



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Application for Child Welfare Child Care Benefits

OKDHS use only		
Case name	KK number	County of residence

OKDHS/Tribe use only		
Resource name	Resource number	County of residence

This form is completed by the parent requesting protective or preventive child care or by the Bridge resource parent requesting Child Welfare child care benefits.

Refer to OAC 340:75-4-12.1 and OAC 340:75-6-91 for protective or preventive eligibility guidelines, and to OAC 340:75-7-65 for Bridge resource parent eligibility guidelines.

Contact information

Parent or Bridge resource address	Parent or Bridge resource phone
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Household members

List all household members. Attach a sheet of paper for additional household members.

1. Last name	First name	Middle name
Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Social Security number	Cell phone	Work phone

Race – check all that apply
 White Asian Black or African American
 Native Hawaiian or other Pacific Islander American Indian or Alaskan native

2. Last name	First name	Middle name
Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number

Social Security number	Cell phone	Work phone
Race – check all that apply <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		
3. Last name	First name	Middle name
Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Social Security number	Cell phone	Work phone
Race – check all that apply <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		
4. Last name	First name	Middle name
Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Social Security number	Cell phone	Work phone
Race – check all that apply <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		
5. Last name	First name	Middle name
Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Social Security number	Cell phone	Work phone
Race – check all that apply <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		
6. Last name	First name	Middle name
Date of birth	U.S. citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	Alien registration number
Social Security number	Cell phone	Work phone
Race – check all that apply <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> American Indian or Alaskan native		

List the name of each child for whom child care benefits are requested.

Child's full name	Custody type	Date of birth	Does the child have special needs?
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
	OKDHS custody <input type="checkbox"/> Tribal custody <input type="checkbox"/> N/A <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of child care provider I want to use.	For which child(ren)?	
Child care provider address	Area code	Phone number
If needed, name of 2nd child care provider I want to use.	For which child(ren)?	
Child care provider address	Area code	Phone number

State the need for child care:

I agree to use the child care services **only for the days and hours specified below and only for the reasons listed on this form.** Include needed travel time. List work hours for all adults living in the home.

Employer name		Phone number	
Employer street address	City	State	Zip

Work

Days and hours:

Monday from _____ to _____ Friday from _____ to _____
 Tuesday from _____ to _____ Saturday from _____ to _____
 Wednesday from _____ to _____ Sunday from _____ to _____
 Thursday from _____ to _____

Employer name		Phone number	
Employer street address	City	State	Zip

Work

Days and hours:

Monday from _____ to _____ Friday from _____ to _____
 Tuesday from _____ to _____ Saturday from _____ to _____
 Wednesday from _____ to _____ Sunday from _____ to _____
 Thursday from _____ to _____

How long does it take you to get to work after leaving the child(ren) at child care?

In case of an emergency, who will provide care when planned child care is unavailable?

Emergency child care provider(s)	Area code	Phone number

Authorized child care representative.

Complete the information below if you want to authorize someone else to apply for child care on your behalf or be issued his or her own electronic benefit transfer (EBT) card to record attendance for the child(ren). This person cannot work at the child care facility

you choose. **You are responsible for any action your authorized representative takes on your behalf.**

Name	Relationship to you	Area code	Phone number
Street address	City	State	Zip

Things you need to know about the Child Care program.

- The earliest date child care benefits will be paid is the day all required verification is provided to the local OKDHS office. Verification includes the name of the child care provider you wish to use.
- You can request a fair hearing if your child care application is not completed within two working days after the day you provide all required verification.
- Your child care provider must have a valid contract with OKDHS.
- Child care centers must have at least a one star plus status.
- You cannot choose a child care home for which you work.
- You must pay for any days and hours of child care you use that are not included in your child care service plan.

You have a right to:

- equal treatment regardless of race, color, age, sex, disability, religion, political belief, or national origin;
- have information given to OKDHS kept confidential;
- have your application processed timely; and
- receive assistance from OKDHS completing this application and obtaining the necessary verifications for approval.

I understand I must:

- be responsible for any established overpayment;
- notify OKDHS/Tribe within 24 hours of changes in:
 - household members (adults moving in or out of the home);
 - address or phone number;
 - work schedule; and/or
 - when I am no longer in need of child care services.
- report when I change child care providers;
- swipe my EBT card every day the child attends child care;
- never swipe my EBT card for attendance for any day the child does not attend child care;
- pay for child care OKDHS will not pay, because:
 - I did not swipe my EBT card for the correct days and times the child attended child care;
 - EBT card swipes were denied and I did not get them corrected within ten days;

- my provider loses the absent days payment for a weekly authorization because I did not swipe correct attendance for every day the child attended that month;
- contact my worker if I do not receive an "approved" message on the point of service (POS) machine; and
- never give my EBT card or personal identification number (PIN) to anyone, including my child care provider.

I understand:

- I am certifying under penalty of perjury that every person in my household for whom I am applying for benefits is a U.S. citizen or an alien in lawful immigration status. I understand I must advise OKDHS of the immigration status of any person applying for benefits even if that person is not in lawful immigration status and is applying only for emergency medical services.
- If OKDHS approves my household for benefits and it is later determined that I made a false claim of U.S. citizenship or lawful immigration status for anyone in my household, a complaint will be filed by OKDHS with the U.S. Attorney, and I may be subject to criminal prosecution.

Signature

I declare that all of the information I gave to OKDHS to complete this application is true and correct and I agree to all the rights and responsibilities listed on this form.

Unsworn declaration under penalty of perjury

I, _____, state under penalty of perjury under the laws of Oklahoma that the foregoing is true and correct to the best of my information and belief.

Subscribed on this _____ day of _____, 20_____, at _____, Oklahoma.
(City)

Signature of applicant - Name as shown on Social Security card or _____ Date
person applying for applicant

Complete when an applicant cannot read or write, is blind, or signs by mark.

I have heard all information contained in this application read to the applicant and have witnessed the signature/mark above.

Witness:

_____	_____
Signature	Date
_____	_____
Signature	Date

I do hereby attest that I have, to the best of my ability, ascertained the accuracy and established the validity of the eligibility information covered in this application.

Application date: _____

If ineligible, reason: _____

_____	_____	_____
CW/ICW worker's signature	Date	County/tribe

For Tribal custody children only.	
_____	_____
OKDHS tribal liaison	Authorization date

Routing: original – filed in KK case or resource record
copy - to applicant, upon request