

CHILD CARE ASSISTANCE APPLICATION

For Office Use Only

CASE NO.

Applicants Name:		County:		Date	
Mailing Address:		City:	State:	Zip:	
Physical Address:		City:	State:	Zip:	
Home Phone:		Business Phone:		Cell/Other Phone:	
Tribal Affiliation:					

1. LIST ALL HOUSEHOLD MEMBERS

Last Name	First Name	Sex	DOB	Social Security Number	Relationship to Applicant	Marital Status	Tribal Affiliation	Child Care Needed
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No
								<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Need for Child Care: Please check the box that best describes your situation:

Work
 School
 Work/School
 Protective/Preventive
 TANF Work
 Other _____

3. Name of Child Care Facility: (if you have not chosen a facility just leave blank)

Facility Name:			Director's Name		
Address:					
Phone Number:		Center or Home:		Star Rating:	

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Date Application received in the Office:		
Monthly Co-Pay: \$		<input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE
Net Monthly Income: \$	Deductions: \$	Adjusted Monthly Income: \$
REASON FOR DENIAL:		

4. MOTHER OR LEGAL GUARDIAN:	
Place of Employment:	Phone #:
Place of Job Training:	
Place of School (currently attending):	

5. FATHER OR LEGAL GUARDIAN:	
Place of Employment:	Phone #:
Place of Job Training:	
Place of School (currently attending):	

6. PLEASE LIST PARENT(S) OR GUARDIAN(S) JOB AND/OR SCHOOL/TRAINING SCHEDULE:							
NAME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
EXAMPLE Jane Doe	8:00-4:30	8:00-4:30	8:00-4:30	8:00-4:30	8:00-4:30	8:00-4:30	8:00-4:30

7. PLEASE LIST ALL INCOME SOURCES IN YOUR HOUSEHOLD:	
SOURCE OF INCOME	MONTHLY NET AMOUNT
a. What is the total of your household's net monthly WAGE or Salary? (please provide copies of 4 check stubs & employment verification form)	\$
b. How often are parent(s)/legal guardian(s) paid?	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> 2 x a Month <input type="checkbox"/> Other
c. What is the total of your household's SELF EMPLOYMENT wages? (please provide copy of your most recent Income Tax Return)	\$
d. Does anyone in your household receive SOCIAL SECURITY BENEFITS? If yes, how much? (please provide documentation for any income received)	<input type="checkbox"/> YES <input type="checkbox"/> NO \$
e. Does anyone in your household receive WORKERS' COMP? If yes, how much? (please provide documentation for any income received)	<input type="checkbox"/> YES <input type="checkbox"/> NO \$
f. Does anyone in your household receive income from RENTAL PROPERTY? If yes, how much? (please provide documentation for any income received)	<input type="checkbox"/> YES <input type="checkbox"/> NO \$
g. Does anyone in your household receive UNEMPLOYMENT COMPENSATION? If yes, how much? (please provide documentation for any income received)	<input type="checkbox"/> YES <input type="checkbox"/> NO \$
h. Does anyone your household receive TANF/SSP/SSI? If yes, how much? (please provide documentation for any income received)	<input type="checkbox"/> YES <input type="checkbox"/> NO \$

i. Does anyone in your household receive PENSIONS AND ANNUITIES? If yes, how much? (please provide documentation for any income received)	<input type="checkbox"/> YES \$	<input type="checkbox"/> NO
j. Does anyone in your household receive DIVIDENDS, INTEREST, ROYALTIES OR PER CAPITA? If yes, how much? (please provide documentation for any income received)	<input type="checkbox"/> YES \$	<input type="checkbox"/> NO

8. Are you currently receiving Child Care Subsidies from any other program? Yes No
If yes, please state who you receive subsidies from: _____

9. Have you ever received Child Care Subsidies from any other program? Yes No
If yes, please state when you received the subsidies and what program you received them from:
When: _____ Program: _____

I understand that :

- The earliest date child care benefits will be paid is the day I submit all required documentation to the Shawnee Tribe CCDF office
- I must choose a child care provider who is licensed by the state the facility is in or tribally licensed; and
- If I choose a child care provider I choose must be at one plus, two or three star status

I agree to and under the Service Plan and to provide the Shawnee Tribe CCDF office all information necessary to verify any statement made in this application and hereby give permission to the Shawnee Tribe CCDF to obtain such verification. I affirm under penalty of perjury that 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 am subject to suspension and/or prosecution for fraud. Disciplinary action is to determine on a case-by-case basis.

GUIDELINES MAY BE AMENDED TO THE BEST INTEREST OF THE SHAWNEE CCDF PROGRAM AT ANY TIME.

By signing this form I agree and understand the guidelines of the Shawnee Tribe CCDF Program.

APPLICANT'S SIGNATURE

DATE