



Child Care Subsidy Client Information Form

Please return all childcare subsidy documents by email to

vspottedbear@delawaretribe.org. It is the client's responsibility to contact their caseworker to verify all documents were received.

List EVERYONE residing in your home and considered a part of your household. The first parent listed must currently live in the home with the children, have parental rights/custody of the children and serve as the main contact for your childcare subsidy application.

Parent/Client Information:

Parent/Client Full Name:	Parent/Client Phone:
Spouse/Other Name:	Parent/Client Work Phone:
Address:	City, State, Zip:
Parent/Client Email:	

Child Care Provider Information

Child Care Provider Name:	
Child Care Start Date:	Provider Location/City:

Children Requiring Child Care Financial Assistance (Subsidy):

First Name	M.I.	Last Name	Date of Birth (mm/dd/yy)	Attend School?

Additional Household Members (i.e. additional children not in care, adult children, relatives, other):

First Name	Last Name	Date of Birth	Relationship to Parent/Client

Client Signature

Client Name (printed)

Date

Spouse/Other Signature (if applicable)

Spouse/Other Name (printed)

Date



Required Documents List



The following documents are required to apply for The Delaware Subsidy Program. All documents must be dated within 30 days of application.

1. **Proof of Citizenship in a Federally Recognized Tribe** for you and/or your child(ren).
2. **Birth Certificate** for each child who is using the Subsidy Program. It must list name of parent(s). No CDIB Cards, PATERNITY AFFIDAVITS will be accepted.
3. **Child Care Information Sheet** to be completed with household members, email address, phone number, etc.
4. **Client Responsibility & Agreement Form** must be completed, signed and dated. If married or living together both need to sign and date.
5. **Proof of Residence** is verification that you live in the Delaware Tribe's service area (examples: utility bill, mortgage statements or lease agreements)
6. **Employment Verification Form(s)** must be completed by your employer and include the days/hours worked per week, pay rate and must be dated within the last 30 days. This document is required for the client(s). If self-employed, client(s) must submit a written statement listing type of employment, days and hours worked, and income.
7. **Income Verification** requires pay stubs with gross wages listed be submitted for the last 30 days for each client(s). If paid weekly, submit last four pay stubs, if paid bi-weekly submit the last two pay stubs. If self-employed, the client(s) must submit the most recent federal tax forms including self-employment schedule C, E or F. If a client is a student with no income, they must submit a statement of no income.
8. **School Schedule** must be an official copy of the client(s) current class schedule listing the days and hours of classes. Schedule must be on school letterhead or an official transcript that includes current class schedule.

Delaware Tribe Use Only

Received _____

By _____



Child Care Subsidy Client Responsibilities & Agreement







Form

I (we) agree to:

1. Select a Child Care Provider that is contracted with Delaware Tribe of Indians.
2. Pay my Provider for any days of care exceeding the number of days approved by Subsidy.
3. Recertify my child care case at my scheduled recertification time.
4. Notify Subsidy before changing providers.
5. Notify Subsidy within 5 days when changes occur to:
 - ✚ Household size and/or household income.
 - ✚ Marital status.
 - ✚ Employment and/or school enrollment.
 - ✚ Address and/or phone numbers.
 - ✚ The amount of child care needed or if child care is no longer needed.
6. Certify my child's attendance at the end of each month, by reviewing and signing the completed Child Care Subsidy Billing Form. I understand I am never to sign a blank billing form.

7. Select an Authorized Representative (below) that may sign the billing form in my absence if needed. The authorization will be in effect until revoked by the client.
8. Promptly pay or make arrangement to pay my monthly copayment(s) directly to my Provider.
9. Be responsible for absent day payments to my Provider when my child is not in attendance at least 15 days in a month.

I agree to the following statements:

-  I certify that I do not have assets in excess of 1,000,000.
-  I received information regarding other services for which I may be eligible.
-  I agree to provide required documents to verify statements made during the application process.
-  I hereby give permission for the Delaware Tribe to obtain any needed verification.
-  I affirm the information given in this application is complete and correct to the best of my knowledge and belief.
-  I understand and agree if I receive child care services based on false information provided, I am subject to repayment of benefits, denial of future benefits and may be prosecuted for fraud.

I agree to hold the Delaware Tribe harmless from any liability, claims or damages that result for the Child Care Provider's performance under the term of this agreement.

I understand by signing this form, I agree to all terms of this agreement. My signature serves as my authorization for Delaware Tribe to obtain and/or verify all information pertaining to my child care case.

 Client Signature
 Date

Client Name (printed)

 Spouse/ Authorized Representative Signature
 Date

Name (printed)

 Child Care Subsidy Caseworker

Date



Employment Verification



Section 1: To be completed by employee:

Client Name:	Employee #:
Street Address:	Last 4 SS #:

City, State, Zip:	Phone #:
Signature:	Date:

I have applied for child care services through Cherokee Nation. My signature above authorities release of information requested below. All information is considered confidential and private and will be used by this office to determine eligibility.

Section 2: to be completed by employer:
 Verification of employment is requested for the above person.

Date of Hire: _____ Position Title: _____

Current Salary: _____ Hourly Wage: _____

Employment Status: Employed Not Employed Self-Employed

How Often Paid: Weekly Bi-Weekly Twice a Month Monthly

Total Number of Hours Scheduled per Week: _____

Work Schedule: _____

Employer Name: _____ Phone Number: _____

Address: _____

Zip Code *Street Address* *City* *State*

 Authorized Person's Printed Name Authorized Signature

 Authorized Person's Title Date

