



Miami Tribe of Oklahoma CCDF

**P.O. Box 1326 Miami, OK 74355
3411 P Street NW Miami, OK 74354
P: (918)541-1300 F: (918)513-5360
ccdf@miamination.com**

Dear CCDF Client,

Enclosed you will find an application for childcare services along with the information sheet with required documentation needed to complete your application. Applications can be scanned and emailed to ccdf@miamination.com or mailed to P.O. Box 1326 Miami, OK 74355. If you would like to drop off the application in person, please call the Miami Tribe CCDF office for an appointment or utilize the drop box located at the Miami Tribe Headquarters on the north side of the building. Eligibility will be determined once the application and all documentation has been submitted.

The Miami Tribe CCDF Program eligibility is based on enrollment. Approved days will be listed on your approval letter. Your child(ren) must be present at the facility at least 7 days for any absent days to be paid. If your child(ren) are present less than 7 days, we will only pay for days attended. We offer payment for days your facility might be closed due to snow or holidays.

Once a year, every family is required to recertify. Recertification will take place every March for the approval date of April 1st and every September for the approval date of October 1st. You can find your recertification date on your approval letter. The following information will be needed for recertification; application, family needs form, current check stubs for each wage earner, employment verification for each wage earner, tax returns/ self-employed income verification form (self-employment only), immunizations for each child in childcare and a current utility bill (Gas, Water or Electric).

It is the responsibility of the parent to determine which childcare facility or home best suits the needs of your family. Please remember to continually monitor the quality of childcare being provided by your chosen provider. The provider must be state licensed, license exempt with a DVN number or tribally licensed. If the facility or home charges more than this CCDF daily rates, you are responsible for paying for the remaining amount. Should you have a complaint against the provider, all complaints must be submitted to the Miami Tribe CCDF office in written form, signed and dated.

Again, we thank you for your interest in the Miami Tribe of Oklahoma Child Care Development Funding Program. We are very eager to assist you with your childcare subsidy. If you have any further questions, please do not hesitate to contact myself, Tracy Beckwith at 918-541-1353 or Tiffany Millhollin at 918-541-1354

Sincerely,

Tracy Beckwith
Miami Tribe of Oklahoma
Child and Family Services Manager
P.O. Box 3410
Miami, Oklahoma 74355
(918) 541-1353
(918) 513-5360 FAX
tbeckwith@miamination.com

Revised 10/01/24



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CCDF CHECKLIST

Documents can be delivered to the CCDF office in person, mailed or scanned/email. Pictures of documents will not be accepted. The following documentation is required to establish eligibility for child care assistance.

- _____ Application
- _____ Family Child Care Needs
- _____ Client Responsibilities Agreement
- _____ Copy of tribal enrollment cards for child and/or parent
- _____ Copy of social security cards for the entire family
- _____ Copy of birth certificates for the children
- _____ Copy of children's immunizations
- _____ Employment verification form signed and filled out by your direct supervisor or HR department. Each wage earner is required to have an employment verification form on file, this also includes self-employed.
- _____ Check stubs for each wage earner in the household
- _____ School schedule for all adults that are attending school
- _____ If wage earner is self-employed, we need a copy of COMPLETE income taxes included the schedule C. Taxes must reflect a full year of current business, if this is not available please submit the self-employed income statement verification form.
- _____ Copy of a utility bill with name and address. Current water, gas or electric bill. If you do not have a utility bill in your name, you will need to fill out the Notarized Statement of Residence form and provide a copy of the landlord/owners utility bill.
- _____ Legal documentation such as a divorce decree, affidavit of separation or custody papers. If legal documentation is not available, please fill out the notarized statement of household occupancy.

I understand that I must have all the above documentation delivered to the CCDF office and have a complete application before I will be considered for assistance from the CCDF Program. I also understand that I must be attending work, a job-training program, and/or school, or pre-approved job search while my child is receiving CCDF subsidies. I also understand that if I falsify information required for eligibility, I am subject to fraud and may be denied future benefits.

Signature of Applicant

Date



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Application for Childcare Services Miami Tribe of Oklahoma

Application Date:	Tribal Affiliation:
Applicant Name:	Cell Phone:
Address:	County:
City/State/Zip	Email:
Please initial to verify the following statement per federal requirement:	
I certify that my family assets do not exceed \$1,000,000.00 _____	

Persons In Household

First Name	M.I.	Last Name	Sex	Date of Birth mm/dd/yy	Soc. Sec.#	Tribal Affiliation

Facility Information

Child Care Facility/Owner:	
Address:	
City/State/Zip:	Phone:

Signature

Applicant:	Date:
Miami Tribe CCDF:	Date:



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CHILD CARE NEEDS

In an effort to plan for the financial responsibility of the Miami Tribe CCDF program we ask you to complete the questions below:

MY SCHOOL-AGE CHILD WILL NEED CHILDCARE (K – 12 years old):

Please print the name(s) of child(ren) on the correct option.

Before and/or After School AND school closures (holidays, summer): _____

ONLY during school closures (holidays, summer): _____

MY INFANT, TODDLER or PRESCHOOL CHILD WILL NEED CHILDCARE:

Please print the name(s) of child(ren) on the correct option.

Infant/Toddler – Needs full day care: _____

PreK – Not attending public school and needs full day care: _____

SPECIAL NEEDS AND PROTECTIVE SERVICES:

Do any children in the home have a special need? _____ If so, who _____

Are any children in the home in foster care, ICW or court custody? _____

If you replied yes to either question, appropriate documentation will be required.

Parent/Guardian Signature

DATE



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MIAMI TRIBE CLIENT RESPONSIBILITIES AGREEMENT

PLEASE READ AND INITIAL THE FOLLOWING STATEMENTS:

I agree to:

1. The Child Care Provider I choose must be:

- a) State Licensed
- b) Tribally Licensed
- c) License Exempt-must have a DVN number _____

2. I will notify the Child Care Provider:

- a) If my child is ill or otherwise unable to attend
- b) The child is no longer in need of services _____

3. I will notify the Miami Tribe CCDF Program:

- a) Of any change in contact information
- b) Change of childcare facility
- c) The child is no longer in need of services _____

4. I will be responsible for any additional fees required by the provider that is not covered through the CCDF Program:

- a) Additional Fees
- b) Annual Fees
- c) Higher daily rates _____

5. I will be responsible for verifying my child's/children's attendance in a childcare facility by signing the attendance record/records maintained by the facility at the end of each month's care. **I further understand I am NEVER to sign a blank or incorrectly logged attendance record.** _____

I agree to provide the Miami Tribe Child Care Program all contact information necessary to verify any statements made in my application for assistance, and I hereby give permission for the Miami Tribe Child Care Program to verify all information.

I affirm under penalty that the information given in the application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement I have made is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud and may be denied future benefits.

LIABILITY DISCLAIMER

I UNDERSTAND MY RIGHT TO PARENTAL CHOICE IN CHOOSING A PROVIDER AND AGREE TO HOLD THE MIAMI TRIBE HARMLESS FROM ANY LIABILITY, CLAIMS, OR DAMAGES THAT MAY RESULT FROM A CHILDCARE PROVIDER'S 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 AGREEMENT

Client Signature
Revised 10/01/24

Date



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EMPLOYMENT VERIFICATION

1. VERIFICATION OF EMPLOYMENT FOR: _____

2. COMPANY/EMPLOYER NAME: _____

3. COMPANY/EMPLOYER ADDRESS: _____

4. MANAGER/SUPERVISOR: _____

5. DATE OF EMPLOYMENT: _____

6. RATE OF PAY: _____

7. PAY SCHEDULE: WEEKLY BI-WEEKLY TWICE MONTHLY MONTHLY

8. WORK SCHEDULE:

DAYS	SUN	MON	TUE	WED	THUR	FRI	SAT
HOURS							

9. NUMBER OF HOURS EMPLOYEE WORKS PER WEEK: _____

10. EMPLOYEE IS CONSIDERED: FULL TIME PART TIME TEMPORARY

11. EMPLOYER'S PHONE NUMBER: _____

Authorized Signature: _____

Supervisor or HR Department



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HOURS							

9. NUMBER OF HOURS EMPLOYEE WORKS PER WEEK: _____

10. EMPLOYEE IS CONSIDERED: FULL TIME PART TIME TEMPORARY

11. EMPLOYER'S PHONE NUMBER: _____

Authorized Signature: _____

Supervisor or HR Department

SELF-EMPLOYED

INCOME STATEMENT VERIFICATION FORM

To Whom It May Concern:

I, _____, am self-employed. My income last month was \$_____. I expect to be making (within \$100 plus or minus) \$_____ per month this quarter. I work approximately _____ days a month.

Signature

Date

STATE OF _____

COUNTY OF _____

Subscribed and sworn to before me on this _____ day of _____, 20____.

IMPRINT

SEAL

NOTARY PUBLIC

HERE

My commission expires: _____

1001. STATEMENTS OR ENTRIES GENERALLY

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

NOTARIZED STATEMENT OF RESIDENCE

Please use this form if you do not have a UTILITY BILL that is in your name. This form will be used solely for the purpose of the Miami Tribe CCDF Program.

NAME OF APPLICANT(S):		
PHYSICAL ADDRESS:		
CITY:	STATE:	ZIP:
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
NAME UTILITY BILLS ARE CURRENTLY IN:		

By signing this form I declare that the information above is true and I understand that any false information is grounds for termination from the Miami Tribe CCDF Program. Please sign below and have notarized.

APPLICANT'S SIGNATURE

Imprint

Notary Public

My Commission Expires: _____

State of: _____

County of: _____

Date: _____

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Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statements or representations, or makes or uses any false writing or documents knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.

June 25, 1948, c. 645, 62, Stat. 749

Address verified to be within service area.

By: _____

**NOTARIZED STATEMENT OF
HOUSEHOLD OCCUPANCY & CUSTODY AGREEMENT**

Please use this form if a Divorce Decree, Affidavit of Separation or Custody Papers are not available.

This form will be used solely for the Miami Tribe CCDF Program as a statement of household occupancy. Please explain your living situation in the area given below.

I, _____, hereby certify that:

By signing this form, I declare that the information above is true and I understand that any false information is grounds for termination from the Miami Tribe CCDF Program. I agree to notify the Miami Tribe CCDF Program immediately of any changes in household size or custody agreement. Please sign below and have notarized.

Applicant's Signature

Date of Statement

Imprint

Notary Public

My Commission Expires: _____

State of: _____

County of: _____

Date: _____

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