

SOCIAL SERVICES DEPARTMENT

PO BOX 825~ANADARKO OK~73005~PHONE (405)247-2448~FAX(405)247-5942

Child Care Program

Delaware Nation Child Care Program will provide child care assistance to any child enrolled in a federal recognized tribe.

REQUIREMENTS

- Child(ren) must be enrolled or eligible to be enrolled with a federal recognized tribe
- Parent(s) must be working, attending college or vocational training
- Child(ren) must be ages 0-12
- Complete a Child Care application with supportive documentation
- Must provide proof of employment or class schedule of school attending
- The parent(s) must select the child care provider. The child care provider must be licensed by the state of Oklahoma

RESPONSIBILITIES

- The parent(s) is(are) responsible for completing and submitting an annual application to this office
- Abide by the day and hours as specified in the day care plan for my child(ren)
- To sign my child(ren) attendance record every month
- To never sign a blank attendance record
- To make my co-payments on time to the child care provider
- To make any payments to the care provider for days/hours over the agreed care plan
- Parent/guardian **MUST** notify the Delaware Nation Child Care Coordinator of:
 - Change of facility or care provider
 - If child care services is no longer needed
 - Reasons for child not attending day care
 - Change of family income
 - Change in family size
 - Change of address and phone number

REQUIRED DOCUMENTS

If you fail to secure the documents listed below your file will be placed on pending status

- ✓ Copy of CDIB's and/or pending enrollment letter for each child and parent/guardian
- ✓ Copy of the past month's income to include paystubs, child support, alimony, SSI, disability, or any other source of income
- ✓ Copy of school and/or training schedule for parent/guardian
- ✓ Updated immunization records for each applicant
- ✓ Denial letter for child care services from DHS
- ✓ Copy of day care provider license

DEADLINE

Request that application and supportive documents be submitted 10-15 days prior to start date.

SERVICE AREA

Caddo, Comanche, Kiowa, Cotton, Oklahoma, Canadian, Grady counties in Oklahoma.

For more information contact Lana Palmer, Child Care Coordinator (lpalmer@delawarenation.com)

DELAWARE NATION

P.O. Box 825

Anadarko, OK 73005

Phone (405)247-2448/Fax (405)247-5942



Child Care Application

Parent Guardian

Parent(s) Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Finding directions: _____

Home #: _____ **Cell #:** _____ **County** _____

Are you: Home owner Renting How many people living in household? _____

List all household members:

Name (head of household 1 st)	Age	Birth date	Tribe/CDIB#	Relationship
				Head of Household

*For additional household members, please continue on back of page.

EMPLOYMENT	HEAD OF HOUSEHOLD	SPOUSE
Employer Name		
Address		
Work Number		
Monthly Income		

*Please submit income statement with application.

INCOME VERIFICATION:

	DO YOU RECEIVE	NAME	AMOUNT
	Social Security		\$
	TANF		\$
	Food Stamps		\$

*For additional members, please continue on back of page.

If you receive TANF or food stamps, please write case number. _____

OTHER INCOME:

SOURCE	NAME/LOCATION	AMOUNT
Child Support		\$
Alimony		\$
Income Tax Return		\$
Retirement		\$
WIC		\$
Other		\$

If applying for Child Care Services, please specify the time frame for services needed:

Full Day Weekly Part-time (before & after school and/or less than 4 hours per day)

Monthly Full-Time

Estimated length of time that services will be utilized? _____

Facility requested: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Provider's Name: _____ **Telephone #:** _____

Check One: Center Family Home Special Needs Facility

Signature of applicant

Date

OFFICE USE ONLY

Approved

Denied

Date

Remarks

Child Care Coordinator

Date