



**MIAMI TRIBE CHILD CARE DEVELOPMENT FUND
ATTENDANCE CLAIM FORM (Effective October 1, 2024)**

Child's Name:	Date of Birth: Attends School Yes or No
Guardian's Name:	Name of Provider:
Address:	Address:
City, State, Zip:	City, State, Zip:

I affirm under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.

Signature of Guardian: _____

Signature of Provider: _____

**Fill in appropriate abbreviation for each day the child is/is not in attendance at your facility.
Approved days will be based on Approval Notification letter.**

(P) Present	(ABS) Absent Day	(PSC) Present School Closed- for School Age Only
(V) Virtual Learning	(H) Holiday	(CL) Provider Closed (must give reason)

******Attendance times not required. Abbreviations ONLY******

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

- ✚ Throughout the school year, all **school age children** will be approved for Part Day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for Full Day.
- ✚ The following Holidays will be paid as a full day: Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve, Christmas Day & New Years Day.
- ✚ To receive absent day payment the child must be in attendance at least 7 days.
- ✚ Provider will not be paid for days the facility is closed. Weather and unforeseen closures will be determined by the CCDF Staff.
- ✚ Claim forms that have been altered, faded or unreadable will not be accepted.

For the Month of: _____, 20_____

Claim forms can be emailed to:
ccdf@miamination.com

Please put the name of your facility, the month and year in the subject box.

Mailed to:
Miami Tribe CCDF
P.O. Box 1326
Miami, OK 74355

***** FOR OFFICE USE ONLY *****						
Full Day		X		Per Day	=	
Part Day		X		Per Day	=	
Star Rating:			Total Amount Due			
OK	KS	CENTER				
MO	AR	HOME				