



# Wyandotte Nation

64790 East Highway 60  
Wyandotte OK 74370-2098  
Phone: (918) 678-3268 – FAX: (918) 676-7004  
wyandotte-nation.org



## P.L. 102-477 Services Program ~ Child Care Services Request Form

Name of Family Requesting Services: \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip) (County)

**Mailing Address:**

(if different from above)

\_\_\_\_\_  
(City) (State) (Zip) (County)

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

I, \_\_\_\_\_, certify that my family assets do not exceed \$1,000,000.  
(Name of Client)

**\*\*\*\*\* PERSONS IN HOUSEHOLD \*\*\*\*\***

List all persons living/residing in household.

Name			Gender	Date of Birth			Social Security No.	Marital Status
First	M.I.	Last	M/F	MM	DD	YYYY	SS#	M/D/S/W

\*\*\*\*\* TRIBAL AFFILIATION \*\*\*\*\*

Please list tribal member name, Circle Child or Parent/Guardian, and list tribal affiliation

- 1. \_\_\_\_\_ Child; Parent/Guardian Tribal Affiliation \_\_\_\_\_
- 2. \_\_\_\_\_ Child; Parent/Guardian Tribal Affiliation \_\_\_\_\_
- 3. \_\_\_\_\_ Child; Parent/Guardian Tribal Affiliation \_\_\_\_\_
- 4. \_\_\_\_\_ Child; Parent/Guardian Tribal Affiliation \_\_\_\_\_
- 5. \_\_\_\_\_ Child; Parent/Guardian Tribal Affiliation \_\_\_\_\_
- 6. \_\_\_\_\_ Child; Parent/Guardian Tribal Affiliation \_\_\_\_\_

\*\*\*\*\* CHILD CARE \*\*\*\*\*

I am requesting child care assistance for the following child(ren):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child Care Provider: \_\_\_\_\_

Address of Provider: \_\_\_\_\_

(City)

(State)

(Zip)

(County)

If you would like to add an authorized person(s) to sign your child's monthly claim form (attendance) please list them here:

\_\_\_\_\_

\_\_\_\_\_

*\*I have read and reviewed checklist and guidelines on page 3\* (Applicant initials) \_\_\_\_\_*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Copay: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Recertification: \_\_\_\_\_

Approval: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

Documentation for Child Care Assistance

#	<input checked="" type="checkbox"/>	***** DOCUMENTATION *****
1		Certified Degree of Indian Blood or membership card
2		Social Security cards for every member of the household
3		Birth certificate for all children attending day care
4		Immunizations for all children attending day care
5		Current utility bill with name and service address. If utility bill is in another person's name, the family requesting services must obtain a Notarized Statement of Residence form from our office.
6		Verification of income including employment verification and check stub. Income considered includes the following: present employment, state aid, self-employment, social security or any other income (excluding child support). If name is not on check stub, we must copy check and stub. If self-employed, please request Self-Employment form from our office. Be prepared to submit form 1040-E from your tax documents.
7		Class schedule, if attending education/training classes.
8		If divorced, copy of decree. If separated from spouse, provide a notarized letter stating you are no longer living in the same household. The divorce decree must be submitted to Wyandotte Nation's P.L. 102-477 Services Program as soon as the divorce has been granted.
9		If child is under your guardianship, guardianship or custody order required.
10		If child is special needs, please provide appropriate documentation.

When coming to our office for the initial visit, please bring **original documents** (not photocopies).

All documents must be received by Wyandotte Nation located at 64700 East Highway 60 in Wyandotte, Oklahoma prior to approval for program participation.

Recertification will be for a period of 1 year. Any change in your household status must be reported promptly to our offices. This includes but not limited to address change and child care provider.

To qualify for child care services applicants must be considered a tribal home, reside within our service area, meet our income criteria, child of ages 0 through 13, and parent(s)/guardian(s) must be working, attending school, in job training, or in a pre-approved job search.

If the childcare provider charges higher rates than our re-imbusement rates, the parent/guardian will be responsible for the overage charges to the daycare.

Changes in childcare provider(s)/daycare(s) must be reported to our office prior to the child starting at the new provider. Failure to do so may result in the parent/guardian being responsible for any charges incurred at the new provider.