



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 Provider,

Welcome to the Miami Tribe of Oklahoma CCDF program. We are very excited to be working with you!

The following information must be submitted before payments can be processed:

- ✚ Provider Contract
- ✚ W-9
- ✚ State, Tribal or License Exempt with DVN# certificate
- ✚ Star Rating, Better Beginnings or Nationally Accredited Certificate
- ✚ Two most recent state inspections and/or monitoring reports

Providers are expected to follow State and/or Tribal Health and Safety Requirements. All monitoring reports, stars report, inspections and any serious noncompliance must be submitted to the CCDF office as you receive them.

When submitting your claim forms, you may either **mail or scan/email**. If you are emailing your monthly claim form, please put the name of your childcare facility, month and year in the subject box. **Example: Jane Doe's Little Ones February 2023**. Once we have received your emailed claim forms, we will reply to confirm it has been received. You can email claim forms to ccdf@miamination.com. If you choose to mail in your claim form, you can mail it to: **Miami Tribe of Oklahoma P.O. Box 1326 Miami, OK 74355**

If claim forms are received by the 5th of the month, payment can be expected around the 15th (This is not a guarantee other factors such as a holiday or weather can play a part in the date). **Claim forms are expected to be submitted as soon as possible. Claim forms that are older than three months will not be accepted for payment and parents will not be required to pay for any past due amounts.**

The Miami Tribe CCDF offers monthly payment based on enrollment. Approved days can be found on the family approval letter. The child(ren) must be in attendance at least 7 days to receive a full month payment. We will not cover any days the facility is closed other than approved holidays. You will receive full day payment for the following approved holidays: **Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve, Christmas Day & New Years.** Weather and unforeseen closures will be determine by the Miami Tribe CCDF staff.

When filling out the Miami Tribe monthly claim forms, please be mindful of the following sections:

Section ONE:

- Input the child's information, including the child's parent/guardian, address and date of birth.

- The signature from the parent/guardian must be one of the names listed on the Miami Tribe notification letter. Any other signatures will not be accepted and the claim for will be returned.

Section TWO:

- Your facilities information and the owner/director's signature as listed on your provider contract. Any other signature will not be accepted.

Please remember that under no circumstance should a parent or provider sign a blank claim form.

Section THREE:

- Fill in the appropriate abbreviation for each day the child is or is not in attendance at your facility. Approval days will be based off the child's notification letter.
- **SCHOOL AGE CHILDREN** will be approved for a PART DAY throughout the school year. If the child ATTENDS your facility and school is out of session, you will be paid for a FULL DAY.
- You will be paid a full day for the following holidays: Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve & Christmas Day.
- When school is out for the summer, all school age children will be approved for FULL DAY.
- Attendance times are not required. Abbreviations ONLY! If you fill in the box using a check in and check out times, your claim form will be returned.
- Fill in the Month and Year located below the attendance time.

Section Four:

- This section is for OFFICE USE ONLY. DO NOT fill out this section. If you fill out this section, your claim for will not be accepted and will be returned to you.

If you have any questions, please feel free to call Tracy at (918) 541-1353 or Tiffany at (918) 541-1354.

Thank You,

Tracy Beckwith
Miami Tribe of Oklahoma
Child and Family Services Manager



Miami Tribe of Oklahoma CCDF

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Miami Tribe of Oklahoma Child Care Provider Contract

Date: _____

Facility Name: _____

Owner's Name: _____

Director's Name: _____

Facility Physical Address: _____

Facility Mailing Address: _____

Facility Phone Number: _____ Facility County: _____

Social Security or FID#: _____ License #: _____

Maximum Number of Children: _____ Expiration Date: _____

Type of Facility: Center Group Home E-mail Address: _____

State Licensed by: OK MO AR KS Tribally Licensed ONLY (by): _____

Oklahoma S.T.A.R. Rating: _____ Arkansas Better Beginnings: _____

*** The following must be submitted to complete contract***

1. Signed Provider Contract
2. Copy of State, Tribal License or License Exempt with DVN# certificate.
3. Quality Rating Documentation: Oklahoma STARS Certificate, Arkansas Better Beginnings, Kansas, and Missouri-QRIS Not in place currently.
4. Current State Monitoring Report (monitoring reports must be submitted each time you are visited.)
5. W-9 Form

Days & Hours of Operation: _____

Please list Daily Rate:

Full Time	Part Time
0-12 Months: \$ _____	0-12 Months: \$ _____
13-24 Months: \$ _____	13-24 Months: \$ _____
25-48 Months: \$ _____	25-48 Months: \$ _____
49-72 Months: \$ _____	49-72 Months: \$ _____
73+ Months: \$ _____	73+ Months: \$ _____

MIAMI TRIBE/PROVIDER RELASTIONSHIP

Please read and initial each statement.

The Provider is not an employee of the Miami Tribe. They are considered an independent vendor, not eligible for unemployment, social security, workman's compensation, or medical insurance. _____

The Provider will not receive a W-2 form at the end of the year. The provider will receive a 1099 Miscellaneous Income Form if they received more than \$600 worth of child care payments. As an independent vendor, the provider is responsible for federal and state taxes. _____

PROVIDER RESPONSIBILITIES:

- A. Provider must meet their respective state licensing requirements. _____
- B. Provider must follow State and/or Tribal Health and Safety Requirements. _____
- C. Provider must follow guidelines of approval letter. _____

RECORD KEEPING:

- A. Payment Policy: Provider will receive an Approval Letter listing children to be served, effective date and approved days. _____
- B. Parent and Provider signatures must be on claim forms. _____
- C. Timeliness of Payment: Claim forms received by the 5th of the month; payment can be expected around the 15th. This is not a guarantee, other factors such as holiday or weather can extend processing time. _____
 - Claim forms older than three months will not be accepted for payment and parents will not be required to pay for any past due amounts. _____
- D. Claims must be mailed to the following:
 - Mail: Miami Tribe CCDF P.O. Box 1326 Miami, OK 74354
 - Email: ccdf@miamination.com.

HEALTH AND SAFETY REQUIREMENTS:

- A. All state monitoring/inspection/compliance reports must be submitted within 30 days of receipt. _____
- B. CCDF Staff must be notified immediately of any serious noncompliance. _____
- C. Program monitoring and unannounced visits will be made while children are in care at a minimum of one time per year. _____

I have read and understand all the requirements and information that is listed above and authorize the following individual(s) to sign the Miami Tribe of Oklahoma CCDF Claim Forms.

Facility Owner (if different than Director)

Facility Director

Signature: Authorized Person

Signature: Authorized Person



MIAMI TRIBE 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 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:
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Fill in appropriate abbreviation for each day the child is not in attendance at your facility.
Approved days will be based off notification letter.

(P) Present (ABS) Absent Day (PSC) Present school closed- *For School Age Only*
(PV) Virtual Learning (H) Holiday (CL) Provider Closed

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

SCHOOL AGE CHILDREN:

- 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.
- Holidays throughout the school year will be paid at a part day rate.

To be eligible for a full month payment, the child must be in attendance 7 days or more.

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

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

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

Revised 10/01/21

For the Month of:		Year:	
***** FOR OFFICE USE ONLY *****			
Full Day	X	Per Day	=
Part Day	X	Per Day	=
Star Rating:		Total Monthly Charges	
SECTION FOUR		less Co-pay	
		ADJ Total DUE	



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

Child's Name: CCDF	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				

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ <input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								
or								
Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
 - A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
 - Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.
- Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
- The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:
- The U.S. owner of a disregarded entity and not the entity,