

**Delaware Child Development (DCD)  
Voucher Program  
Guidelines and Procedures – Updated 7/1/2005**

**Acceptance Process**

Parents/guardians of children age's birth to 12 years may apply for child care assistance through the Delaware Child Development (DCD) program by completing an application form, which is available at the DCD office. Application forms may be mailed or delivered in person to the DCD office where staff will be available for assistance.

A completed DCD application will consist of the application form and participant agreement, the child's birth certificate, verification of family income, and if applicable, verification of the parents/legal guardians enrollment in school and/or participation in TANF. A CDIB card or Tribal membership registration card may verify tribal membership. Verification of family income will include a statement from the employer(s) of parents/legal guardians residing with the child indicating weekly/ bi-weekly/monthly income and the number of hours worked during that period. The income verification may not be dated more than 30 days prior to date of application. Parents/legal guardians who are self-employed should submit a notarized statement indicating weekly earnings and number of hours worked. And a current income tax return. Parents/legal guardians who are attending school, must submit an official class schedule indicating the days and hours they will be in class. Parents/legal guardians participating in TANF will be given preference in participation in the DCD program and, therefore should provide documentation of their enrollment in TANF. Preference will also be given to children with disabilities and parents/legal guardians must provide written documentation from a health professional at the time of enrollment.

DCD staff will process complete applications within 10 working days. Parents/legal guardians will be sent a letter indicating their acceptance, waiting list status or denial. Acceptance by the program, the amount the DCD program will pay and the parents/legal guardian's co-payment and the length of time they may participate in the DCD program before re-certification is required. In the case of a denial, the reasons will be clearly stated and the process for challenging the decision will be provided. If the denial is based on failure to supply all necessary paperwork, the applicant will have ten working days from the denial date to return the necessary paperwork. If the applicant fails to return the items within the time period, they will be required to complete a new application. Applicants who are accepted will be asked to contact the DCD office with the name of the child care provider(s) they wish to use. DCD services will begin as soon as, but not before, DCD staff has approved the provider.

**Re-certification**

Re-certification will occur every six months. Parents/legal guardians will be sent a letter 30 days prior to their re-certification date requesting that they submit current income documentation. Parents/legal guardians attending school or on TANF will be required to re-certify at the end of each semester or training period. A letter of re-certification will be mailed to parents/legal guardians usually 30 days before certification expires and may indicate changes in payment rates, etc.

## **Delaware Child Development Program**

The Delaware Child Development Program may provide subsidized child care for children of eligible parents or legal caretakers, if those parents or caretakers are employed or pursuing education or training.

This program is designed to offer financial assistance with child care costs as well as to improve the overall quality of child care currently available to Native American families and caretakers.

Eligible families will participate in the program as follows:

Certificate Program – Through this component, you choose a center-based, group or in-home child care provider. Depending on your family's income and size, the program determines eligibility and your monthly co-payment. You must pay the co-payment first. The Delaware Child Development Program will pay the remainder of cost. All co-payments are made directly to your child care provider. All child care providers must be DHS Licensed.

Your application will be processed within 10 days from receipt of a completed application. You will be responsible for the complete cost of child care services until all steps are completed. Approval date is the date the Delaware Child Development Office takes action on your completed application. You may:

1. Mail in your completed application. The child development office will notify you by letter when you have been approved or denied assistance.
2. Bring your completed application to the Delaware Child Development Office, located at 5110 Tuxedo Blvd., Bartlesville, OK, 74006. Monday through Friday 8:00 a.m. to 5:00 p.m. Your application will be reviewed for completeness. If not complete, application will be returned.

## **Delaware Child Development Prioritization**

The DCD Office will utilize the following method of prioritization to serve Native American children:

- Special needs children Newborn to 13 years of age
- Special needs children in protective custody that is considered an emergency will receive immediate services
- TANF participant's children
- Native American Children

Child Care Assistance under this plan only provides services to eligible Indian children living within the service area covering all of Washington, Craig, Nowata and Rogers counties, Tulsa County north of Admiral Street, Labette and Montgomery counties in Kansas. If you have any questions, please feel free to contact our Child Development office at (918) 337-6500. Monday-Friday, 8:00 a.m.-5:00 p.m.

### Checklist of Required Documentation

The following documents must be submitted with your application to be considered complete:

- Copy of your Certificate of Degree of Indian Blood or Tribal Registration Card for parent and child(ren). Must have blood quantum. (May use parent's card, if their name is on the birth certificate for up to 6 months. After that time, child must have his/her own card on file with the DCD.)
- Written verification of all gross income that is earned in your household, i.e. salaries. If paid weekly, last four pay stubs, if paid bi-weekly last two pay stubs.
- Work Schedule for parents living in the household, must include days/hours working per week. Written on company letterhead and signed by the employer for each current job held. If employer does not have letterhead, employer should attach his business card to a signed, notarized statement. If self-employed, must submit a copy of current tax return, a notarized/signed work schedule that lists specific days/hours worked per week, rate of pay and date client became self-employed. (If employed, we request a work schedule even if you do not require care)
- Written verification of all gross non-earned income in your household i.e., child support, social security, workers compensation, alimony, veteran's benefits, etc.
- Proof of residence – verification that you live in the service area (example utility bill, phone bill, lease agreement) all other pieces of mail submitted must also include a notarized statement of address. Verification must be dated within the last 30 days.
- School schedule, submit a copy of your official schedule showing days/hours of each class attending. If attending trade school/high school, must submit a letter of school letterhead listing the days and hours of attendance. Financial award letters are required on all students (except high school). If student parent(s) has no income, parent will need to submit a notarized statement of no income.
- Signed Client Child Care Rights and Responsibilities Form on last page and return with your completed application
- Copy of Divorce Decree or Separation (If separated, need notarized statement of separation, if legally separated, need copy of the legal document.)
- Copy of child's updated immunization records
- Copy of social security cards for all household members.
- Copy of child's birth certificate, listing parents. No Paternity Affidavits. No crib cards.
- Name, address, telephone number and contact person of child care center you are using.

Once your application is processed, you will receive an approval letter along with a Certificate of Authorization naming individual authorized to receive care: the maximum dollar (\$) amount per month; effective date services begin and expire; re-certification date for continued services; the names approved children.

The DCD Office will review application every six- (6) months. Applicants are required to recertify every six (6) months. Applicants who are going to school or training are required to be re-certified for each grading period.

**Mailing address is DCD, P.O. Box 968, Bartlesville, OK 74005.**

**If you have questions regarding childcare assistance, please call Karen Lay at 918-337-6502.**

**If you ever need to change providers, you must notify the Child Care Office in writing BEFORE you make the change.**

## **CLIENT CHILD CARE RIGHTS AND RESPONSIBILITIES**

### **I AGREE AND UNDERSTAND THAT I WILL:**

- Abide by the days and hours as specified in the child care plan to ensure my child will be supervised by me or someone else at all times. I will notify my provider of the person to contact if there is an emergency. If care is needed beyond the specified plan during the emergency, I understand I may be responsible for additional charges;
- Be responsible for payment for any days and hours of care in excess of days and hours for which the DCD Office has agreed to pay;
- Notify the DCD Office and provider of (1) any change of provider, (2) if child is sick or otherwise unable to attend, or (3) if the child is no longer in need of child care services;
- Be responsible for certifying my child's attendance in child care by signing the attendance record form maintained by the facility or child care provider at the end of each month's care. I understand my failure to certify my child's attendance record may result in the DCD Office terminating payment to the facility or child care provider discontinuing services for my child's care. I further understand that I am NEVER to sign a blank attendance record.
- Notify The DCD office in writing within 5 days of any change in current job: (1) pay increase or decrease, (2) change in number of work hours, (3) change in work shifts or (4) any other work related changes (5) change in household members;
- Be responsible to promptly pay or make arrangements to pay the facility of child care provider any co-payment I am assessed by the DCD Office;
- Make available to the center, health information regarding the health assessment of my child;
- Be responsible for any established overpayment;
- Notify the DCD Office of any change of address, employer, and/or telephone number;
- Have the right of unlimited access to my child at all times while in the care of any facility or child care provider; and
- Submit documentation that substantiates any special needs my child may have that would qualify him/her for special needs care rate;
- If any fraud is committed, repay the amount of money established as an overpayment and will be unable to participate in the child care program for a period of no less that one (1) year and that I could be subject to criminal prosecution. Sample of fraud: receiving child care assistance from DCD for fees paid for child care services when parent(s) is not on the job or school/training, per agreement, for any reason;
- Have the right to appeal any decision made by the DCD Office and such complaint must be made in writing no later than ten (10) days from the date of decision and that a response to the complaint will be made within ten (10) days from the date written complaint is received.

By signing this agreement, I am certifying that I understand and agree to the contents and hereby authorize the DCD Office to obtain any verification of information provided to receive services. I hereby affirm that the child care application is complete and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

**Delaware Child Development (DCD)  
Income Eligibility Application**

Child's Name \_\_\_\_\_

**ALL Other Household Members**

1 _____	4 _____
2 _____	5 _____
3 _____	6 _____

Total number in household: \_\_\_\_\_

**Household Income**

Mother's Employer \_\_\_\_\_

Mother's Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Work # \_\_\_\_\_

Mother attends school?      Yes      No

Name of school \_\_\_\_\_

Hours per week \_\_\_\_\_

Please specify frequency of pay      Weekly      Bi-weekly      Semi-monthly      Monthly

Gross Income (Before Taxes) \_\_\_\_\_

Father's Employer \_\_\_\_\_

Father's Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Work # \_\_\_\_\_

Father attends school?      Yes      No

Name of school \_\_\_\_\_

Hours per week \_\_\_\_\_

Please specify frequency of pay      Weekly      Bi-weekly      Semi-monthly      Monthly

Gross Income (Before Taxes) \_\_\_\_\_

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Other household members listed

Person working \_\_\_\_\_

Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Work # \_\_\_\_\_

Hours per week \_\_\_\_\_

Please specify frequency of pay

Weekly

Bi-weekly

Semi-monthly

Monthly

Gross Income (Before Taxes) \_\_\_\_\_

Other income received by members of household

TANF

\$ \_\_\_\_\_

Alimony

\$ \_\_\_\_\_

Pensions

\$ \_\_\_\_\_

Social Security

\$ \_\_\_\_\_

Other

\$ \_\_\_\_\_

\*Please indicate source and amount of current income for all family members or contributing non-family members of your household. If you receive more than one check from any of these sources, please indicate total monthly amount received. Income provided will determine co-payment, if any, for Child Care and Before/After School program. If more space is needed, please us backside of page.

I understand and give consent to the Delaware Child Development staff to conduct periodic job verification contacts to verify attendance based on the above information and to make inquiries regarding household members. I further give my consent to state, federal and tribal agencies to release information concerning my family or myself to the Delaware Child Development Program. I understand this information will be used to determine my eligibility for programs being offered by the Delaware Child Development Program. Failure to report any changes of employment, household occupancy or the DCD paying for child care services when a parent(s) is not on the job or in school/training, for any reason, may result in termination of child care benefits as well as possible prosecution.

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Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

Are you receiving Title XX Day Care assistance through D.H.S \_\_\_\_\_

Yes

No

If yes, what is your case number? \_\_\_\_\_

What is the amount of your co-payment? \_\_\_\_\_

Are you receiving Child Care assistance through any other agency? \_\_\_\_\_

Yes

No

If yes, what is the name and address of the agency? \_\_\_\_\_

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What is the amount of your co-payment? \_\_\_\_\_

**CERTIFICATION**

I certify that the above information is true and correct to the best of my knowledge and further understand that providing false information to receive services will result in termination of these benefits, as well as possible prosecution.

\_\_\_\_\_  
Mother's signature

\_\_\_\_\_  
Father's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's signature

\_\_\_\_\_  
Date

**Delaware Child Development (DCD)  
Parent/Guardian Provider Agreement**

1. It is my parental right to make an informed choice and to monitor the quality of child care provided by my chosen provider.
2. It is my responsibility to determine the appropriateness of my chosen child care provider.
3. Delaware Child Development personnel strongly recommend that parents/guardians closely monitor the care of their child at the chosen center.
4. The Delaware Child Development staff will make a minimum of two unannounced visits per year to facilities where child care is provided.
5. I agree to hold the Delaware Child Development/Washington Co. Child Care Foundation blameless from any liability, claims or damages that may result from the providers performance of its obligations under this agreement.

By signing this form, I agree and understand the terms of selecting a provider.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# DELAWARE CHILD DEVELOPMENT (DCD) REGISTRATION FORM

CHILD CARE PROVIDER TO BE USED:

**NAME** \_\_\_\_\_ **Address** \_\_\_\_\_ **Tele** \_\_\_\_\_

**Child Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Allergies/Illnesses/Special Needs: \_\_\_\_\_

**Medical Information:**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Treatment/Transportation Authorization:**

Staff members of the Delaware Child Development Program are authorized to seek treatment and/or provide transportation in an emergency situation while my child is under the care of the DCD.

Special Instructions: \_\_\_\_\_

Authorization Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn/affirmed to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**First Parent:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Second Parent:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Emergency Contact/Authorized Pick-up:**

Contact (1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency contact: \_\_\_\_yes \_\_\_\_no Authorized to pick up: \_\_\_\_yes \_\_\_\_no

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Contact (2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency contact: \_\_\_\_yes \_\_\_\_no Authorized to pick up: \_\_\_\_yes \_\_\_\_no

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Contact (1) Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency contact: \_\_\_\_yes \_\_\_\_no Authorized to pick up: \_\_\_\_yes \_\_\_\_no

**Schedule (Check Days and fill in times):**

- [ ] Monday \_\_\_\_\_
- [ ] Tuesday \_\_\_\_\_
- [ ] Wednesday \_\_\_\_\_
- [ ] Thursday \_\_\_\_\_
- [ ] Friday \_\_\_\_\_
- [ ] Saturday \_\_\_\_\_
- [ ] Sunday \_\_\_\_\_

**Ethnicity (Optional):**

- Native American/Alaskan Native \_\_\_\_\_
- Caucasian \_\_\_\_\_
- Asian \_\_\_\_\_
- African American \_\_\_\_\_
- Pacific Islander \_\_\_\_\_
- Other \_\_\_\_\_

**Additional Information:**

Reference Source: How did you hear about our center? \_\_\_\_\_

**Parental Consent:**

I give parental consent for my child's picture to be taken. I understand that this picture may appear in brochures or articles, ads, etc. in the newspaper. I will not hold the Delaware Child Development/Washington Co. Child Care Foundation or their affiliates responsible for any publication of a picture or pictures of my child.

[ ] YES [ ] NO

Signature of Parent/Guardian

Date