

## PARENT AGREEMENT

This Parent Agreement form must be signed by the parent/guardian and returned to the Child Care Assistance office to verify that the parent/guardian agrees to comply with the rules and regulations of the Child Care Assistance Program as set forth below:

1. I will receive childcare assistance only during the time that I am working, in training or attending class/lab. Time spent running errands, shopping, doctor appointments, etc., will not be covered by childcare assistance.
2. I will provide my childcare caregiver/provider with my daytime phone number as well as other emergency contact phone numbers.
3. *I understand it is my responsibility to sign the monthly claims form(s) for my child(ren) at the end of each month.*
4. I understand and will inform my caregiver/provider that if I request additional child care services, I will pay for any additional services. *I understand I am responsible for any additional charges by my child care provider as outlined in their enrollment/handbook documents.*
5. *I will notify the Child Care Assistance office of any phone number or address changes and will provide an updated utility bill for verification of residency within the Choctaw Nation service area.*
6. If I change caregivers/providers, I will notify the CCA office within (30) days.
7. I will submit documentation for all income or support in lieu of income that is received.
8. I understand that my child(ren) file must be considered active for assistance to be paid.
9. I understand that if my child(ren)'s file becomes inactive; I am financially responsible for my child care services and that the CCA program will not back pay.
10. I understand that the co-payment amount is the dollar amount I must pay per eligible child to the caregiver/provider at the beginning of each month and not to become delinquent.
11. I understand that I am responsible for payment to the caregiver/provider if my bill is less than the co-payment.
12. I understand that if any fraud is substantiated, I will repay the amount of money in question to the CCA office or as ordered by the court and will not be able to participate in the child care program for a period of one (1) year. *Defrauding a Federal Grant Program is subject to Federal prosecution and potential jail time.*
13. I understand that I will be required to complete a new application if I am terminated and wish to participate again.
14. I understand that my child is not considered approved for the CCA program until I receive the "Initial Approval Form" signed by the Senior Manager or Program Manager.
15. I understand that I will need to recertify in one (1) year to continue my assistance.

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*Parent Signature*

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*Date*

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*County*

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Name of Children: