



**CHILD CARE SUBSIDY
CLIENT RESPONSIBILITY & AGREEMENT FORM**

I (we) agree to:

1. Select a Child Care Provider that is contracted with Cherokee Nation Child Care and Development.
2. Pay my Provider for any days of care exceeding the number of days approved by Subsidy.
3. Recertify my child care case at my scheduled recertification time.
4. Notify Subsidy **before** changing providers.
5. Notify Subsidy **within 5 days** when changes occur to:
 - household size and/or household income;
 - marital status;
 - employment and/or school enrollment;
 - address and/or phone numbers;
 - the amount of child care needed or if child care is no longer needed.
6. Certify my child’s attendance at the end of each month, by reviewing and signing the completed Child Care Subsidy Billing Form maintained by the Provider. *I understand I am **never** to sign a blank Billing Form.*
7. Select an Authorized Representative (below) that may sign the Billing Form in my absence if needed. The authorization will be in effect until revoked by the client.
8. Promptly pay or make arrangements to pay my monthly copayment(s) directly to my Provider. *I understand my provider should not charge an amount above my copayment set by Cherokee Nation Child Care and Development.*
9. Be responsible for absent day payments to my Provider 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 the information given in this application is complete and correct to the best of my knowledge and belief.
- I certify that my household receives childcare payment assistance only through the Cherokee Nation Child Care & Development Subsidy Program and not from any other tribe, DHS, or agency.
- I understand and agree if I receive child care services based on false statements or information provided, I am subject to repayment of benefits, denial of future benefits and may be prosecuted for fraud.

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, I agree to all terms of this 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 Client Name (printed) Date

Spouse/Authorized Representative Signature (if applicable) Name (printed) Date

Child Care Subsidy Caseworker Date