

**Wichita and Affiliated Tribes
Child Care Program
Child Care Application**

Application Information

Date: _____

Applicant's Name: _____ SSN: _____ Tribe: _____

Marital Status: _____ Spouse's Name: _____ SSN: _____ Tribe: _____

Address: _____ City/State: _____ Zip Code: _____

Phone #: _____ Emergency #: _____

Family Composition-All adult household members must be working, in training or attending school.

Name	Relation	D.O.B.	Tribe	Roll Number

Employment Status

Applicant's Employer: _____ Address: _____

City/State/Zip Code: _____ Phone #: _____

Employment Full-Time _____ Part-Time _____ Self-Employed _____

Status: Temporary _____ Seasonal _____ Spot Jobs _____

If unemployed: Place of Registration: _____ Card: Y ___ N ___

Spouse's Employer: _____ Address: _____

City/State/Zip Code: _____ Phone #: _____

Employment Full-Time _____ Part-Time _____ Self-Employed _____

Status: Temporary _____ Seasonal _____ Spot Jobs _____

If unemployed: Place of Registration: _____ Card: Y ___ N ___

Household Income: Please check the status of employment income in your household (**Include all adult household members income**)

Bi-Weekly_____ Monthly_____ Yearly_____

Other Income: List all other income received by household.

Source	Amount	How Often Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Other Assistance: Please check all that apply.

USDA Commodity Y___ N___ AFDC Y___ N___ Alimony Y___ N___

USDA Food Stamp Y___ N___ SSI Y___ N___ V.A. Y___ N___

Other/Describe:_____

Educational and Job Training Status

Type of Program: 2-Year College___ Vo-Tech___ JTPA___

GED___ AVT___ On-The-Job-Training___

Other/Describe:_____

Level of Attendance: Full-Time___ Part-Time___ Enrolled___ Temporary___

Other/Describe:_____

Type of Child Care Requested

Non-Licensed by State	Licensed by State
In-Home _____	Day Care Facility _____
Provider Home _____	Home Day Care _____
Relative Home _____	Headstart _____
Other/Describe_____	Other/Describe_____
_____	_____

Provider Name:_____ **SSN:**_____

Provider Address:_____ **Phone:**_____

City/State/Zip Code:_____

Has applicant applied for Child Care Services through DHS? Y___ N___

If yes, when:_____ Outcome of Application_____

Parent Authorization and Release of Information

Authorize the Wichita and Affiliated Tribes CCDF Program to obtain the following information necessary to establish my eligibility for social services assistance and/or other public assistance.

Release to: Wichita & Affiliated Tribes
P.O. Box 729
Anadarko, Ok. 73005

*Federal Law governing fraud: **Whoever, in any matter within the jurisdiction of any department or of the United States, knowingly and willfully falsifies, conceals, or covers up by any trick, scheme device a material fact, or makes any false, fictitious or fraudulent statements or representations or makes or uses any false writings or documents, knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both.*
[25 CFR, Ch. I, Subchapter D, Part 20, Subpart F, §20.607]

I have read or heard read or have heard interpreted to me the preceding provision of law and understand them. I agree to supply all necessary information about my resources and income and to notify the CCDF Program when my situation changes. I attest that the about statements are true to the best of my knowledge. I further agree that any false statements knowingly submitted by me will subject me to forfeiture services from the Childcare Program.

This consent is subject to revocation at any time upon written request by applicant. This release of information is effective only during the duration of assistance. **I understand by signing this form that the CCDF Department staff has 10 business days to complete the childcare application.**

Applicant: _____ Date: _____

Office Use Only – Do Not Write Below This Line

Application Received:
DHS Letter Received:
Work/School Schedule Received:
Proof of Residency:

Income Verification Received:
Enrollment Cards Received:
Social Security Cards Received:
Current Immunization Record Received: