



SHAWNEE TRIBE CLIENT RESPONSIBILITIES AGREEMENT

I _____ agree to:
(Client Name)

1. The Shawnee Tribe CCDF Program will only pay for child care services while the applicant (s) are attending work, school, or approved job training. Approved job search is allowed on a case-by-case basis. I understand that my child is to be dropped off at daycare 30 minutes before work/school and picked up no later than 30 minutes after work/school. Additional drive time may be approved on a case-by-case basis. (initial her) _____
2. Time for sleep may be approved for applicant (s) who work the graveyard shift. Graveyard shift is to be considered to be from 11:00 p.m. to 7:00 a.m. (initial here) _____
3. Each child will receive one (1) paid absent day per month, any additional absence will be the responsibility of the parent/parents if the child care provider charges for absent days. (initial here) _____
4. Be responsible for any additional charges if my children requires child care beyond the number of hours for which I have been certified on the Shawnee Tribe CCDF Program (as noted on my Certification and Eligibility Form). If my child does attend daycare when I am not working or in school, I understand that I am responsible for payment of services. Applicants are responsible for paying any overtime charges require by their chosen Child Care Provider. (initial here) _____
5. If the provider charges tuition or higher rates than Oklahoma State Rates, it is the responsibility of the applicant (s) to pay this fee. (initial here) _____
6. Notify both the Shawnee Tribe and the Child Care Provider within two (2) calendar days: 1) before I change Providers; 2) if I no longer need the assistance of the Shawnee Tribe CCDF Program; 3) if any changes occur in employment status, school schedules, or work schedules for me or my spouse; 4) if any changes in marital status or 5) change in family size. (initial here) _____
7. Notify the Shawnee Tribe of any changes in my address and/or phone number within ten (10) calendar days. (initial here) _____
8. Be responsible for any expense incurred by my failure to notify the Shawnee Tribe or the Provider, as required in numbers 1 through 7 above. (initial here) _____
9. Be responsible for verifying my child's/children's attendance in a child care facility by signing the attendance record/records maintained by the facility at the end of each month's care. I understand that my failure to verify my child's/children's attendance will result in the Shawnee Tribe's refusal to pay the provider and/or the provider's discontinuing care of my child/children. If an attendance sheet is not signed future child care services may be forfeited. I further understand I am **NEVER** to sign a blank or incorrectly logged attendance record. (initial here) _____
10. Be responsible to promptly pay or make arrangements to pay the co-payment that I owe the Provider (the amount of the co-payment is shown on the Certification and Eligibility Form). If your monthly co-payment exceeds the amount of the daycare fee for the month then applicant is responsible for paying the daycare fee and not the co-payment. (initial here) _____
11. I must choose a child care provider who is State or Tribally licensed. (initial here) _____
12. Be responsible for repaying the Shawnee Tribe any overpayment of benefits paid in my behalf. Failure to do so will result in loss of child care assistance from the Shawnee Tribe CCDF Program. (initial here) _____

I agree to provide the Shawnee Tribe Child Care Program all contact information necessary to verify any statements made in my application for assistance, and I hereby give permission for the Shawnee Tribe Child Care Program to verify all information that I have provided in my application with employers, employment agencies, child care providers, educational or training facilities, source of financial support, and other similar agencies. (initial here) _____

I affirm under penalty of the law that the information given in this application is complete and correct to the best of my knowledge and behalf. I understand and agree that if any statement I have made is false and results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud and may be denied future benefits from the Shawnee Tribe Child Care Program and other Shawnee Tribe programs. (initial here) _____

LIABILITY DISCLAIMER

I AGREE TO HOLD THE SHAWNEE TRIBE HARMLESS FROM AND LIABILITY, CLAIMS, OR DAMAGES THAT MAY RESULT FROM A CHILD CARE PROVIDER'S PERFORMANCE OF ITS OBLIGATIONS UNDER THE TERMS OF AGREEMENT.

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

Client Signature

Date

Shawnee Tribe CCDF Program Staff Signature

Date