

## CLIENT RESPONSIBILITIES AND 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 of 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 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.
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.
8. Make available to the center, health information regarding the health assessment of my child/children unless objected to based 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.

### 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

\_\_\_\_\_  
Child Care Worker Signature

\_\_\_\_\_  
Date