

OTTAWA TRIBE OF OKLAHOMA

CHILD CARE PROGRAM
P.O. BOX 110
13 S 69A
MIAMI, OK 74355
PHONE (918)540-1536
(TOLL FREE) (877)540-1536
FAX (918)542-3214



CAROL ESSEX, DIRECTOR
cessex.oto@gmail.com

KRISTI SMITH, PROGRAM SPECIALIST
ksmith.oto@gmail.com

PROVIDER CHECKLIST

- 1. PROVIDER AGREEMENT FORM
- 2. LICENSE
- 3. QUALITY RATING DOCUMENTATION
 - OKLAHOMA "REACHING FOR THE STARS"
 - ARKANSAS "BETTER BEGINNINGS"
 - KANSAS & MISSOURI – QRIS NOT IN PLACE AT THIS TIME
- 4. CURRENT STATE MONITORING REPORT
- 5. W-9 FORM



PROVIDER AGREEMENT

OTTAWA TRIBE
13 S. 69A
MIAMI, OK 74354
PHONE: 918-540-1536
FAX : 918-542-3214

PLEASE PRINT

DATE: _____

NAME OF FACILITY: _____

FACILITY DIRECTOR: _____

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

COUNTY: _____

EMAIL: _____

PHONE: _____

FAX: _____

STATE LICENSED BY: AR KS MO OK TRIBALLY LICENSED ONLY (BY): _____

OKLAHOMA S.T.A.R. RATING: _____ ARKANSAS BETTER BEGINNINGS _____

Please read and initial each statement:

1. OTTAWA TRIBE / PROVIDER RELATIONSHIP

- A. The PROVIDER is not an employee of the Ottawa Tribe. They are considered an independent vendor. No taxes are withheld from their payments. They are not eligible for unemployment, social security, workman’s compensation, or medical insurance. _____
- B. The PROVIDER will not receive a W-2 form at the end of the year. The PROVIDER will receive a form 1099 Miscellaneous Income Form if they receive more than \$600 worth of child care payments. As an independent vendor, the PROVIDER is responsible for federal and state taxes. _____

2. RESPONSIBILITIES OF THE PROVIDER

- A. Provider must meet their respective state licensing or license exempt requirements _____
- B. Provider must follow guidelines of approval letter. _____

3. RECORD KEEPING GUIDELINES

- A. **Payment Policy:** Provider will receive an Approval Letter listing children to be served, how many full or part days, parent co-payment and effective date(s) of service _____
- B. **Payment Rates:** Part-day (4 hrs. and less); Full-day (more than 4 hrs. to 10). On a case-by-case basis there may be special circumstances, which would allow assistance for extended hours. _____
- C. **Late Fees:** May only be charged on Part-day clients if over 4 hrs or Full-day over 10 hrs _____
- D. **Timeliness of Payment:** Processing time for CCDF is 21 days from receipt of properly filled out claim. Holidays may extend processing time.
 - **Claims must be submitted no later than 30 days following the service month** _____
 - **Providers will receive a warning notification for the first late claim submission. Further late claims may not be paid and may not be charged to the parent.** _____
- E. Parent and provider signatures must be on claim forms. _____
- F. Claims may be mailed or emailed using the following:

Mail: OTTAWA TRIBE CCDF, PO BOX 110, MIAMI, OK 74355
Email: ottawatribeccdf@gmail.com

4. HEALTH AND SAFETY REQUIREMENTS

- A. Providers are expected to follow State and/or Tribal Health and Safety Requirements _____
- B. CCDF staff must be notified immediately of any serious noncompliance _____

5. PROGRAM MONITORING

- A. All state monitoring/inspection/compliance reports must be submitted within 10 days of receipt ____
- B. Program monitoring will be done a minimum of one time a year by CCDF staff _____
- C. Unannounced visits will be made during the time children are in care. _____

THE FACILITY OWNER/DIRECTOR AGREES TO THE CONDITIONS OF THE OTTAWA TRIBE CCDF AGREEMENT and has authorized the following individual(s) to sign the Ottawa Tribe of Oklahoma's Child Care Claim Form.

 Facility Owner (if different than Director)

 Facility Director

 Signature: Authorized Individual

 Signature: Authorized Individual

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									
					-				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*