Care Assistance Program and the Provider, within a minimum of two (2) 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 1.5% onto your total monthly co-pay amount.
5. 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 five (5) days of the change.
6. 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. Notify Osage Nation Child Care Assistance Program of any change in my address or phone number. I further agree to make this notification within five (5) days of the change.
8. Be 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/children.
9. Be responsible to promptly pay or make arrangements to pay any co-payment to the facility, as assessed by the Osage Nation Child Care Assistance Program.
10. Make available to the center, health information regarding the health assessment of my child/children unless objected to because of religious reasons.
11. Monitor the quality of child care provided by my chosen provider.
12. 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.
13. I understand that I will be required to recertify every 4 months. This consists of completing a recertification form (which is mailed to me via US Certified Mail) and supply current proof of income. If I do not complete and submit the forms by the deadline I may not be eligible for coverage.
14. Assistance will begin only when a complete application with all supporting documentation has been received by the Child Care office.

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**Child Care Client Responsibilities**

Section 2

**PERMISSION TO VERIFY**

I agree to provide the Osage Nation Child Care Assistance Program with all the information necessary to verify all statements made in this document. I also understand that if my application is not processed within thirty (30) days, I have the right to request a fair hearing.

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; I am subject to my being denied or dropped from the Osage Nation Child Care Assistance Program.

Section 3

**DISCLAIMER ON LIABILITY OF CHILD/CHILDREN IN CENTER**

I agree to hold the Osage Nation Child Care Assistance Program harmless from any and all liability, claims or damages that may result from the child care Providers performance of its obligations under the terms of this agreement.

**I UNDERSTAND BY SIGNING THIS FORM THAT I AGREE TO ANY AND ALL TERMS OF THIS CONTRACT**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

The Osage Nation Child Care Assistance Program agrees to pay the provider, after the client's co-payment and/or additional charges not approved by the Osage Nation Child Care Assistance Program has been paid. This will be done in a timely manner and for the period that the client is certified through the Osage Nation Child Care Assistance Program.

\_\_\_\_\_  
Osage Nation Child Care Assistance Program Staff  
Signature

\_\_\_\_\_  
Date



*Osage Tribal Programs and Services  
Administrative Offices  
1301 Grandview Avenue  
Pawhuska, OK 74056  
(918)287-5306*

**RELEASE OF INFORMATION**

I hereby give permission for the Osage Tribal Program and Services and other entities to release client information within Osage Tribal Program and Services and other entities to be used to benefit and to assist in determining my eligibility for services within them. (For example: If WIC or Housing has a copy of a birth certificate in your file with them that we need, this form gives us the authority to obtain it on your behalf OR If WIC or Housing needs a copy of a social security card we have in your file, this authorizes us to release it to them.)

<hr style="border: none; border-top: 1px solid black;"/>	<u>Confidential    Yes / No</u>
Household Member	
 <hr style="border: none; border-top: 1px solid black;"/>	 <u>Confidential    Yes / No</u>
Household Member	
 <hr style="border: none; border-top: 1px solid black;"/>	 <u>Confidential    Yes / No</u>
Household Member	
 <hr style="border: none; border-top: 1px solid black;"/>	 <u>Confidential    Yes / No</u>
Household Member	
 <hr style="border: none; border-top: 1px solid black;"/>	 <hr style="border: none; border-top: 1px solid black;"/>
Client's Signature	Date

- “Confidential”            is for a child in protective services (e.g. foster child, etc.)
  
- “Yes”                      is if you agree to another Tribal program sharing records with us or us with them, such as giving us copies of social security cards or CDIB, etc.
  
- “No”                        is if you do not agree to other Tribal programs sharing records

*Osage Tribal Programs and Services*

This signature form states that you have been made aware of the Notice of Privacy Practices of the Osage Tribal Programs and Services within HIPAA Guidelines.

I, \_\_\_\_\_, have received this information in pamphlet form and understand the Notice of Privacy Practices of the Osage Tribal Programs and Services.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

\_\_\_\_\_  
Date

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Client Name \_\_\_\_\_ Date \_\_\_\_\_

Dear Child Care Assistance Applicant;

In order to process your application, the Child Care Assistance Program must have the documents listed below from you so that we may verify the information on your recent application. This helps the office to determine your eligibility for assistance. No application will be processed until all items are received in this office.

1. Your child/children's and/or your CDIB card (s), or other proof of your Tribal membership.
2. If you are not the custodial caretaker of the child/children who needs assistance, please bring court records stating who has custody. If you are divorced, please bring your divorce decree and birth certificate(s) or hospital record(s) for each child who will be using the services.
3. Proof of residence, this may be a current utility bill or rent receipt with your name and current address on it.
4. Current pay stubs for all working members of the family with their gross (before taxes) wages on it, or bring a signed statement on employer letterhead with the days, time wages and how often you get paid.
5. Current class schedule for any adults that are attending school or training. The class schedule must have the days and hours of attendance on the school letterhead.
6. Social Security cards for all members of the family.
7. Birth Certificates for all children in home.

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Osage Nation Child Care Assistance Program Staff Signature

\_\_\_\_\_  
Date