

OTOE-MISSOURIA TRIBE OF OKLAHOMA CHILDCARE AND DEVELOPMENT PROGRAM

Permission to Verify Form

I agree to provide the Otoe-Missouria Childcare and Development Program with all information necessary to verify any statement(s) made in this application, and hereby give permission for the Tribe to obtain such verification as necessary, including contacting my employer.

I affirm, under penalty of perjury, 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 will be immediately terminated from the Child Care Program without further notice. I also understand that knowingly providing false information subjects me to prosecution for fraud.

Applicants Signature

Date

Co-Applicant Signature (if applicable)

Date