

## 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](mailto: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 <sup>st</sup> )	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:**

	<b>DO YOU RECEIVE</b>	<b>NAME</b>	<b>AMOUNT</b>
	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:**

<b>SOURCE</b>	<b>NAME/LOCATION</b>	<b>AMOUNT</b>
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**

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Approved

Denied

Date

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Remarks

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**Child Care Coordinator**

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**Date**