MODOC NATION
Child Care Development Fund

418 G St SE, Miami, OK 74354
Phone (918) 542-7890
Fax (918) 800-2883
ModocCCDF@modocnation.com

APPLICATION FOR CHILD CARE ASSISTANCE

Parent/Guardian Name:	**Date of Application:**
Physical Address:	**City/State/Zip:**
County:	**Phone Number:**
Mailing Address:	**City/State/Zip:**
County:	**Email Address:**
Tribe:	**I certify that my family assets do not exceed $1,000,000.00 Initials:**

List All Household Members Including Self – Please Print

First Name	M.I.	Last Name	Sex	DOB	Marital Status	Tribe

Child Care Facility Information

Child Care Provider:	**Phone Number:**
Address:	**City/State/OK:**
County:	**Email Address:**

I understand by signing the form I must submit all required documents with the completed application to the CCDF office before I am considered for childcare assistance. Child care assistance will not be paid until the date of approval is determined by the CCDF staff. Any assistance received prior to the date of approval will be the sole responsibility of the applicant. I understand that if I falsify information or fail to submit information required for eligibility that I will be suspended or terminated and will be required to reimburse the program.

Applicants Signature:	Date of Signature:
Modoc Nation CCDF Staff Signature:	Date of Signature:

You may e-mail, mail, or hand deliver. Request must be clear and legible to be accepted. Requests received after the deadline will be denied.
Faxed documents or screen shots will not be accepted.

MODOC NATION
Child Care Development Fund

418 G St SE, Miami, OK 74354
Phone (918) 542-7890
Fax (918) 800-2883
ModocCCDF@modocnation.com

Child Care Services Needed

Are you currently receiving child care assistance from any Tribe or State: __Yes __No?
From Whom:_____

Child's First & Last Name	All day	Before/After School	Summer/School Closures

Applicants Signature:	Date of Signature:
Modoc Nation CCDF Staff Signature:	Date of Signature:

You may e-mail, mail, or hand deliver. Request must be clear and legible to be accepted. Requests received after the deadline will be denied.
Faxed documents or screen shots will not be accepted.

Revised 10/1/2025

MODOC NATION
Child Care Development Fund

418 G St SE, Miami, OK 74354
Phone (918) 542-7890
Fax (918) 800-2883
ModocCCDF@modocnation.com

Priority Rules for Special Needs and Protective Services

Are any children in household in foster care, ICW, or court custody: ☐YES ☐NO

Does any child in the home have a special need: ☐YES ☐NO
If so, describe (attach appropriate documents):_____

_____

Special Needs includes children delayed in: (check all that apply)

- ☐Cognitive development
- ☐Physical development
- ☐Speech and language skills
- ☐Psychosocial development, or self-help skells whose condition requires oversight or care
- ☐Children who receive SSI, sooner start or special education services
- ☐Medical including documented temporary mental health leave (evaluate every 30 days)
- ☐Other- case-by-case:_____

Protective services will be available for At-Risk Families: (check all that apply)

- ☐TANF families
- ☐Homeless
- ☐Teen parents (age 19 or under)
- ☐Single parent/guardian with documented sole custody (one or all parents out of the picture)
- ☐Foster care or Respite care
- ☐Families who have an open case with State/Tribal CPS or ICW
- ☐Abusive situations (detailed guardian statement)
- ☐Single parent/guardian
- ☐Military family (one or both parents deployed)
- ☐Children living with grandparents
- ☐Families in danger of having protective cases opened with DHS/ICW

Applicants Signature:	Date:
Modoc Nation CCDF Staff Signature:	Date:

You may e-mail, mail, or hand deliver. Request must be clear and legible to be accepted. Requests received after the deadline will be denied.
Faxed documents or screen shots will not be accepted.

MODOC NATION
Child Care Development Fund

418 G St SE, Miami, OK 74354
Phone (918) 542-7890
Fax (918) 800-2883
ModocCCDF@modocnation.com

Application Checklist

Allow up to 20 business days for processing COMPLETED applications

The following documentation is required to determine eligibility for childcare assistance

___ Application Page

___ Application Checklist

___ Client Responsibilities and Agreement

___ Priority Rules for Special Needs and Protective Services

___ Verification of Employment for each adult (minimum of 20 hours a week)

___ Certificate Degree of Indian Blood (CDIB) or Tribal Membership for all Tribal Members

___ Birth Certificate for each child needing child care assistance (state or hospital)

___ Up to Date Immunizations for each child needing child care assistance

___ Proof of Residency (copy of water, gas, or electric bill with name and physical address)
Notarized Statement of Residence form for landlord/owner if utilities are not in your name with a utility bill with their name and physical address

___ Proof of Income for all household members (Complete month of paycheck stubs, if Self- employed we need copies of COMPLETE income taxes including Schedule C

___ Class schedule and acceptance letter if adult is attending school

___ Letter from your tribe that you are not receiving child care assistance from them

___ Custody/Divorce/Guardianship Documents

I understand that I must have all the above documentation submitted to Modoc Nation CCDF office and have a completed application before I will be considered for assistance from the CCDF Program. I have read the above and understand that I must be attending work, a job-training program, and/or school, while my child is receiving CCDF subsidies. I also understand that if I falsify information required for eligibility, childcare services may be suspended or terminated and will be required to reimburse the program.

Applicants Signature:_____Date:_____

You may e-mail, mail, or hand deliver. Request must be clear and legible to be accepted. Requests received after the deadline will be denied.
Faxed documents or screen shots will not be accepted.

MODOC NATION
Child Care Development Fund

418 G St SE, Miami, OK 74354
Phone (918) 542-7890
Fax (918) 800-2883
ModocCCDF@modocnation.com

Client Responsibilities and Agreement

I agree to provide Modoc Nation CCDF Program with 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 additional charges or overtime charges if my children require care beyond the number of hours for which I have been approved by Modoc Nation CCDF Program.
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 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.

Applicants Signature:	Date of Signature:
Modoc Nation CCDF Staff Signature:	Date of Signature:

You may e-mail, mail, or hand deliver. Request must be clear and legible to be accepted. Requests received after the deadline will be denied.
Faxed documents or screen shots will not be accepted.

MODOC NATION
Child Care Development Fund

418 G St SE, Miami, OK 74354
Phone (918) 542-7890
Fax (918) 800-2883
ModocCCDF@modocnation.com

Verification of Employment (Filled out by Employer)

1. Verification of Employment For:_____
2. Company/Employer:_____
3. Company/Employer Address:_____
4. Company/Employer Phone Number:_____
5. Manager/Supervisor:_____
6. Date of Employment:_____
7. Employee's Position:_____
8. Pay Schedule: Weekly Bi-Weekly Twice Monthly Monthly
9. Number of Hours Employee Works Per Week:_____
10. Employee is Considered: Full Time Part Time Temporary

Work Schedule:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	Hours	Hours	Hours	Hours	Hours	Hours

Employer's Authorized Signature:_____ Date:_____

You may e-mail, mail, or hand deliver. Request must be clear and legible to be accepted. Requests received after the deadline will be denied.
Faxed documents or screen shots will not be accepted.