



Central Tribes of the Shawnee Area, Inc.

Child Care Development Fund (CCDF, EDC and DHS) Application

1535 N. McKinley - Shawnee, OK 74801 | Ph: 405.275.4870 | Fx: 405.275.9684



In order to be eligible for the CCDF, EDC and DHS program ALL adults in the home have to be employed full-time, in job training, OR in a formal full-time education program – and be able to provide proof. If your household does not meet this initial qualification you are Not eligible for the CCDF program.

Additional Qualifications

- Your physical residence must be located in one of the 3 counties that we serve: Pottawatomie, Lincoln or Payne. This next year we are going to allow those that live outside those areas but work in them will be eligible to apply.
You must be able to provide proof of full-time employment, job training OR full-time formal education program
Eligibility is also based on the TOTAL household income of ALL adults living in the home – NOT limited to the parent(s)/guardian(s) income only **Please note that if any adult residing in the home is UNEMPLOYED your application will be denied due to being ineligible for the CCDF program**
If you have applied for DHS. You must show proof of DHS approval.
Our Child Care program starts at 1:30PM for Head Start children and at 2:30PM for Early Head Start children. CTSA Extended Day closes at 6:00PM sharp! We must insist that your child(ren) be picked up by 5:45PM – NO LATER THAN 6:00PM! If you experience an extenuating circumstance or an emergency resulting in the possibility you might arrive after 6:00PM, it is your responsibility to notify the center and the child care staff immediately at (405) 878-5820.
IF you fail to pick up your child(ren) by 6:00PM, you will be charged \$1.00 per minute after 6:00PM for each child until your child(ren) are picked up. Actual pick-up times must be verified by a CTSA staff member. The late fees are due immediately and your child WILL NOT be eligible to stay again for the Extended Day Child Care until those fees are paid. IF you do not make your payments then it is YOUR responsibility to ensure that your child(ren) are picked up every day when their school day ends at 1:30PM for Head Start and at 2:30PM for Early Head Start.
If you are applying for CCDF for an outside provider you must follow all their Policies and Procedures. From Open times to Closing time.

Below is a chart to help you estimate your child(ren)'s fees for staying in the Extended Day program at CTSA, if you are a private pay family. ALL child care fees are due every month. Failure to do so will result in the loss of your child(ren)'s Extended Day Child Care spot.

Table with 3 columns: Child's Age in Months, Full Time (over 4 hours per day), and Part Time (under 4 hours per day). Rows include age groups 0-12, 13-24, 25-48, and 49-71 with corresponding daily and hourly rates.

Payment Methods Accepted are: Money Orders or Cashier's Checks ONLY **



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Documents Needed

Please submit the following documents with your completed CCDF, EDC and DHS application – your application cannot be processed without these documents and will be denied if not provided:

Parent(s) / Guardian(s) Documents:

- Completed Application - Signed and Dated
- EMPLOYMENT:** Verification of Employment Form must be completed by each employer for ALL adults in the home
Please see pg. 4 of this application for the Employment Form – additional forms can be requested or copied as needed.
- EMPLOYMENT:** At least 1 month worth of current paystubs as proof of active employment for each adult -OR- if Currently in job training a written statement from the employer on letterhead stating training dates and times
- EDUCATION:** If applicable: Verification of Continued Education Form must be completed and signed by a school official and a copy of the current class schedule must be provided.
Please see pg. 5 of this application for the Continued Education Form – additional forms can be requested or copied as needed.

Child(ren)'s Documents:

Court Papers of Guardianship

- State Issued Birth Certificate
- CURRENT Immunization records
- CDIB Card, Tribal Enrollment Letter or an official statement from Tribe on Tribe Letterhead stating enrollment

Parents/Guardians have the right to choose their own child care provider – please make sure this is noted in the applicable section of your CCDF application.

It is important to note the following:

Relative Providers

Requirements must be met before approval of child care services, they are:

1. Receive a Health & Safety Inspection of the home with zero non-compliances
2. Obtain a TB test
3. Obtain a Physical Exam
4. Attend a certified CPR & First Aid Training and obtain CPR & First Aid card
5. Have a fire extinguisher installed in the home
6. Have smoke alarms installed in the home
7. Complete a provider registration form
8. Criminal background checks are REQUIRED for ALL relative providers. Results fo the background checks will determine the status of the person as a child care provider.

Licensed Day Care Centers & Home Day Care Providers

Requirements must be met before approval of child care services and documents have to be submitted, they are:

1. Copy of CURRENT License of Operation
2. Copy of CURRENT DHS Inspection
3. Copy of CURRENT Fire Inspection
4. Completed Provider Registration Form
5. Copy of STAR status certificate

Upon approval – reimbursement forms will be provided to the child care facility by CTSA – reimbursement forms are to be returned on a monthly basis in order to receive compensation for services.

****ELIGIBILITY FOR SERVICES IS EFFECTIVE ON THE DATE THAT YOUR APPLICATION IS APPROVED BY THE CCDF DIRECTOR****

Child care services are NOT approved until ALL required documentation has been submitted to the CCDF Director and meets regulations

If you have questions, please contact the CCDF Director: Andrea Womack Ph.: 405.275.4870 or email: andrew@ctsahheadstart.org



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Please Notice This



This CCDF, EDC and DHS Application will only be complete and accepted once you have submitted the signed and dated application along with ALL required documentation to the CCDF Director. Submission of the application does NOT guarantee approval. Please use black or blue ink only to complete this application.

As a reminder ALL adults in the residence are required to be working full-time, in job training and/or full-time students and provide the required documentation as proof in order to be eligible for the CTSA child care program.

Total number of people living in the home =

Application address:

Street City State Zip

Application contact #'s:

Phone # | Type (cell, home, work) Contact Name

Phone # | Type (cell, home, work) Contact Name



Parent(s)/Guardian(s) - we REQUIRE you to provide copies of your child(ren)'s CDIB Card for ALL children needing CCDF services. If at the time of the application your child(ren) has not been issued a CDIB card - you may submit the biological parent(s) CDIB card and/or a letter from the Tribe on letterhead stating that an application for enrollment has been submitted.

Please list ALL children that you are requesting to be applicable for CCDF below:

Table with 3 columns: Child(ren)'s First and Last Names, DOB, Tribal Affiliation, Private, DHS or Outside Center location. Rows 1-4.

Please list information for EVERY ADULT living in the home

Who is the Head of Household?

Form for adult 1 with fields: Name, Relationship to Applicant(s), Phone #, Employer, Supervisor, Work #, # of hours worked per week, Email, Tribal Affiliation.

Form for adult 2 with fields: Name, Relationship to Applicant(s), Phone #, Employer, Supervisor, Work #, # of hours worked per week, Email, Tribal Affiliation.

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<i>Name</i>	<i>Relationship to Applicant(s)</i>	<i>Phone #</i>	<i>Phone #</i>
<i>Employer</i>	<i>Supervisor</i>	<i>Work #</i>	<i># of hours worked per week</i>
<i>Email</i>	<i>Tribal Affiliation</i>		

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<i>Name</i>	<i>Relationship to Applicant(s)</i>	<i>Phone #</i>	<i>Phone #</i>
<i>Employer</i>	<i>Supervisor</i>	<i>Work #</i>	<i># of hours worked per week</i>
<i>Email</i>	<i>Tribal Affiliation</i>		

Child Care Development Fund (CCDF, EDC and DHS) Application Cont.

Continuing Education

Is any parent/guardian/other adult in the home attending a continuing education program (college, vo-tech or job training)? Yes No
If yes, copies of enrollment and student class schedules are required to be submitted along with the application

<i>Name of School</i>	<i>Address</i>	<i>Phone #</i>
<i>Name of School</i>	<i>Address</i>	<i>Phone #</i>

Income

GROSS earned income (W2's and/or current taxes AND current proof of income, such as pay stubs is required to be submitted for ALL adults in the home:

Name of Adult	Gross Income	List Frequency <i>(weekly, bi-weekly, monthly, etc.)</i>	Income From... <i>(employment, SSI, etc.)</i>
Total "Income of ALL Adults		List Frequency <i>(weekly, bi-weekly, monthly...)</i>	

 Do you receive subsidy (co-payment) assistance for child care from any other agency (ex: DHS) or assistance from another Tribal CCDF program? Yes No

If yes, Please list how much you receive/how much your co-payment is, where you receive assistance from AND which children:

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VERIFICATION OF EMPLOYMENT

- I understand this Verification of Employment Form is necessary and REQUIRED by the Office of Child Care to complete the income portion of the application or recertification process. This Verification Form and my W2's and/or Tax Return along with my most recent paystubs that make up at least 1 month worth of income verify each other for my income eligibility. Without this form - I understand that my application or recertification will be incomplete and will lead to this application being denied.
I hereby give my permission to release information regarding my employment schedule and wages to the above named program for participation in the Child Care Program at CTSA.
I understand this information will only be used by the CTSA CCDF Director for the CCDF, EDC and DHS CTSA Program and will NOT be released to any other agency or organization without my written consent.

TO BE COMPLETED BY THE APPLICANT ONLY!

Form section for applicant completion with fields for Applicant: First Name, M.I., Last Name, SSN, Physical Home Address, City, State, Zip Code, Mailing Address, Home Phone #, Cell Phone #, Other Phone #, Signature of Applicant, Date.

TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR -or- HR ONLY!

Form section for supervisor/HR completion with fields for Full Name of Place of Employment, Street Address of Employment, City, State, Zip Code, Name and Title of Supervisor, Business Phone #, Other Phone #, Please note - Eligibility for CCDF Child Care Subsidy is based upon the employee's GROSS INCOME, Regarding the Employee (please check one) -> Full-Time, Part-Time, Temporary, Hire Date, If Temporary - what is the last day of employment, INSERT AVERAGE HOURS WORKED PER DAY IN THE TABLE BELOW: (Table with columns SUN, MON, TUES, WED, THURS, FRI, SAT), Rate of Pay \$ (please check one) -> Hourly, Salary, Pay Period Occurrence -> Weekly, Bi-Weekly, Monthly, Signature of Supervisor OR Human Resources, Date.



Thank you!

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VERIFICATION OF CONTINUED EDUCATION

- ✓ I understand this Verification of Continued Education Form is necessary and REQUIRED by the Office of Child Care to complete the education portion of the application or recertification process. This Verification Form and my enrollment status and class schedule **verify each other for enrollment and attendance eligibility**. *Without this form - I understand that my application or recertification will be incomplete and will lead to this application being denied.*
- ✓ I hereby give my permission to release information regarding my continued education schedule and attendance to the above named program for participation in the CTSA Child Care Program.
- ✓ I understand this information will only be used by the CTSA CCDF Director for the Child Care Program and will NOT be released to any other agency or organization without my written consent.

TO BE COMPLETED BY THE APPLICANT ONLY!

<i>Applicant:</i>				
<i>First Name</i>	<i>M.I.</i>	<i>Last Name</i>	<i>SSN</i>	
<i>Physical Home Address</i>			<i>City State</i>	<i>Zip Code</i>
<i>Mailing Address (If different than physical residence)</i>			<i>City State</i>	<i>Zip Code</i>
<i>Home Phone #</i>	<i>Cell Phone #</i>	<i>Other Phone #</i>		
<i>Signature of Applicant</i>				<i>Date</i>

TO BE COMPLETED BY A SCHOOL OFFICAL -or- COMPANY TRAINING SUPERVISOR

<i>Full Name of Place of School or Training Facility</i>						
<i>Street Address</i>			<i>City State</i>	<i>Zip Code</i>		
<i>Name and Title of School Official -or- Training Supervisor</i>		<i>Business Phone #</i>	<i>Other Phone #</i>			
Regarding the Student (please check one) → <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Vo-Tech <input type="checkbox"/> GED School						
Student (Applicant) Enrollment Status (please check one) → <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior						
A copy of your current enrollment and class schedule must be attached with this document						
INSERT REQUIRED ATTENDANCE DAYS IN THE TABLE BELOW:						
SUN	MON	TUES	WED	THURS	FRI	SAT
<i>Signature of School Official -or- Training Supervisor</i>					<i>Date</i>	



Thank you!

I hereby certify that ALL information given in this application for CCDF, EDC and DHS child care program at CTSA is true and correct. I understand that providing FALSE information will result in being denied and/or terminated of any services that may exist. Furthermore, in the event that I/we have a change in employment, income level, in-home occupancy, address and/or phone numbers – it will be reported IMMEDIATELY!

Parent / Guardian Signature

Date

If you have any questions, please contact CCDF Director – Andrea Womack at ph.: 405.878-5820 or email: andrew@ctsaheadstart.org

FOR OFFICE USE ONLY

Date CCDF Application was received by the CCDF Director: _____

Have the required documents been submitted with the CCDF application: Yes No

If **No** – what documents are missing? _____

Date of approval / denial: _____

Approved

Denied

If approved, co-payment amount = \$ _____