



# PONCA TRIBE OF NEBRASKA

Dept of Social Services

*To Be Filled Out By Provider*

## CHILD CARE PROVIDER AGREEMENT

This agreement made between the Ponca Tribe of Nebraska, Department of Social Services (hereinafter, PTNDSS) and

child care provider/agency

contact name

Provider Address: \_\_\_\_\_  
Street/P.O. Box # City State Zip Code

Billing Address if different than above: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

The type of child care provided will be: \_\_\_\_\_ In Home \_\_\_\_\_ Child Care Center \_\_\_\_\_ Child Care Home  
\_\_\_\_\_ Group Child Care Home \_\_\_\_\_ Unlicensed/Relative Home Care

**(Unlicensed/Relative care is allowable if providing care for 3 children or less of the same household)**

State Certified? \_\_\_\_\_ If yes, please provide a copy of state certification.

\_\_\_\_\_ If no, and providing Unlicensed/Relative Care, Please provide copy of your social security card

**----- Rates should not exceed those set by the state DFHS -----**

RATES of the provider are as follows: Stanton Co.

AGE	HRLY RATE (0-6hr)			DAILY RATE (6-9hr)		
	Lic. FH I/II	Center	Lic.Exempt	Lic. FH I/II	Center	Lic.Exempt
Infant & Toddler (Birth – 18 months)(18mo – 3 yrs)	2.25	3.00	2.00	18.00	22.00	13.00
Pre-school (3+ but not yet attending Kindergarten)	2.25	2.50	2.00	17.00	19.50	13.00
School-age (child attending Kindergarten & above)	2.25	2.50	2.00	17.00	19.50	13.00

Transportation Rate (if applicable) \_\_\_\_\_ not applicable, PTNDSS does not assist with transportation costs

By signing, the child care provider agrees to:

1. Provide service as authorized in accordance with the PTNDSS child care program standards.
2. Accept reimbursement as payment in full for the agreed upon service(s)
3. Provider agrees to accept a rate which does not exceed the amount charged to private-paying persons;
4. Apply to PTNDSS clients the same standards of care applied to private-paying persons
5. Permit Tribal, Federal, State or local officials to monitor and evaluate the program by means such as inspection of facility, observation of services delivered and interviewing of the provider, or if an agency, the staff members;
6. If accepting licensing pay rate, provider agrees to keep current state or local license required for service rate.
7. Respect client rights to confidentiality and safeguard confidential information;
8. Understand and accept responsibility for client safety and property;
9. Operate a drug free work place
10. Notify the PTNDSS if a child(ren) do not attend the child care for five consecutive days
11. Any agreement made between the PTNDSS and the agency/provider is business and;
12. Any other agreement made between the client and the agency/provider is a separate business and the PTNDSS holds no responsibility for payment arrangements made between the two.
13. Any falsification of billing information can lead to immediate revocation of payment to agency/provider for service rendered.
14. Provide the PTNDSS with a copy of my social security card if I am not licensed.
15. Participate in background checks of employees, self, or other household members; by the PTNDSS
16. Authorize the release of information to gain information from the Nebraska State of Health and Human Services child daycare licensing office(s) regarding me and/or my facility to the PTNDSS.

By signing below, I state that all the information above is true and correct.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_