



**Iowa Tribe of Oklahoma
Tribal Child Care Assistance
Application**

I. PERSONAL INFORMATION

Name _____

Mailing Address _____

City _____ Zip Code _____

Finding Address (if different from mailing address) _____

City _____ Zip Code _____

Home Phone _____ Work/Alternate Phone _____

II. PERSONS IN HOUSEHOLD

	NAME	DOB	SOCIAL SECURITY #	DISABILITY	MARITAL STATUS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Marital Status: S=Single, M=Married, D=Divorced, T=Separated

III. CHILD(REN) IN CHILD CARE

	NAME OF CHILD	FULL/PART TIME	TYPE OF CARE
1.			
2.			
3.			
4.			
5.			
6.			
7.			

LDCC: Licensed Child Care Center
RPL: Licensed Relative Provider

FCH: Family Child Care Home
RPN: Relative Provider, non-tradition hours

IV. PROVIDER INFORMATION

Name _____

Address _____

City _____ Zip Code _____

Phone _____

OKDHS Licensed: Yes _____ No _____

FOR OFFICE USE ONLY:	
Child(ren) DHS approved: Yes _____ No _____	Type of Child Care: LDCC _____ FCH _____
Co-Payment _____	RPL _____ RPN _____

V. HOUSEHOLD INCOME INFORMATION

NAME	SOURCE OF INCOME Employment, Child Support, Social Security, TANF, Unemployment, Workers Comp., Self-employment, alimony, student grants, scholarships and loans	EARNINGS BEFORE DEDUCTIONS	PAYROLL FREQUENCY

Payroll Frequency: W=weekly, B=bi-weekly, M=monthly

**You must send proof of all income received by everyone living in your household. Most recent full calendar month or federal income tax return for the previous year if self-employed.

VI. PARENTS IN JOB TRAINING OR FORMAL EDUCATION

NAME	SCHOOL	GED, VOCATIONAL TRAINING, DEGREE	FULL/PART TIME

**Please attach current class schedule.

FOR OFFICE USE ONLY:	
Household annual income _____	minus \$150 allowance = _____
Approved _____	Service date _____ to _____
Not approved _____	Comments _____
Director's Signature _____	Date _____