

# MIAMI TRIBE CLIENT RESPONSIBILITIES AGREEMENT

I \_\_\_\_\_ agree to:

1. The Miami Tribe CCDF Program will only pay for child care services stated on the notification letter. \_\_\_\_\_
2. Notify the Miami Tribe CCDF before I change providers or if I no longer need the assistance of the Miami Tribe CCDF Program. \_\_\_\_\_
3. I understand to be eligible for a full month payment, the child must be in attendance 7 days or more. If the child is in attendance less than 7 days, I will be responsible any remaining balance. \_\_\_\_\_
4. Be responsible for your full co-payment each month as well as any additional charges from your provider. Please discuss this with your provider before beginning services. \_\_\_\_\_
5. If the provider charges tuition or higher rates than CCDF rates, it is the responsibility of the applicant(s) to pay this fee. \_\_\_\_\_
6. Be responsible for verifying my child's/children's attendance in a child care facility by signing the attendance record/records maintained by the facility at the end of each month's care. I understand that my failure to verify my child's/children's attendance will result in the Miami Tribe's refusal to pay the provider and/or the provider's discontinuing care of my child/children. I further understand I am **NEVER** to sign a blank or incorrectly logged attendance record. \_\_\_\_\_
7. Be responsible to promptly pay or make arrangements to pay the co-payment that I owe the Provider (the amount of the copayment is shown on the notification letter). If your monthly co-payment exceeds the amount of the daycare fee for the month then the applicant is responsible for paying the daycare fee and not the co-payment \_\_\_\_\_
8. I must choose a child care provider who is State licensed, License Exempt or Tribally licensed and the child care facility that I choose must be at one, one plus, two, or three star statuses if the facility is located in the state of Oklahoma. \_\_\_\_\_
9. Maybe responsible for repaying to the Miami Tribe any overpayment of benefits paid in my behalf. Failure to do so may result in loss of child care assistance from the Miami Tribe CCDF Program. \_\_\_\_\_
10. 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 that I have provided in my application with employer, employment agencies, child care providers, educational or training facilities, sources of financial support, and other similar agencies. \_\_\_\_\_
11. I affirm under penalty of law 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 from the Miami Tribe Child Care Program and other Miami Tribe Programs. \_\_\_\_\_

## LIABILITY DISCLAIMER

I AGREE TO HOLD THE MIAMI TRIBE HARMLESS FROM ANY LIABILITY, CLAIMS, OR DAMAGES THAT MAY RESULT FROM A CHILD CARE 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Miami Tribe CCDF Program

\_\_\_\_\_  
Date