



**CLIENT RESPONSIBILITY AND AGREEMENT**

**I (we) agree to:**

1. Select a provider that is approved by the Cherokee Nation Licensing Program.
2. Pay the provider for any days of care in excess of the number of approved days for which Cherokee Nation Child Care Subsidy Program has agreed to pay.
3. Recertify my childcare case at my scheduled recertification time.
4. Notify the Cherokee Nation Child Care Subsidy Program, within two days: 1) before any change in facility or caretaker; 2) the child is no longer in need of services; 3) any change in family size or 4) any change in family income.
5. Notify the Cherokee Nation Child Care Subsidy Program, within 5 days: of any change of address and/or phone numbers.
6. Certify my child's attendance in day care by signing the completed Cherokee Nation Child Care Subsidy Program billing form maintained by the Provider at the end of each month. I understand that I may select an Authorized Representative that may sign billing forms in my absence if needed. I further understand I am **NEVER** to sign a blank billing form.
7. Promptly pay or make arrangements to pay co-payments directly to the Provider.
8. I understand that if my child is not in attendance 15 days a month then I could be responsible for paying the days my child is absent.
9. I certify that I do not have assets in excess of \$1,000,000.
10. I received information regarding other services that I could be eligible for.

I agree to provide the Cherokee Nation Child Care Subsidy Program required information to verify statements made during application process. I hereby give permission for the Cherokee Nation Child Care Subsidy Program to obtain needed verification.

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 ON LIABILITY ON CHILDREN**

I agree to hold the Cherokee Nation harmless from any liability, claims, or damages that may result from the child care provider's performance of its obligation 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 OR FURTHER VERIFY ALL INFORMATION PERTAINING TO MY CHILD CARE CASE, INCLUDING INFORMATION FROM MY PERSONNEL FILE.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer Service Representative

\_\_\_\_\_  
Date