

**QUICK CHECK FOR ELIGIBILITY FOR
CCDF CHILD CARE SUBSIDY**

- **Child must be an enrolled member of a Federally Recognized Tribe. The AST Subsidy is a set-aside for Native American Children.**
 - A CDIB card will be accepted for the first six-month period - pending the final enrollment process. (Requires a letter from the Tribe stating that enrollment is pending).
- All eligible Native American children must be under the age of 13. (Not reached their thirteenth birthday).
- Child must reside in the service area: McLain, Pottawatomie, Oklahoma, and Cleveland County.
- Child must reside with a family whose income does not exceed 85 percent of the median income (See Sliding Fee Schedule) for a family of the same size and whose parent(s) are: (1) working or (2) attending a job training or educational program full-time that leads to a permanent job.
- Child must not be receiving subsidy from the State of Oklahoma or any other Tribe.



Absentee Shawnee Tribe Of Oklahoma
CCDF SUBSIDY PROGRAMS
2025 S. Gordon Cooper
Shawnee, OK 74804
(405)432-8411 Fax: (405)878-0156
ASTChildCare@astribe.com

Parent's Quick Subsidy Calculation Sheet

Gross Monthly Income:

Father's 2 week Gross X 26 = _____ divided by 12 = _____

Mother's 2 week Gross X 26 = _____ divided by 12 = _____

Monthly Gross = _____

Monthly Gross – \$200.00 (Working Family Deduction) = Adjusted Monthly Income

Adjusted Monthly Income _____

Other Income: _____

Total: \$ _____

Take off any legally binding child support _____

TOTAL = \$ _____

Directions: Once you have calculated your TOTAL- go across the chart to reach your family size.

Go down that column, if your TOTAL is between the first two boxes then the third is your co-pay. If not, go down to the fourth and fifth box. If your TOTAL is between these two numbers then your co-pay is in the sixth box. If your TOTAL is over the amount in the seventh box, then you do not qualify for subsidy.

Family Size = _____

Basic Co-payment = _____ (plus additional cost if provider rates exceed CCDF Subsidy rates)



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Absentee Shawnee Tribe Subsidy Provider Rates

State Licensed Child Care Centers

Age of Child	One Star		One Star Plus		Two Star		Three Star	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full Time	Part-time
0-12 Months	\$ 20.00	\$ 14.50	\$ 22.80	\$ 15.00	\$ 38.00	\$ 23.40	\$ 44.00	\$ 26.40
13-24 Months	\$ 20.00	\$ 14.50	\$ 21.80	\$ 15.00	\$ 33.60	\$ 20.20	\$ 41.80	\$ 25.20
25-48 Months	\$ 17.20	\$ 11.50	\$ 19.60	\$ 12.80	\$ 31.50	\$ 18.90	\$ 35.90	\$ 21.90
49-72 Months	\$ 17.00	\$ 11.50	\$ 18.50	\$ 12.80	\$ 22.80	\$ 15.00	\$ 25.20	\$ 16.10
73 Months-13 Years	\$ 13.80	\$ 9.50	\$ 16.10	\$ 10.70	\$ 18.80	\$ 12.80	\$ 20.70	\$ 12.80

State Licensed Child Care Homes

Age of Child	One Star		One Star Plus		Two Star		Three Star	
	Full-time	Part-time	Full-time	Part-time	Full-time	Part-time	Full Time	Part-time
0-24 Months	\$ 20.00	\$ 13.70	\$ 20.70	\$ 13.90	\$ 28.60	\$ 18.20	\$ 39.50	\$ 25.70
25-48 Months	\$ 17.20	\$ 11.20	\$ 18.50	\$ 12.80	\$ 26.50	\$ 16.70	\$ 36.00	\$ 22.10
49-72 Months	\$ 16.20	\$ 11.20	\$ 18.50	\$ 12.80	\$ 22.80	\$ 15.00	\$ 26.60	\$ 17.10
73 Months-13 Years	\$ 13.00	\$ 8.00	\$ 13.70	\$ 9.60	\$ 18.20	\$ 11.80	\$ 20.70	\$ 12.80

Full-time= 4 hour or more
 Part-time= Less than 4 hours

Effective 10/1/20



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CHILD CARE SUBSIDY APPLICATION

APPLICANT'S NAME: _____ DATE: _____
Last First M.I.

ADDRESS: _____
Street City State Zip

EMAIL: _____

APPLICANT'S TRIBAL AFFILIATION: _____ CDIB #: _____

HOME PHONE: _____ CELL: _____

APPLICANT'S EMPLOYER/ SCHOOL: _____ PHONE: _____

ADDRESS: _____
Street City State Zip

Family Information: Please list all family members living in the home.

Name	DOB	Age	Tribal Affiliation		

(Please attach copies of child(ren) enrollment cards.)

PROVIDER INFORMATION

(Person or Facility who will care for child(ren))

PROVIDER'S NAME: _____ PHONE: (____) _____
Last First

ADDRESS: _____
Street City State Zip

Email: _____

I _____, release the Absentee Shawnee Tribe of Oklahoma and the Child Care Development Fund (CCDF) from any liability that may occur while my child(ren) are in the care of _____ who resides at _____.

Applicant (Head of Household)

Date

Spouse

Date



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SUBSIDY APPLICATION CHECKLIST

Child Care Subsidy Applicants:

- Families are encouraged to apply **First** with DHS for child care assistance, however it is not required. If you are denied because of your income you may be eligible for assistance from the Tribal CCDF Program.
- It is illegal to receive a child care subsidy from more than one source.

Please submit the following:

- Application, Applicant's Responsibilities, Release of Liability and Provider Registration.
- Income verification of all household (copy of one month of check stubs, child support, alimony, TANF, social security, child care assistance, and general/tribal assistance, etc...).
- If divorced or separated, copy of Divorce Decree or separation document must be attached. (The Law states that falsifying information to obtain federal monies for child care assistance is punishable by: (a) \$1,500.00 fine (b) 60 days in jail).
- Copy of current class schedule or letter from school (verifying attendance and hours).
- Copy of ENROLLMENT card of parent and child(ren).

If applying for subsidy for a licensed facility other than Building Blocks, the following must be included with the previous information:

- Copy of current State Day Care License (for centers and home day care providers)
- Copy of current Center Monitoring Report (for centers and home day care providers).
- Copy of W-9
- Provider Registration Form

APPLICATION WILL BE PROCESSED WITHIN 10 DAYS OF RECEIVING ALL THE REQUIRED INFORMATION. BE SURE TO READ, SIGN AND BRING ALL THE FOLLOWING DOCUMENTS, SO THAT YOUR APPLICATION WILL NOT BE DELAYED.



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APPLICANT RESPONSIBILITIES FOR CHILD CARE ASSISTANCE

I agree to:

1. Abide by the days and hours as specified in the day care plan in order to assure that my child(ren) will be supervised by me or someone else at all times. I will notify of an alternate person to contact if there is any emergency. If care is needed beyond the specified plan during any emergency, I understand that I may be responsible for any additional charges.
2. Be responsible for payment for any days and hours of care in excess of days and hours for which the Absentee Shawnee Tribe has agreed to pay.
3. Notify both the Absentee Shawnee Tribe and the child care provider within two (2) days of any change in facility.
4. Notify the Absentee Shawnee Tribe of any change in the amount of my family's income (received from any source) and any change in the size of my family. I agree to make this notification within ten (10) days of the change in income or family size.
5. Be responsible for any expense incurred by my failure to notify the Absentee Shawnee Tribe or the child care provider as noted in numbers one (1) and/ or two (2) above.
6. Notify the Absentee Shawnee Tribe of any change of address or phone number.
7. Notify the Absentee Shawnee Tribe if there is any change concerning the person to contact in case of emergencies.
8. Be responsible for certifying my child's attendance in child care by signing the attendance form maintained by the office of Child Care at the end of each month's care. I understand that my failure to certify my child's attendance may result in the Tribes termination of payment to the facility or discontinuing care of my child. I further understand I am NEVER to sign a blank attendance record.
9. Be responsible to pay promptly or make arrangements for any co-payment I owe to the child care provider.
10. Make information available regarding the health assessment of my child(ren).
11. Be responsible for any established overpayment.

I agree to the Applicant Responsibilities as shown on this page and provide the Absentee Shawnee Tribe the opportunity to obtain any needed verification. I affirm under penalty of perjury that 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.

Applicant/Client's Signature

Date

Phone #: (____) _____

Email: _____



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Child Care Subsidy Program
Provider Registration Form

Name or Center Name as it appears on Day Care License: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Finding Directions: _____

Work Phone () _____ Home Phone () _____

Email: _____

Social Security #: _____

State/Federal I.D.: _____ State License#: _____

Does Program except Tribal Subsidy: Yes/No

*Date of T.B. Test: _____ *Date of CPR Certification: _____

*Home providers need to provide a health statement; T.B. test and Hepatitis shot record.

W-9 Form: Attached and Completed _____

Names of children that care will be provided for:

As a provider for children receiving child care subsidy from the Absentee Shawnee Tribe, I agree:

- To provide parents with unlimited access to their children,
- Will meet or discuss any questions or concerns with the parent during normal hours of operation or when their children are in my care,
- To allow periodic visits by Absentee Shawnee Tribal staff,
- Complete and submit a monthly reimbursement form by the of each month,
- To inform Absentee Shawnee Tribe if the enrolled family is receiving child care assistance from any other source.

Provider Signature: _____ Date: _____

A. S. T. Child Care Coordinator: _____ Date: _____