

CLIENT RIGHTS AND RESPONSIBILITY AGREEMENT



I agree to:

1. Abide by the days and hours as specified in the day care plan in order to assure that my child/children will be supervised by me or someone else at all times. I will notify the provider or the person to contact if there is an emergency. If care is needed beyond the specified plan during an emergency, I understand that I may be responsible for additional charges.
2. Be responsible for payment for any days and hours of care in excess of days and hours for which Eastern Shawnee Tribe has agreed to pay. Be responsible for establishing my continued eligibility by updating my status at recertification time.
3. Notify both Eastern Shawnee Tribe and the Day Care Operator within two days: 1) before any change in facility or caretaker; 2) if participant is ill or otherwise unable to attend; 3) the participant is no longer in need of services; 4) any changes in employment status, school schedules or work schedules; 5) If either parent is no longer working or attending school. I understand **I am not eligible for child care payments for days/hours I am not attending school and/or working.**
4. Notify Eastern Shawnee Tribe of any change of address, family size, and/or phone numbers within 10 days, failure to comply may result in loss of child care services.
5. Be responsible for any expense incurred by my failure to notify Eastern Shawnee Tribe or the facility, as noted in numbers 1 thru 4 above. I understand that every effort will be made to ensure that the applications and payment requests are processed and approved in a timely manner but sometimes clerical errors are made. I understand that this is a partnership and all parties are obligated to review and report mistakes or errors. I understand that in the event a mistake or error is made on the contract which is in conflict with program requirements, the program requirements will take precedents and I may have to reimburse the Tribe or make payment arrangements directly with the provider for the amounts in error.
6. Be responsible for certifying my child's attendance in day care by signing the attendance record maintained by the facility at the end of each month's care. I understand that my failure to certify my child's attendance by signing the attendance record form may result in Eastern Shawnee Tribe terminating payment to the facility and/or the facility's discontinuing care of my child. I further understand I am **NEVER** to sign a blank attendance record.
7. Be responsible to promptly pay or make arrangements to pay any co-payment that I am assessed by the Eastern Shawnee Tribe of Oklahoma to the provider. If the provider you chose charges more than what Eastern Shawnee Tribe of Oklahoma CCDF program pays you are responsible for paying the difference.
8. Make available to the center, health information regarding the health assessment of my child/children unless objected to base on religious grounds.
9. Be responsible for any established overpayment of benefits paid in my behalf. Failure to do so will result in loss of child care benefits

I agree to provide the Child Care Program office of the Eastern Shawnee Tribe all information necessary to verify any statements made in this application and hereby give permission for the Tribe to obtain such verification. I understand that if my application is not completed within 30 days, I have a right to request a fair hearing.

I affirm under penalty 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 results in my receiving benefits for which I am not eligible, I am subject to prosecution for fraud and may be denied future benefits.

Parents are allowed unlimited access in the child care facility they choose at all times children are present.

DISCLAIMER OF LIABILITY ON CHILDREN IN CENTER

I agree to hold the Eastern Shawnee Tribe harmless from any liability, claims, or damages that may result from the child care provider's performance of its obligations under the terms of this agreement.

I UNDERSTAND BY SIGNING THIS FORM THAT I AM AGREEING TO ANY AND ALL TERMS OF THIS CONTRACT.

Client Signature

Date

CCDF Program Worker Signature

Date