

**SHAWNEE TRIBE CHILD CARE DEVELOPMENT FUND
ATTENDANCE CLAIM FORM (Effective October 1, 2020)**

Child's Name:	Date of Birth: Attends School Yes or No
Guardian's Name:	Name of Provider:
Address:	Address:
City, State, Zip:	City, State, Zip:

I affirm under penalty of perjury that the information contained on this form is correct to the best of knowledge and belief and understand that any false statement on my part may result in prosecution for fraud.

Signature of Guardian: _____

Signature of Provider: _____

**Fill in appropriate abbreviation for each day the child is/is not in attendance at your facility.
Approved days will be based on Approval Notification letter.**

(P) Present	(ABS) Absent Day	(PSC) Present School Closed- <i>for School Age Only</i>
(PV) Present Virtual Learning -<i>School Age Only</i>	(H) Holiday	(CL) Provider Closed

*****Attendance times not required. Abbreviations ONLY*****

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

SCHOOL AGE CHILDREN:

- ✚ Throughout the school year, all school age children will be approved for Part Day unless school is closed. When school is closed and child is present at daycare, all school age children will be approved for Full Day.
- ✚ Holidays throughout the school year will be paid at a part day rate.

To be eligible for a full month payment, the child must be in attendance 7 days or more.

Claim forms can be emailed to:
ccdf@shawnee-tribe.com

Please put the name of your facility, the month and year in the subject box.

Or mailed to:
Shawnee Tribe CCDF
21 N Eight Tribes Trail, Suite A
Miami, OK 74354

For the Month of: _____, 20_____

***** FOR OFFICE USE ONLY *****						
Full Day		X		Per Day	=	
Part Day		X		Per Day	=	
Star Rating:			Total Monthly Charges			
			Less Co-pay			
			ADJ Total DUE			