



Department of Education / Child Development Division
Child Care Assistance

300 Rosedale Road / Ada, OK 74820 / (580) 421-7711 / Fax: (580) 436-0128 / Email address: FamilyAssistance@Chickasaw.net

Child Care Assistance Application

The application must be complete with the documentation listed below:

- Child's Certificate Degree of Indian Blood (CDIB)
Child's immunization record under age six
Household income (check copy - last 30 days)
Class schedule (if attending college or training)
Parents' identification
Doctor's report (if a member of the household is disabled)
Child's Social Security card
Each dependent's state birth certificate
Utility bill (gas, electric, water - not older than 30 days)
Rental/lease agreement
Custodial documentation
Social Security or any additional income

Applicant Information:

Child name: First Middle Last Suffix

Mailing address: Street City County State ZIP

Physical address: Street City County State ZIP

Gender: Male Female Age: Birth date: Social Security no.:

Home phone no.: Cell phone no.:

Work phone no.: Ext:

Email address:

Is the child a First American? Yes No Does the applicant have a CDIB? Yes No

If yes, list tribe:

Is the parent/legal guardian a First American? Yes No

Does the applicant have a Certificate Degree of Indian Blood (CDIB)? Yes No

If yes, list tribe:

Emergency Contact (other than parent/legal guardian(s)):

Name: First Middle Last Suffix

Address: Street City County State ZIP

Phone no.:

Schedules:

Mother/legal guardian's schedule:

Work S M T W TH F S
Time to
School S M T W TH F S
Time to
Other S M T W TH F S
Time to

Father/legal guardian's schedule:

Work S M T W TH F S
Time to
School S M T W TH F S
Time to
Other S M T W TH F S
Time to

Additional Information:

Do you receive Temporary Assistance for Needy Families benefits? Yes No

Does your child have special needs? Yes No

If yes, please list needs:

Assets: Own a home? Yes No Value: \$ Own a vehicle? Yes No Value: \$

Accounts: Checking? Yes No Value: \$ Own a business? Yes No Value: \$

Savings? Yes No Value: \$

Family Status: (Please check what best describes your situation)

- Single, head of household, never been married
 Divorced
 Separated
 Married
 Widowed
 Common law

HOUSEHOLD INFORMATION (List all members in the home)			
Family member name (first, middle, last, suffix)	Birth date	Relationship to the applicant	Social Security no. (SSN)

HOUSEHOLD INCOME (List all income and provide verification of all income)		
Family member(s) receiving income (to include employment, supplemental security income, disability)	Employer name and phone no.	Hire date (gross income and how often you are paid)
	_____ (____) _____	Date: _____ \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
	_____ (____) _____	Date: _____ \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
	_____ (____) _____	Date: _____ \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly
	_____ (____) _____	Date: _____ \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Bi-monthly <input type="checkbox"/> Monthly

Eligibility determination is based upon a completed and signed application with the required documentation. BEING FOUND ELIGIBLE DOES NOT GUARANTEE THAT AN INDIVIDUAL WILL RECEIVE SERVICES. Placement is dependent upon the availability of funds. I certify the information I have submitted is true and correct to the best of my knowledge. I accept the information is subject to verification, and falsification is grounds for immediate termination and may subject me to prosecution under the law. I allow the release of information for verification and reporting purposes.

Parent/legal guardian signature

Date

Parent/legal guardian signature

Date



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Provider Registration and Agreement

- Type: New Licensed center One star
 Renewal Licensed home Two star
 Unlicensed relative Three star
 Four star
 Five star

Date: _____ Start date: _____

Child name: _____
First Middle Last Suffix

Provider name: _____
First Middle Last Suffix

Mailing address: _____
Street City County State ZIP

Physical address: _____
Street City County State ZIP

Have you lived outside the state of Oklahoma within the last 5 years? Yes No

If yes, where: _____

Employer identification no. or SSN: _____ or _____

Birth date: _____ Phone no.: (____) _____

Email address: _____

Finding directions: _____

Are you a First American? Yes No Tribe: _____ Degree: _____

If you are an unlicensed relative, what is your relationship to the child? _____

Licensed centers and homes, please send a copy of your current state license or permit, Department of Human Services monitoring report, and star certificate.

What is your licensed capacity? _____ What hours and days do you operate? _____

List maximum daily rates for the children for whom you provide care:

Full-time	0 - 12 months	\$ _____	Part-time	0 - 12 months	\$ _____
	13 - 24 months	\$ _____		13 - 24 months	\$ _____
	25 - 48 months	\$ _____		25 - 48 months	\$ _____
	49 - 72 months	\$ _____		49 - 72 months	\$ _____
	73+ months	\$ _____		73+ months	\$ _____

Is this the amount that you charge everyone? Yes No

If no, please explain: _____

The provider agrees the above information is correct to the best of their knowledge.

Child care provider/owner signature

Date

**Each person or organization that receives payment from the Chickasaw Nation must complete this form and return it to:
The Chickasaw Nation
Child Care Assistance Program
300 Rosedale Road
Ada, Oklahoma 74820**