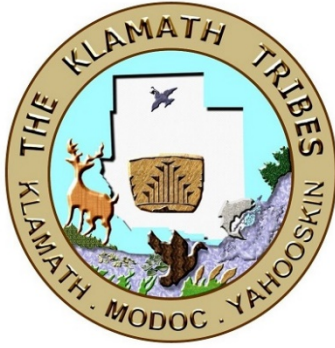


The Klamath Tribes Child Care Program



Official Use Only - Date Stamp Here

Time: _____ Initial: _____

Please indicate what services you are requesting:

- _____ ECDC (Tribally-Operated Center located in Chiloquin)
- _____ Family Home Care Provider (Child Care Provider that provides services in their home)
- _____ State-Certified Center (Licensed by Office of Child Care) or other Center-Based Provider

All applications are not considered complete until all supporting documents are provided.

- _____ Application (All sections completed)
- _____ Copy of the Child's Birth Certificate
- _____ Copy of the Child's Tribal ID Card (or Copy of Parent's Tribal ID or proof of Klamath Tribal lineage)
- _____ Copy of the Child's Most Recent Dental Exam (For Services at ECDC)
- _____ Copy of the Child's Most Recent Well Child Summary (For Services at ECDC)
- _____ Child's Immunization Record
- _____ Copy of current utility bill/parent's identification/or other proof of residence location

Please provide a copy of any applicable items below:

- _____ Pay stubs (Income Verification) and copy of work schedule with job location on employer letterhead
- _____ Self-employed- statement attesting status and copy of most recent IRS tax returns
- _____ Letter from agency providing job training and statement indicating outcome of job training program
- _____ Copy of student registration form for current term/semester and Financial Aid Award Letter

Please tell us how you found out about the Klamath Tribes Child Care Program:

- _____ Website _____ Community Event _____ Social Media
- _____ Case Worker _____ Word of Mouth _____ Employee of the Klamath Tribes ECDC
- _____ Flyer _____ Community Agent Other: _____

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1. Child Information

Application Date: _____

Legal First Name _____

Child's birth date ____/____/____

Middle Name _____

Legal Last Name _____

Nickname _____

Gender/Preferred Gender: Male Female

Is this child on an Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP)?

Yes No

If no, do you have any concerns about this child's development? Yes No

Is this child in licensed foster care?

Yes No

Is this child's family currently receiving Child Protective Services (CPS) or similar Indian Child Welfare (ICW) services?

Yes No

Is this child homeless (does not have a fixed, regular, and adequate nighttime residence)?

Yes No

If yes, does this homeless child live with a parent or legal guardian? Yes No

If child is not with a guardian, describe situation _____

Is this child living with a guardian, who is not a parent or licensed foster parent, who receives a TANF grant on behalf of the child?

Yes No

Child's first language _____ Child's second language _____

Optional Profile Information

(This will not affect your eligibility to receive services, the Child Care Program verifies that the child is Native American to receive services):

Is this child Hispanic/Latino? Yes No

What race(s) do you consider your child? (Check all that apply)

White

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

Alaska Native

Native American

The Klamath Tribes Child Care Program

2. Parent/Guardian Contact Information

First Name _____ Last Name _____ Gender: Male Female

Relationship to Child:

Parent (biological or adoptive) Step Parent Foster Parent Grandparent

Other Relative Other Legal Guardian Other (specify) _____

Parent's Birth Date: ____/____/____

Physical Street Address _____ City _____ Zip _____

Mailing address (if different) _____ City _____ Zip _____

School District _____ Email _____

Phone _____ Alternate Phone _____

Do you need an interpreter to communicate with English speakers? Yes No

If yes, what language(s) do you speak? _____

Additional Parents/Guardians: (if address is different, please add to back of sheet)

First Name _____ Last Name _____ Birth Date ____/____/____

First Name _____ Last Name _____ Birth Date ____/____/____

First Name _____ Last Name _____ Birth Date ____/____/____

3. Child lives with:

One parent/guardian (Name) _____

Two parents/guardians in same household (Names) _____

Two parents/guardians in two households –

If this is checked, complete these questions to determine which parents' income is counted for eligibility.

Does one household have primary legal custody? Yes No

If **yes**, which parent has primary custody? _____

Spouse of parent with primary custody, if any: _____ **Skip to section 4.**

If **no**, does one parent receive child support payments from the other household? Yes No

If **yes**, which parent receives the child support payments? _____

Spouse of parent with primary custody, if any: _____ **Skip to section 4.**

If **no**, name the legal parent/guardian that shares custody for each household. Do not include their spouses. For this family situation only, see * in question 4 below.

(Household 1) _____ (Household 2) _____

The Klamath Tribes Child Care Program

- 4. Estimated Family Size** – *This is used to determine family’s federal poverty level, and may be different than the number of people in the house.*
- (a) In addition to the child and the parent(s) named in question 3, how many other children and adults live with this child? _____ (*Enter second household here, if any____)
- (b) Of the number just entered, how many people are supported by the income received by the parents named in question 3? If there is \$0 additional income for the household, enter the number from box 4a. _____ (*Enter second household here, if any____)
- (c) Of the number just entered, how many people are related to the parent(s) named in question 3 by blood, marriage, or adoption? _____ (*Enter second household here, if any____)
- The “family size” for federal poverty level purposes is this number, plus the child, plus parents named in #3. _____*

5-8. Parent Activities

Answer the following questions for each parent/guardian named in question #3	Parent/Guardian #1 Name _____	Parent/Guardian #2 Name _____
5. Is this parent/guardian employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter employer name and phone or email.		
b. If yes, enter work schedule.		
6. Is this parent/guardian enrolled and attending school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter the total number of hours per week when school is in session. Include class time, up to 10 hours of study time, and travel time.		
b. If yes, enter name of school.		
c. If yes, enter goal or major.		
7. Is this parent/guardian in an approved Job Training Program other than employment or education mentioned above?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, describe activity.		
b. If yes, enter number of hours per week in approved activity and related travel.		
8. Is family approved for child care through Child Protective Services (CPS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, enter number of approved hours per week.		

9. Estimated Family Income \$ _____

What is the estimated total annual income received by this child’s parent(s) or guardian(s) named in **Section 3** above?

- (a) My family assets do not exceed one million dollars (\$1,000,000), **check box if true.**

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10. Family Home Care Provider Contact Information-Complete if you have requested services for a Family Home Care Provider, if not requesting these services Skip to Section 11.

First Name _____ Last Name _____

Gender/Preferred Gender: Male Female

Relationship to Child: Aunt/Uncle Grandparent Great-Grandparent
 Sibling (Not living in the same residence as persons listed in **Section 3**)

Physical Street Address _____ City _____ Zip _____

Mailing Address (if different) _____ City _____ Zip _____

Email _____ Phone _____

(a) In addition to the listed provider, how many other adults reside in the family child care home over the age of 18 _____?

11. General Acknowledgements-please initial each section and sign and date.

_____ As the parent/guardian I understand that I choose my child care provider.

_____ I understand that my chosen provider must be approved by the Klamath Tribes Child Care Program **before** they begin caring for my child (ren). The provider must meet all Klamath Tribes CCDF requirements including passing criminal history and child protective services background checks. **The Klamath Tribes will not pay for child care that is supplied before a provider has been approved by the Klamath Tribes Child Care Program.**

_____ I understand that if it is determined that my family has to make a copayment or contribution to child care assistance that I am responsible for making the copayment directly to my child care provider. **If requested, I will provide receipts to the Klamath Tribes Child Care Program.**

_____ I understand that I must report some changes to the Klamath Tribes Child Care Program within 14 business days. I will report any changes in household composition that affects my family size related to **Section 4**. I will report any changes to my household income or the reason I am requesting care related to **Sections 5-9**. I will report any changes in my residence address. If I choose to change providers, I must report the change and the previous acknowledgements also apply to the new provider.

_____ I will report any Health and Safety concerns I have with my provider to the Klamath Tribes Child Care Program. For Family Home Child Care Providers this is reported to the CCDF Co-Administrators. For the Tribally-Operated Center ECDC this is reported to the General Manager of the Klamath Tribes. I understand this is only in regards to the Health and Safety of my child, for all other complaint/concerns I understand I must follow the proper procedure/process approved by the Klamath Tribes.

_____ I understand that making false statements or hiding information may mean federal penalties and/or dismissal from the Child Care Program.

_____ I understand that the Child Care Program may give information on this form and supporting documentation to federal and state agencies who are doing reviews or to the Klamath Tribes Compliance Officer.

_____ I understand by signing this form that I must repay benefits to the Klamath Tribes if there is an overpayment for any child care assistance I receive.

Full legal signature of applicant

Date

Full legal signature of other parent or spouse

Date