



## **PONCA TRIBAL CHILD CARE PROGRAM APPLICATION**

**THE PONCA CHILD CARE PROGRAM HELPS PAY FOR  
CHILD CARE SERVICES ONLY DURING THE HOURS YOU  
ARE AT SCHOOL OR AT WORK, PLUS TRAVEL TIME.**

**PLEASE RETURN THE ENCLOSED APPLICATION WITH  
THE INFORMATION REQUESTED TO OUR OFFICE AS  
SOON AS POSSIBLE:**

**Ponca Tribal Child Care Program  
228 White Eagle Drive  
Ponca City, OK 74601**

**IF THERE ARE ANY QUESTIONS, PLEASE FEEL FREE TO  
CONTACT OUR OFFICE AT (580) 762-7927.**

**PLEASE NOTE:**

IF YOU USE CHILD CARE AT ANY OTHER TIME, YOU ARE RESPONSIBLE FOR THE COSTS.  
IF THE TRIBE IS CHARGED FOR CARE WHEN YOU ARE NOT AT WORK OR NOT IN SCHOOL,  
YOU WILL HAVE AN OVERPAYMENT AND WILL HAVE TO PAY THE TRIBE BACK FOR THE  
HELP YOU WERE NOT ENTITLED TO.

## Receiving assistance with child care costs from the Ponca Child Care Program

The Ponca Tribe Office of Child Care may help with the costs of child care for eligible parents or legal caretakers who *are employed, pursuing education, training, for limited job search, or if children require protective services.*

**Private Pay Financial Assistance** - The Office of Child Care will provide financial assistance at the parent's option to establish a co-payment based on household and income through the Ponca Tribal Child Care Office. All co-payments are made directly to the child care provider.

**Application Process:** Completed applications will be processed within thirty (30) days from receipt of a completed application. Parents are responsible for the complete cost of child care services until all steps are completed. Interested applicants may:

- 1.) Applications may be mailed or submitted in person to the Office of the Ponca Nation Child Development Center located at 8766 S.Hwy. 177 , or mailed to 20 White Eagle Dr. Ponca City, Ok. 74601 Your application will be reviewed for completeness and an interview will be scheduled. It is parent's responsibility to make sure their application is complete at the time of submittal.
- 2.) Interviews may be scheduled in person or via telephone.

The following documents must be submitted with your completed application:

- \_\_\_\_\_ Copy of your Certificate of Degree of Indian Blood which shows your enrollment number;
- \_\_\_\_\_ Written verification of all gross income that is earned in your household, i.e, salaries;
- \_\_\_\_\_ Written verification of all gross non-earned income in your household i.e., child support, social security, workers compensation, alimony, veterans's benefits, etc.;
- \_\_\_\_\_ Submit a copy of your schedule showing days/hours of attendance if you are a student;
- \_\_\_\_\_ You must sign Client Child Care Rights & Responsibilities Form(on other side) and return with your completed application.

Once your application is processed, an approval letter

along with a Certificate of Authorization naming individual authorized to receive care; the maximum dollar(\$) amount per day/week; effective date services begin & expire; recertification date for continued services; the names, ages, and date of birth of approved children.

**Mandatory Prioritization Requirements:** Child Care Office utilizes the following method of prioritization giving referrals for special needs children priority. Special needs children will always be moved to the top of any waiting list. Special needs children in protective custody will be considered emergency and receive services immediately. The following will include special needs children for prioritizing purposes only:

- \* Enrolled Ponca Tribal children;
- \* Ponca Tribal Higher Ed or JTPA student=s children;
- \* TANF participant=s children; and
- \* Teen parent=s children.

Once priority children have been serviced, then applications will be on a first-come first served basis.

# PONCA NATION CHILD CARE SERVICES

## PART I. APPLICANT INFORMATION

Parent or Legal Guardian: \_\_\_\_\_ S.S.N. \_\_\_\_\_  
 Spouse=s Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_  
 (City) (State) (Zip)  
 Telephone: \_\_\_\_\_

## PART II. CHILD(REN) INFORMATION:

name of child	age	d.o.b.	grade	S.S.N.

## PART III. Income Eligibility

Please list names, D.O.B., & relationships of all members in household

Monthly  
Net  
Income

Please any other income, i.e., self-employment,  
social security, child support, TANF, etc.

	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

## PART IV. Priority, Eligibility & Type of Services Requested:

Part A) Please check any of the following that applies to you or members of your household:

- |  |  |   |                                      |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> TANF                      | <input type="checkbox"/> Food Stamps           | <input type="checkbox"/> DHS Child Care Services  | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Child Protection Services | <input type="checkbox"/> SSI (Disabled Child)  | <input type="checkbox"/> Tribal Education Student | <input type="checkbox"/> Tribal WIA  |
| <input type="checkbox"/> Teen Parent               | <input type="checkbox"/> Enrolled Ponca Member | <input type="checkbox"/> Ponca Descendent         |                                      |

Part B) Please check the type of child care services you are requesting:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Tribal Child Care Center | <input type="checkbox"/> Wraparound Center | <input type="checkbox"/> After-School Services | <input type="checkbox"/> Tribal Provider |
|---|--|--|--|

Summer Daycamp

Other (please explain): \_\_\_\_\_

**CERTIFICATION:** I certify that the above information is true and correct to the best of my knowledge and further understand that providing false information to receive services will result in termination of these benefits, as well as possible prosecution.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE		OFFICE USE ONLY	
DATE COMPLETE APPLICATION RECEIVED ON _____		BY _____	
A.	INCOME	MONTHLY GROSS	DOCUMENTATION
1	Please Circle Source(s): Wages or Salary, Self-Employment, Social Security, Child Support, Worker's Comp, Alimony, Veteran's Benefits, & TANF Benefits		
2	Other (Specify)		
	TOTAL GROSS INCOME		

INCOME COMPUTATION: Family Size: \_\_\_\_\_ Net Monthly Income \_\_\_\_\_ (less) Work Related Adjustment \_\_\_\_\_  
= TOTAL MONTHLY ADJUSTED \$ \_\_\_\_\_ ELIGIBILITY DECISION: \_\_\_\_\_ Eligible \_\_\_\_\_ Not Eligible  
Monthly co-payment \$ \_\_\_\_\_ 1<sup>st</sup> Child + \$25.00 per month x \_\_\_\_\_ additional child(ren) = \_\_\_\_\_  
TOTAL \$ \_\_\_\_\_ MONTHLY CO-PAYMENT

APPROVED CHILD CARE PLAN:  
TRADITIONAL \_\_\_\_\_ (M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_) HOURS AUTHORIZED: \_\_\_\_\_  
NON TRADITIONAL \_\_\_\_\_ (M \_\_\_ T \_\_\_ W \_\_\_ TH \_\_\_ F \_\_\_ S \_\_\_ S \_\_\_) HOURS AUTHORIZED: \_\_\_\_\_  
OTHER: \_\_\_\_\_

TYPE OF PROVIDER: Center-Based \_\_\_\_\_ Daycare Home \_\_\_\_\_ Tribal \_\_\_\_\_ (Type) \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECERTIFICATION DATE: \_\_\_\_\_

**CHILD CARE ASSISTANCE PROGRAM  
EMPLOYMENT INFORMATION RECORD**

APPLICANT=S EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TELEPHONE NO. \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

REGULAR HOURS OF EMPLOYMENT: \_\_\_\_\_ (a.m./p.m.) to \_\_\_\_\_ (a.m./p.m.)

DAYS EMPLOYED: SUN MON TUES WED THUR FRI SAT

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

-----  
SPOUSE=S EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TELEPHONE NO. \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

REGULAR HOURS OF EMPLOYMENT: \_\_\_\_\_ (a.m./p.m.) to \_\_\_\_\_ (a.m./p.m.)

DAYS EMPLOYED: SUN MON TUES WED THUR FRI SAT

-----  
PLEASE LIST ANY OTHER HOUSEHOLD=S MEMBERS LISTED ON PART IV, INCOME ELGIBILITY OF CHILD CARE APPLICATION:

EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER TELEPHONE NO. \_\_\_\_\_

DATE OF EMPLOYMENT \_\_\_\_\_

REGULAR HOURS OF EMPLOYMENT: \_\_\_\_\_ (a.m./p.m.) to \_\_\_\_\_ (a.m./p.m.)

DAYS EMPLOYED: SUN MON TUES WED THUR FRI SAT

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

**RELEASE OF INFORMATION**

**I UNDERSTAND AND GIVEN CONSENT TO THE PONCA TRIBAL CHILD CARE PROGRAM STAFF TO CONDUCT PERIODIC JOB VERIFICATION CONTACTS TO VERIFY ATTENDANCE BASED ON THE ABOVE INFORMATION AND THAT FAILURE TO REPORT ANY CHANGES OF EMPLOYMENT MAY RESULT IN TERMINATION OF CHILD CARE BENEFITS AS WELL AS POSSIBLE PROSECUTION.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**CLIENT CHILD CARE RIGHTS & RESPONSIBILITIES  
AGREEMENT**

**I AGREE & UNDERSTAND:**

- abide by the days and hours as specified in the child care plan to ensure my child(ren) will be supervised by me or someone else at all times. I will notify my provider of the person to contact if there is an emergency. If care is needed beyond the specified plan during the emergency, I understand I may be responsible for additional charges;
- be responsible for payment for any days and hours of care in excess of days and hours for which the Child Care Office has agreed to pay;
- notify the Child Care Office and provider of (1) any change of provider, (2) if child(ren) is sick or otherwise unable to attend, or (3) if the child(ren) are no longer in need of child care services;
- notify the Child Care Office of any changes in the amount of my family income (from any sources) and any change in the size of my family. I further agree to make this notification within fifteen (15) days of the change in income or family size;
- be responsible for certifying my child=s attendance in child care by signing the attendance record form maintained by the facility or child care provider at the end of each month=s care. I understand my failure to certify my child=s attendance record may result in the Child Care Office terminating payment to the facility or child care provider the discontinuing of my child=s care. I further understand that I am NEVER to sign a blank attendance record;
- be responsible to promptly pay or make arrangements to pay the facility or child care provider any co-payment I am assessed by the Child Care Office;
- make available to the center health information regarding the health assessment of my child(ren) or to the Child Care Office in the case of my utilizing a tribal child care provider;
- be responsible for any established overpayment;
- notify the Child Care Office of any change of address, employer, and/or telephone number;
- understand that I have the right of unlimited access to my child(ren) at all times while in the care of any facility or child care provider; and
- understand that to receive special needs care rate, I must submit documentation that substantiates my child=s needs this type of care; and
- understand that if any fraud is committed, I will repay the amount of money established as an overpayment and will be unable to participate in the child care program for a period of no less than one (1) year and that I could be subject to criminal prosecution; and
- understand that I have the right to appeal any decision made by the Child Care Office and such complaint must be made in writing no later than ten (10) days from the date of decision and that a hearing will be scheduled within fifteen (15) days from the date a written complaint is received.

***By signing this agreement, I am certifying that I understand and agree to the contents and hereby authorize the Child Care Office to obtain any verification of information provided to receive services. I hereby affirm that the child care application is complete and correct to the best of my knowledge and belief.***

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Parent/Guardian Signature      Date