

WYANDOTTE NATION



Application for Child Care Services

Name of Family Requesting Services _____

Residential Address _____

City/State/Zip _____ County _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address _____

Telephone Number: 1. _____ 2. _____

**** I certify that my family assets do not exceed \$1,000,000 .00 _____ (Please Initial)**

Tribal Affiliation: Please list tribe(s) and circle all that apply

_____ Child, Parent/Guardian _____ Child, Parent/Guardian
 _____ Child, Parent/Guardian _____ Child, Parent/Guardian

Child Care: I request child care assistance for the following children:

Persons in Household:

Name: _____ Birthdate _____
 First M.I. Last Gender Mo Day Year SS# Marital Status

First	M.I.	Last	Gender	Mo	Day	Year	SS#	Marital Status

Child Care Provider _____ **Phone #** _____

Address _____

Applicant's Signature _____ **Date** _____

*****BELOW OFFICE USE ONLY*****			
DATE RECEIVED IN OFFICE:		RECEIVED BY:	
Copay:	Start date:	RECERT DATE:	
Approval:		CCDF Staff Initials:	

WYANDOTTE NATION



CCDF Program

Application for Child Care Services

Documentation Required for Child Care Assistance:

- ◆ ___ Certified Degree of Indian Blood or membership card.
 - ◆ ___ Social Security cards for every member of the household.
 - ◆ ___ Birth certificate for all children that are attending day care.
 - ◆ ___ Immunizations for all children that are attending day care.
 - ◆ ___ Current utility bill with name and service address. If utility bill is in another person's name, the family requesting services must obtain a Notarized Statement of Residence form from our office.
 - ◆ ___ Verification of income: Employment Verification & Check Stub. Income considered is: present employment, state aid, self-employment, social security or any other income (excluding child support). If name is not on check stub, we must copy check and stub. If self-employed, please request Self-Employment form from our office and be prepared to submit form 1040-E from your tax documents.
 - ◆ ___ Class schedule if attending education classes.
 - ◆ ___ If divorced, copy of decree. If separated from spouse, we must have a notarized letter stating you are no longer living in the same household. The divorce decree must be submitted to the Wyandotte Nation's Child Care & Development Program as soon as the divorce has been granted.
 - ◆ ___ If child is under your guardianship, guardianship or custody order required.
 - ◆ ___ If child is special needs, please provide appropriate documentation.
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- ❖ When coming to our office for the initial visit, please bring original documents.
 - ❖ All documents must be received at Wyandotte Nation office at 64700 East Highway 60, Wyandotte Oklahoma 74370 prior to approval for program participation.
 - ❖ Recertification will be for a period of 1 year, to run October 1 to September 30. Any change in your household status must be reported promptly to our offices.
 - ❖ To qualify for child care services applicants must: be considered a tribal home, reside within our service area, meet our income criteria, child of ages 0 through 13, and parents/guardians must be working, attending school, in job training, or in a pre-approved job search.
 - ❖ If the childcare provider charges higher rates than our re-imbusement rates, the parent/guardian will be responsible for the overage charges to the daycare.

For more information, you may contact:

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