



Application for Child Care Assistance

Application must be filled out completely or it will be returned for incompleton.

Guardian Name: _____ Application Date: _____
 Physical Address: _____
 City: _____ State: _____ County: _____ Zip: _____
 Mailing Address: _____
 City: _____ State: _____ County: _____ Zip: _____
 Phone: _____ email Address: _____
 Tribe: _____ Membership Card: Yes: _____ No: _____

All Household Members – Include Guardian

Household Members	Gender	DOB	Hours for Care	Tribe
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____

Child Care Facility Information

Name: _____ Star Rating: _____
 Physical Address: _____
 City: _____ State: _____ County: _____ Zip: _____
 Mailing Address: _____
 City: _____ State: _____ County: _____ Zip: _____
 Phone: _____ email Address: _____

*Special Needs: YES NO If your child has special needs describe and submit documentation: _____

*Are you currently or in the past received child care assistance form any tribe or state: YES NO from whom: _____

*Are any children in household in foster care or court custody: _____

I understand by signing the form I must submit all required documentation with the completed application to the CCDF office before you are considered for childcare assistance. Child Care assistance will not be paid until a date of approval is determined by the CCDF staff. Any assistance received prior to the date of approval will be the sole responsibility of the applicant. I understand that if I falsify information or fail to submit information required for eligibility that I will be suspended or terminated and will be required to reimburse the program.

Signature of Applicant

Date