



G.W.Y.3 DBF  
**CHEROKEE NATION®**  
Child Care & Development

P.O. Box 948  
Tahlequah, OK 74465  
(918) 453-5300 Main Phone  
(918) 458-7616 Main Fax  
(918) 458-4446 Subsidy Fax

## CLIENT RESPONSIBILITY AND AGREEMENT

**I (we) agree to:**

1. Select a Provider that is contracted with Cherokee Nation Child Care & Development.
2. Pay the Provider for any days of care that exceed the number of days approved by the Cherokee Nation Child Care & Development Subsidy Program.
3. Recertify my child care case at my scheduled recertification time.
4. Notify the Cherokee Nation Child Care & Development Subsidy Program **before** changing providers.
5. Notify the Cherokee Nation Child Care & Development Subsidy Program **within 5 days** should changes occur to any of the following: family size, family income, marital status, employment, school, address, phone numbers, the amount of care needed and/or if services should no longer be needed.
6. Certify my child's attendance by signing the completed Cherokee Nation Child Care & Development Subsidy Program billing form maintained by the Provider at the end of each month. I understand that I may select an Authorized Representative (below) that may sign the billing form in my absence if needed. I further understand I am **never** to sign a blank billing form.
7. Promptly pay or make arrangements to make co-payments directly to the Provider.
8. Be responsible for payment to my Provider for days my child is absent when my child is not in attendance at least **15 days in a month**.

I agree to the following statements:

- I certify that I do not have assets in excess of \$1,000,000.
- I received information regarding other services for which I may be eligible.
- I agree to provide required documents to verify statements made during the application process.
- I hereby give permission for the Cherokee Nation Child Care & Development Subsidy Program to obtain any needed verification.
- I affirm that the information given in 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 I receive benefits for which I am not eligible, I am subject to repayment of benefits, prosecution for fraud and may be denied future benefits.

### DISCLAIMER OF LIABILITY

I agree to hold the Cherokee Nation harmless from any liability, claims, or damages that result from the Child Care Provider's performance under the term of this agreement.

**I UNDERSTAND BY SIGNING THIS FORM THAT I AGREE TO ANY AND ALL TERMS OF THE AGREEMENT. MY SIGNATURE SERVES AS MY AUTHORIZATION FOR CHEROKEE NATION TO OBTAIN AND/OR VERIFY ALL INFORMATION PERTAINING TO MY CHILD CARE CASE.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Authorized Representative Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Care Caseworker

\_\_\_\_\_  
Date