

**SHAWNEE TRIBE CHILD CARE & DEVELOPMENT FUND (CCDF)  
APPLICATION FOR CHILD CARE ASSISTANCE**

The documentation must be delivered to the CCDF office by in person during initial enrollment period. **FAXED APPLICATIONS WILL NOT BE ACCEPTED.** The following documentation is required to determine eligibility for child care assistance.

- |                                                              |                                                                                                                                                                                                                                                                                                                           |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>APPLICATION</b>                                                                                                                                                                                                                                                                                                        |
| 2. <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>TRIBAL CARDS:</b> for each child or yourself and/or your spouse if your children are not enrolled with a federally recognized Indian tribe                                                                                                                                                                             |
| 3. <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Income Verification, for One month, for All Household Members</b> <ul style="list-style-type: none"><li>▪ 4 most recent check stubs</li><li>▪ Self-Employed must submit current income tax</li><li>▪ Unemployment Verification</li><li>▪ Workman Compensation</li><li>▪ Social Security</li><li>▪ Per Capita</li></ul> |
| 4. <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Residency Verification</b> – current utility bill with name and physical address, if your address is not in your name, you must fill out a physical address form and return it with your application.                                                                                                                  |
| 5. <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Immunization Records</b> – for each child receiving services (must be up to date)                                                                                                                                                                                                                                      |
| 6. <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>State Certified Birth Certificate</b> – for each child receiving services (hospital certificate will be accepted for 6 months)                                                                                                                                                                                         |
| 7. <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Social Security Cards</b> – for all family members living in the household                                                                                                                                                                                                                                             |
| 8. <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Divorce Decree including court ordered custody schedule</b>                                                                                                                                                                                                                                                            |
| 9. <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>Class Schedule</b> (if attending school)                                                                                                                                                                                                                                                                               |
| 10. <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Employment Verification Form</b> – for all working household members                                                                                                                                                                                                                                                   |
| 11. <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Authorization To Release Information Form</b> - for all working household members                                                                                                                                                                                                                                      |

I understand that I must have all the above documentation delivered to the Shawnee Tribe CCDF office and have a complete application before I will be considered for assistance. I also have read the above terminology and understand that I must be attending work, a job training program, and/or school, or pre-approved job search while my child is receiving CCDF subsidies. I also understand if I falsify information or fail to submit information required for eligibility, I will be suspended or terminated and will be required to reimburse the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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