



CHILD CARE APPLICATION

Eastern Shawnee Tribe of Oklahoma

10100 S. Bluejacket Rd. / Suite 3, Wyandotte, OK 74370

Ph: 918-540-9970 email: drandall@estoo.net

Please Print

Name of Family Requesting Services _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Employer(s): _____ Tribal Affiliation: _____

Have services been utilized from any other Tribal CCDF Program in the past? Yes___ No___

If so, what Tribe _____ Are you on any TANF program? Yes___ No___

Do your family assets exceed \$1,000,000? Yes___ No___ Residing County _____

PEOPLE RESIDING IN HOUSEHOLD

First Name	MI	Last Name	SEX	DOB	Marital Status

Provider Information

Contact Information for Parents

Daycare: _____

Parents Home or Cell Phone _____

Address: _____

City, State: _____

Parents Email Address: _____

Zip: _____ Phone #: _____ Is Text messages acceptable? Yes No

Applicant's Signature: _____

Date Signed: _____

CHILDREN ATTENDING DAYCARE INFORMATION

Child's Name _____ **Tribal Affiliation** _____

Is this child school age _____Yes _____No If so what grade? _____

Child Care Provider _____ Starting Date _____

Child's Name _____ **Tribal Affiliation** _____

Is this child school age _____Yes _____No If so what grade? _____

Child Care Provider _____ Starting Date _____

Child's Name _____ **Tribal Affiliation** _____

Is this child school age _____Yes _____No If so what grade? _____

Child Care Provider _____ Starting Date _____

Child's Name _____ **Tribal Affiliation** _____

Is this child school age _____Yes _____No If so what grade? _____

Child Care Provider _____ Starting Date _____

Do any of your children have special needs? _____Yes _____No

Special Needs Documents Attached _____Yes _____No

If yes, explain _____

I AFFIRM UNDER PENALTY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND UNDERSTAND THAT ANY FALSE STATEMENTS ON MY PART MAY RESULT IN PROSECUTION FOR FRAUD AND REAPYMENT TO THE PROGRAM AND IS PUNISHABLE BY FINE OR INPRISONMENT. THE INDIVIDUAL(S) NAMED IS/ARE AND APPLICANT FOR CHILDCARE ASSITANCE PROGRAM, WHICH IS SUBSUIDIZED THROUGH THE EASTERN SHAWNEE TRIBE OF OKLAHOMA. FEDERAL REGULATIONS REQUIRE THAT IN ORDER FOR THE INDIVIDUAL(S) TO BE ELIGIBLE AND OR MAINTAIN ELIGIBILTY, WE MUST VERIFY THE INDIVIDUAL(S) INCOME AND OTHER INFORMATION RELAEASE FORM. THE INFORMATION YOU PROVIDE WILL BE USED ONLY FOR THE PURPOSE OF DETERMINING THE INDIVIDUAL(S) AND OR CONTINUED ELIGIBILITY FOR THE PROGRAM. WE ARE REQUIRED TO COMPLETE OUR VERIFICATION PROCESS IN A SHORT TIME PERIOD AND WOULD APPRECIATE YOUR PROMPT RESPONSE. IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CONTACT OUR OFFICE. THANK YOU FOR YOUR COOPERATION.

Applicant's Signature

Date