

**MIAMI TRIBE OF OKLAHOMA ■ CHILD CARE & DEVELOPMENT FUND ■ SERVICE/ATTENDANCE CLAIM FORM**

Child's Name:		Date of Birth:	
Guardian's Name:		Name of Provider:	
Address:		Address:	
City, State, Zip:		City, State, Zip:	

I affirm under penalty for perjury that the information contained on this form is correct to the best of my knowledge and belief and understand that any false

Signature of Guardian:

Signature of Provider:

→ Please enter times on dates child was in your care, include the total hours for each day, 4 hrs and under will be at the part day rate.

Date	Time In	Time Out	Time In	Time Out	Hrs.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Date	Time In	Time Out	Time In	Time Out	Hrs.
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

For the month of \_\_\_\_\_, 20\_\_\_\_

THIS VOUCHER MUST BE IN THE TRIBAL OFFICE BY THE 5<sup>TH</sup> DAY OF EACH MONTH IN ORDER FOR A CHECK TO BE ISSUED ON THE 15<sup>TH</sup>. A COPY OF THIS VOUCHER WILL ACCOMPANY YOUR CHECK, FOR YOUR RECORDS.

					<b>CHARGES</b>
Full Days		X		Per Day	=
Part Days		X		Per Day	=
STAR RATING:			Total Monthly Charges		
			Minus Client's Co-Pay Due		
			Provider's Claim Due		