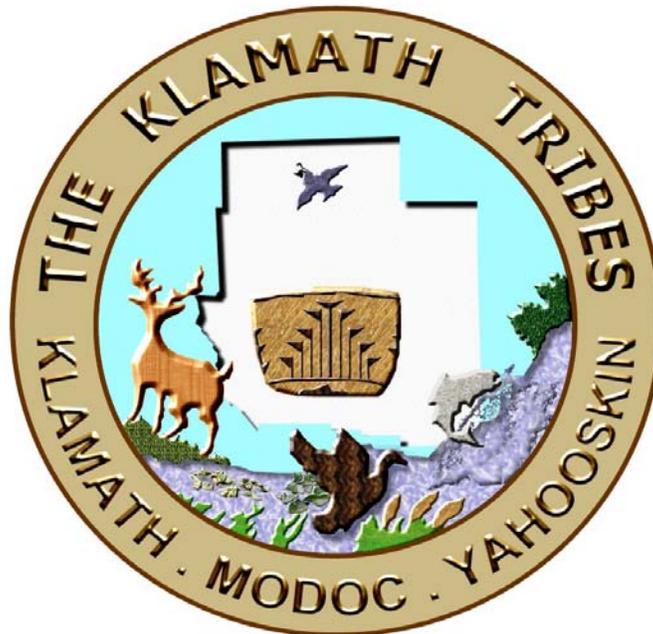


## The Klamath Tribes Child Care Application



The following information is required when you turn in your application:

- Name and identity of both parents
- Birth Verification of each child
- Certification of Early Intervention/Special Education Services
- Income Verification/Check Stubs for **both** parents
- Immunization records for all children
- Work/School schedule
- Tribal ID if any
- Goal Statement letter

# The Klamath Tribes Child Care Program Application

Name of Custodial Parents: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Message #: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ Roll #: \_\_\_\_\_

## Employment/Student Status of Custodial Parent

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone # \_\_\_\_\_ Total # of Hours Worked: \_\_\_\_\_

Gross Monthly Average: \$ \_\_\_\_\_ Net Monthly Average: \$ \_\_\_\_\_

Monthly Income if Other Than Employment: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Name of School or Training Program: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Financial Aid Received: \$ \_\_\_\_\_

Actual Hours in Classroom: \_\_\_\_\_ Lab \_\_\_\_\_ Total \_\_\_\_\_

## Employment/Student Status of Non Custodial or other Parent

Name of Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer Phone # \_\_\_\_\_ Total # of Hours Worked: \_\_\_\_\_

Gross Monthly Average: \$ \_\_\_\_\_ Net Monthly Average: \$ \_\_\_\_\_

Monthly Income if Other Than Employment: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Name of School or Training Program: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Financial Aid Received: \$ \_\_\_\_\_

Actual Hours in Classroom: \_\_\_\_\_ Lab \_\_\_\_\_ Total \_\_\_\_\_

### **Name & Date of Birth of Children**

1) Name: \_\_\_\_\_ M/F DOB \_\_/\_\_/\_\_\_\_ Age \_\_\_\_\_

Is Child Immunization Status Current? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof Required)

2) Name: \_\_\_\_\_ M/F DOB \_\_/\_\_/\_\_\_\_ Age \_\_\_\_\_

Is Child Immunization Status Current? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof Required)

3) Name: \_\_\_\_\_ M/F DOB \_\_/\_\_/\_\_\_\_ Age \_\_\_\_\_

Is Child Immunization Status Current? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof Required)

4) Name: \_\_\_\_\_ M/F DOB \_\_/\_\_/\_\_\_\_ Age \_\_\_\_\_

Is Child Immunization Status Current? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof Required)

5) Name: \_\_\_\_\_ M/F DOB \_\_/\_\_/\_\_\_\_ Age \_\_\_\_\_

Is Child Immunization Status Current? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof Required)

6) Name: \_\_\_\_\_ M/F DOB \_\_/\_\_/\_\_\_\_ Age \_\_\_\_\_

Is Child Immunization Status Current? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof Required)

7) Name: \_\_\_\_\_ M/F DOB \_\_/\_\_/\_\_\_\_ Age \_\_\_\_\_

Is Child Immunization Status Current? Yes \_\_\_\_\_ No \_\_\_\_\_ (Proof Required)

8) Name of any Additional Household Members: \_\_\_\_\_

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Total # of People in the Household: \_\_\_\_\_

## Special Eligibility Status of Children

Does your child qualify for Early Intervention or Special Status? Yes\_\_\_\_\_ No\_\_\_\_\_

Please Explain:\_\_\_\_\_

Are any of your children in Head Start? Yes\_\_\_\_\_ No\_\_\_\_\_

Which child/children? \_\_\_\_\_

Are you receiving any of the following benefits: Child Support, SSI, and Foster Care for any of the Children? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain: \_\_\_\_\_

How Much: \_\_\_\_\_

Are you receiving Per Capita Payments from any Tribes? Yes\_\_\_\_\_ NO\_\_\_\_\_

If Yes: Name \_\_\_\_\_ Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Roll # \_\_\_\_\_

### Statement of Applicants Responsibilities

- To provide true and complete information
- To report changes in address, employment/school status, household size, or change of provider
- To cooperate with tribal staff if chosen for review

### Statement of Applicants Rights

- To receive courteous and fair treatment
- To receive eligibility status within 30 days
- To request a hearing regarding matters

**Be sure to sign and date the application. You must attach copies of any Birth Verification of each child, Certification of Early Intervention/Special Education Services, Income Verification/Check Stubs for Both parents, Immunization records for all children, Social Security cards for all household members and Work/School schedules. Failure to provide required documentation will prevent consideration of your application for Childcare.**

**Please Read Carefully Before You Sign On The Lines Provided Below**

I hereby give my permission to thoroughly investigate my references, work schedule, education and other matters related to my suitability for Childcare. I authorize my current employers to disclose to the Community Service Childcare any reports and other information pertaining to my employment with them without giving me prior notice of such disclosure. I hereby release The Klamath Tribes Community Services Department, my current employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I certify that, to the best of my knowledge, all of my statements made in the Klamath Tribes Childcare Application are true, complete and made in good faith. I understand that any false statements on this application may disqualify my family and me from the Klamath Tribes Childcare Program. I further understand that this application is not intended to be a contract, nor does this obligate The Klamath Tribes Childcare Program to authorize payments to my providers. By signing this application, I am giving my permission for the program staff to access my records necessary to verify information. I understand my rights and agree to carry out my responsibilities as listed above.

I understand that any oral or written statement that is contained in this application, attached materials, or made in the course of any related process (whether made by myself or others at my request) will result in the rejection of my application and/or denial of Childcare Services.

- I certify that all statements contained herein are true and complete.
- I authorize the Childcare Program to verify all employment and education information provided on this Childcare application.
- I understand and agree to submit to a criminal records background check if applicable.
- I understand that completing this application does not guarantee Childcare Services.
- I understand I must provide proof of enrollment in a Federally Recognized Indian Tribe or decendancy.
- If accepted, I agree to follow all rules, regulations and policies of the Community Services Childcare Program.

**Fraud Statement**

THE FEDERAL LAW CONCERNING FRAUD STATES: "Whoever, in any matter within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false fictitious or fraudulent statement or entry shall be fined not more than \$10,000.00 or imprisoned not more than five years or both."

Signature of Mother/Guardian \_\_\_\_\_ Date\_\_\_\_\_

Signature of Father \_\_\_\_\_ Date\_\_\_\_\_

**RELEASE OF CONFIDENTIAL INFORMATION**

I hereby authorize the staff of the Klamath Tribes Department of Community Services to exchange/receive information with the following agencies/programs:

- Klamath Tribes Employment & Education
- Klamath Tribes Housing
- Klamath Tribes Social Services
- Klamath Tribes Health & Family Services
- Klamath Alcohol & Drug Abuse
- KTHFS, Klamath Tribes, Kla-Mo-Ya Casino  
Dependent Care Benefits
- Klamath Lake Employment Training Institute (KLETI)
- Klamath Adult Learning Center /KCC/OIT
- Gaming Regulatory
- KCSD, Elementary & Secondary Schools
- State, Federal, Offices
- Pe-peep'aak Congregate
- Social Service Agencies
- Social Security Administration
- Support Enforcement
- Oregon Department of Employment
- Oregon Adult & Family Services
- Organization of Forgotten American (OFA)
- Tribal Offices
- Employer(s)
- Colleges
- Schools

**PLEASE READ CAREFULLY BEFORE YOU SIGN BELOW**

I hereby give the childcare caseworker permission to receive information as it relates to this application from my current employer or school listed on the childcare application.

Any information pursuant to this release will pertain to my eligibility to receive childcare benefits or referral to other programs that would benefit me. I understand any information obtained/released will be used only for the purposes directly connected with the Childcare Services on my behalf. I further understand that any information obtained may be released to a proper governmental agency, court of law or law enforcement for purposes of legal investigative actions concerning fraud. This release of information will remain in effect while I remain on the Childcare Program or until I request in writing to rescind such authorization.

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Signature of Spouse    Date

\_\_\_\_\_  
Applicant's Social Security Number

\_\_\_\_\_  
Spouse's Social Security Number

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date