

The Klamath Tribes Child Care Program

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