



Client Responsibilities and Agreement

I agree to provide Modoc Nation CCDF Program all information necessary to verify any statements made in the application and hereby give permission for the Modoc Nation to obtain such verification.

I affirm under penalty that the information given in this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud, may be denied future benefits and held liable for payment directly to the provider or reimbursement to the tribe.

1. I will be responsible for payment for any days and hours of care more than days and hours for which Modoc Nation has agreed to pay.
2. I will be responsible for establishing my continued eligibility and updating my status.
3. I will notify the Modoc Nation and the Child Care Provider:
 - a) before any changes in facility or caretaker
 - b) any changes in employment status, school schedules, work schedules, address, phone number, within 10 days
 - c) if either parent is no longer working or attending school or dropped classes
 - d) change of members in family
4. I will be responsible for certifying my child's attendance by signing the attendance record maintained by the facility at the end of each month's care.
 - a) I understand that my failure to certify my child's attendance by signing the attendance record form will result in Modoc Nation terminating payment to the provider and/or the facility's discontinuing care of my child.
 - b) I further understand I am NEVER to sign a blank attendance record. **If you are found signing blank claim forms, it will result in termination of services.**
5. I must choose a childcare provider who is State licensed, License Exempt or Tribally Licensed. Exceptions are at the discretion of the Modoc Nation CCDF Director.
6. I understand if I decide to switch my child to another facility, I must have the new provider sign the appropriate forms, and I must submit those forms to the CCDF office for an approval letter before switching facilities.
7. I verify I do not have family assets that exceed \$1,000,000.
8. I understand the consequences of not submitting information will be suspension of termination.

LIABILITY DISCLAIMER

I understand my right to parental choice in choosing a provider and agree to hold Modoc Nation harmless from any liability, claims, damages that may result from the childcare provider's performance of its obligations under this agreement.

I UNDERSTAND BY SIGNING THIS FORM THAT I AGREE TO ANY AND ALL TERMS OF THIS AGREEMENT.

 Signature of Applicant

 Date

 Modoc Nation CCDF Staff Signature

 Date