



# Subsidy Application

## Caddo Nation Child Care Development

For Questions Contact:

Subsidy Office: 405-656-0969 [subsidy@mycaddonation.com](mailto:subsidy@mycaddonation.com)

Eligibility Specialist: [subsidy@mycaddonation.com](mailto:subsidy@mycaddonation.com)

Child Care Director: Lauryn French: [lfrench@mycaddonation.com](mailto:lfrench@mycaddonation.com)

Caddo Nation (CN) Child Care subsidy program provides assistance to Federally Recognizes Native American Families in our 17 county service area in Oklahoma. Eligible families living in the service area must be able to complete the attached application and provide all supporting documents.

Counties: Blaine, Caddo, Canadian, Cleveland, Comanche, Custer, Grady, Garvin, Kingfisher, Kiowa, Lincoln, Logan, McClain, Oklahoma, Pottawatomie, Stephens, and Washita

### Frequently Asks Questions:

**Do I have to be enrolled Caddo?** NO, CN Child Care offers services to enrolled Federally Recognized citizens; as long as the child or legal adult applying is enrolled with a Nation or Tribe.

**Do I have to be Low Income?** NO, CN Child Care will use income during the priority rating so low income is a factor regarding points earned toward your application. You will not be denied services solely on being an over income family.

**Can a relative provide care at their home?** YES, CN Child Care offers Relative Care for children and encourage families to utilize relative care for children.

**Do all children have to go to the same provider?** NO, CN Child Care understands that not all providers are able to have openings that fit your family needs. We are supportive and will help you find providers that work the best with your family routine and needs.

**Can you pay for Before and After care at my child's school?** Yes and No, CN Child Care are always encouraging of the school to work with us and our pay rates. Most of the time we are able to pay for school before and after care programs but it is not always guaranteed they are willing to meet our application requirements.

**Can I apply if I am not currently working or going to school?** YES, you are able to apply.

**What If I do not have Proof of Residency?** You are able to fill out the Affidavit that is attached in the application.

**How long does it take to process an application?** CN Child Care has up to 30 days to process your completed application.



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### Submit the following documentation with COMPLETED APPLICATION

(Indicate N/A if question does not apply to you. Do not leave any question blank)

Birth Certificate	Custodian or Guardianship documentation
1 month of Income Verification for all working adults in the home	Proof of DENIAL of services from the families child(ren) TRIBAL subsidy program if not Caddo
Household family members ID cards State Ids / Tribal Ids/ SScard (applying child only)	Current Proof of Residency or Affidavit of a shared household
Enrollment Verification of Training or Education	Documentation of Special Needs
TANF SNAP WIC documentation	Marriage Licenses only if applying for non tribally enrolled children

### CADDO NATION CHILD CARE OFFICE ONLY

Family Name:	Family Size:	Subsidy Children:
Received by:		Date:
Reviewed by:		Date:
Application_____	Birth Certificate_____	ID's _____
Tribal Denial _____	Guardianship_____	Income _____
TANF/SNAP/WIC_____	Paid Unemployment_____	Paid Student Loan_____
Attached Copayment and Priority Rating Worksheet		Co-Pay:_____
		Provider:_____
If Documents were not received please note attempts to contact the applicant with date and times:		

## Section 1 : Applicant Information (Legal Adult Applicant)

Applicant Name:		Family Size:	
Number of Subsidy Child(ren):		County:	
Home Address:		Phone:	
Requested Provider:		Phone:	
1 <sup>st</sup> Email:		2 <sup>nd</sup> Email	

## Section 2: Household Information ( All of those living at the address)

Name	DOB	Tribe	Relationship	Work/ Edu/Trng

## Section 3: Parent/Guardians Information

Marital Status:	Single _____	Married _____	Divorced _____	Separated _____
Is there an absent parent?	YES ___ NO__			
Are you currently receiving any assistance from DHS?	YES ___ NO__			
If YES, please list:				
Are you currently receiving any assistance from any tribal or state agencies?	YES ___ NO__			
If YES, please list:				
Pay Private Insurance? ___YES ___NO If Yes please submit proof of payments.	Pay Student Loan? ___YES ___NO If Yes please submit proof of payments.			
Have you received assistance from Caddo Nation Child Care?	___YES ___NO			

**Section 4: Household Adult Income if applicable –Required for determination of copayment amount.**

<b>1<sup>st</sup> Income</b>		Name:	Phone:
Employer:		Supervisor:	
Employer Address:		Employer Phone:	
Employment: Full ___ Part ___ Self Employed ___	Status: Permanent ___ Temporary ___ Seasonal ___ Spot Jobs ___		
Scheduled Work Days:	Time:	Please specify AM/PM	
Hourly Pay Rate:	Payment Schedule: Weekly ___ Bi-Weekly ___ Monthly ___		
<b>2<sup>nd</sup> Income</b>		Name:	Phone:
Employer:		Supervisor:	
Employer Address:		Employer Phone:	
Employment: Full ___ Part ___ Self Employed ___	Status: Permanent ___ Temporary ___ Seasonal ___ Spot Jobs ___		
Scheduled Work Days:	Time:	Please specify AM/PM	
Hourly Pay Rate:	Payment Schedule: Weekly ___ Bi-Weekly ___ Monthly ___		

**Section 5: Secondary Education/Training (Current Enrolled Guardian ONLY)**

<b>1<sup>st</sup> Edu/Trng</b>		Name:	Phone:
Agency/School:		Advisor:	
Agency/School Address;		Advisor Contact:	
Program Type: 4yr College ___ 2yr College ___ Vo-Tech ___ WIA ___ Other ___	Describe Other:		
Level of Attendance: Full ___ Part ___ Temporary: ___ Enrolled ___	If Enrolled specify start date :		
Projected Completion date:			
<b>2<sup>nd</sup> Edu/Trng</b>		Name:	Phone:
Agency/School:		Advisor:	
Agency/School Address;		Advisor Contact:	
Program Type: 4yr College ___ 2yr College ___ Vo-Tech ___ WIA ___ Other ___	Describe Other:		
Level of Attendance: Full ___ Part ___ Temporary: ___ Enrolled ___	If Enrolled specify start date :		
Projected Completion date:			

## Section 6: Foster /Guardianship/ Adoption

Filing Court:			
Case Number			
Judge:		Court Date:	
Court Determination:			
Please attach documents related to the determination of the case.			

## Section 7:Special Needs

Agency/School District:		Disability	
Agency/School Address;		Sooner Start: ___Yes ___NO Individualized Edu. Plan: ___Yes ___NO Receiving SSI: ___Yes ___NO	
Services Receiving:			
Please Attach documents related to acknowledgement of disability and that you are currently receiving care under one or more of the following programs: Sooner Start, IEP, or SSI.			

## Section 8: Provider (s) Information

If children will attend different providers please list both

1 <sup>st</sup> Type of Child Care Requested:	NON Licensed by State		Licensed by State	
	___ In Home      ___ Friend Home		___ Center      ___ Provider Home	
	___ Relative Home      ___ Other		___ Head Start      ___ Other	
	Describe Other:		Describe Other:	
Provider Name:				
Provider Address:				
Contact Person:		Contact Number:		
Contact Email:		Contact FAX Number:		
2 <sup>nd</sup> Type of Child Care Requested:	NON Licensed by State		Licensed by State	
	___ In Home      ___ Provider Home		___ Center      ___ Provider Home	
	___ Relative Home      ___ Other		___ Head Start      ___ Other	
	Describe Other:		Describe Other:	
Provider Name:				
Provider Address:				
Contact Person:		Contact Number:		
Contact Email:		Contact FAX Number:		

## Section 9 : Subsidy Children Information

Child	Age	Tribe	Enrollment #	Provider

**Section 10 : Subsidy Family and Child Care Program Agreement**  
**Please read thoroughly and if you have any questions or concerns about what is being asked of you please make contact with our office immediately.**

1	Family must complete a yearly re -certification to not experience any laps in child care assistance. Caddo Nation certifies assistance in a 12 month period from your initial approved application.
2	Family Must pay their stated copayment to their provider in the time specified by the approved provider.
3	Family must sign claim forms unless certain situations prevent you from signing in which care needs to be noted on the claim form by the provider.
4	Family must contact the Caddo Nation Child Care Office when your family moves so that we can determine if we can provide care in your new location.
5	Family needs to contact our office once you have terminated your enrollment in a child care facility. Providers are listed as active until we receive notice from the family.
6	Family needs to contact the Child Care office at least two weeks prior to changing the provider. This allows us to follow the provider approval process.
7	The Caddo Nation Child Care Program will pay providers a full month if your child(ren) are absent five or less days out of the claimed month.
8	The Caddo Nation Child care program will pay for services one month after they are rendered to the family.
9	The Caddo Nation Child Care program will conduct trainings host events, and provided distributions for families regarding areas: Health and Safety, Native American Culture, infant and toddlers, Positive Parenting, and Child Development
10	Providers will be paid once a month for the previous claimed month. We suggest having your claim form in by the first Friday of the following month to have a check within two weeks. If there is a delay with our finance department we will notify you.
11	The Caddo Nation Child Care Program has the right to terminate any agreements and payments for a breach of contract, dishonesty, or any other non- compliant issues.
12	The Caddo Nation Child Care Program will conduct a mandatory Criminal Background check and all non-licensed providers.

I \_\_\_\_\_, hereby agree to the conditions set forth by the Caddo Nation Child Care Program. I affirm under penalty or perjury that my application is complete and correct to the best of knowledge and belief.

Applicant Signature	Date
Director Signature	Date

## Affidavit of Shared Household

Please complete the following information if your family is living as a part of a shared household. This information will be considered with your subsidy application for the Caddo Nation of Oklahoma Child Care program.

Completion of this form will result in meeting McKenny-Vento status, which means your application packet may receive a higher priority rating based on our categorical eligibility standards.

*A “shared household” is defined as multiple families living in the same home, possibly resulting in multiple heads of household at one address.*

Name:		Physical address:	
City:	State:	Zip:	
<b>Other Head of Household</b>			
Name:			
Phone Number:			
<b>Other Head of Household</b>			
Name			
Phone Number:			

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notary Public  
Seal:**