



Comanche Nation
Child Care Program
Subsidy Application Checklist



☐ CCDF

☐ CNG

For office use only

Date Received: _____

Date Reviewed: _____

This Page is for Child Care Staff Only

The following documents are required to be submitted at the same time as the application.

Incomplete applications may cause a delay in processing.

Date:	Initials:	Type of Documentation Requested:
		Proof of Residence Utility Bill (Water, Gas, Internet or Electric) or Rent/Lease Agreement
		Copy of parents and/or guardians Identification (Driver license, State ID, or CDIB/Tribal ID with photo)
		Copy of Certificate of Indian Blood (CDIB) or Certified pending enrollment letter(s) for each child with Parent's CDIB/Tribal ID • If pending enrollment-submit the child's CDIB/Tribal ID once enrolled • CCDF Funding allows for a descendency exemption. CNG Funding does not allow for descendency exemption. If child is a descendant and not enrolled we must have the CDIB/Tribal ID of the tribal member and all birth certificates to prove lineage
		Copy of child(ren) Birth certificate(s) and Guardianship paper work if applicable
		Proof of Income/Training/Schooling • Most recent 30 days worth of pay stubs, child support, alimony, SSI/Disability, or any other income documents • If newly employed we need a letter from your employer stating how many hours you work and your pay rate (you can request a letter of employment form from the childcare office for the new employer to fill out) • If in training/school we need copy of school schedule (each period/semester)

Comanche Nation Child Care Programs-Subsidy Assistance

Section I - Primary Adult			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	County of Residency:		CDIB #
Physical Address:			
City, State, Zip code		Mailing Address: (If different from Physical Address)	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			
Name of Employer / School			
Address of Employer / School:			
Section II - Secondary Adult (Responsible Party)			
Last Name:	First Name:	Middle IN:	Preferred Name:
Date of Birth:	County of Residency:		CDIB #
Physical Address:			
City, State, Zip code		Mailing Address: (If different from Physical Address)	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			
Name of Employer / School			
Address of Employer / School:			

FAMILY INFORMATION

Family Size (number of persons) _____

	Name	DOB	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Comanche Nation Child Care Programs-Subsidy Assistance

CHILDREN NEEDING CHILD CARE:

1st Child's Name: _____ D.O.B ____/____/____ Age _____

Tribal Affiliation: _____ Enrollment #: _____

2nd Child's Name: _____ D.O.B ____/____/____ Age _____

Tribal Affiliation: _____ Enrollment #: _____

3rd Child's Name: _____ D.O.B ____/____/____ Age _____

Tribal Affiliation: _____ Enrollment #: _____

4th Child's Name: _____ D.O.B ____/____/____ Age _____

Tribal Affiliation: _____ Enrollment #: _____

5th Child's Name: _____ D.O.B ____/____/____ Age _____

Tribal Affiliation: _____ Enrollment #: _____

CHILD CARE CENTER INFORMATION:

Facility Name: _____

Telephone number: _____

Address: _____

City, State, Zip code: _____

Email: _____

EMERGENCY CONTACT:

Contact #1:			
Last Name:	First Name:	Middle IN:	Preferred Name:
Physical Address:			
City, State, Zip code		Relationship to Child	
Home Phone:	Work Phone:	Ext.	Cell Phone:
Email Address:			

Comanche Nation Child Care Programs-Subsidy Assistance

READ CAREFULLY BEFORE SIGNING:

1. I will abide by the rules and regulations of program (CCDF and CNG Funding) and I will pay all co-pays and additional fees on time & in full to the provider.
2. I understand I must notify the program office of any changes in household including pay rates, employment status, address/phone, email address, # of children, work/class schedules within **seven (7) days**.
3. I understand, if I am "terminated" from the program (CCDF and CNG) for any unfavorable reason any costs after the termination date that are incurred will be solely my responsibility. I understand, that if I re-apply any approvals will be at the sole discretion of the CCDF Administrator or the CCDF Co-Administrator.
4. By accepting my application for the program (CCDF and CNG) and meeting all eligibility requirements upon approval, the program (CCDF and CNG) agrees to furnish financial assistance for child care services limited to maximum allowances under the program (CCDF and CNG) guidelines.
5. This financial assistance will be granted during my approval period as long as I observe the rules mentioned above and maintain renewal/re-certification guidelines and all procedures.
6. I understand that to receive Special Needs and/or Foster Care Priority, I must submit a doctor's statement and/or legal documents verifying that my child needs this type of care.
7. I understand that all child care time sheets must be signed and agreed upon by both the child care provider and parent. Unsigned time sheets will not be processed for payment due to the provider.
8. I understand reimbursement to the provider of record is based on **actual attendance**. Payment will **NOT** be made for child absences, provider closures, holidays (days care was not provided)
9. **Parent/Guardian Responsibility: Any amount charged by the provider that exceeds the program reimbursement rate is the responsibility of the parent/guardian.**
10. I will never sign a blank statement form. If the time sheet I sign is inaccurate, I understand the following month of service payment will either be increased or decreased to make payment current.
11. If I decide to change providers, I will notify the program for approval and that all balances owed to previous provider have been settled.
12. I understand that if any fraud is committed, I must repay the amount in question to the Comanche Nation Child Care Program and will be unable to participate in the program until the repayment is made.
13. I understand that all phone calls regarding child care cases must be from applicant, no information will be shared with relatives or providers. If I have a complaint about child care staff or providers, I will make this complaint in writing to the CCDF Administrator or CCDF Co-Administrator.
14. I understand that program file information may be shared with other CN departments for compiling demographic data.
15. A Parental complaint form is located on our website at [Child Care | Comanche Nation](#)
16. I understand that if notification is received from my provider that my child (ren) has/have not been in attendance for more than one calendar month you risk being removed from the program.

By my signature, I fully understand the terms under which I have applied for assistance with the program (CCDF and CNG). I authorize the Comanche Nation Child Care Staff permission to make any investigation to verify any answers I have given. I affirm under penalty of perjury that the child care application is complete and correct to the best of my knowledge and belief. I also understand that providing false information may result in termination of these benefits

By signing below, I agree to the following rules and regulations of the Comanche Nation Child Care Program.

APPLICANT'S SIGNATURE

DATE

Signature of Subsidy Program Office Staff

DATE