the Chickasaw Nation

Chris Anoatubby
Governor

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: _____ $ _____ ☐ Weekly ☐ Bi-weekly ☐ Bi-monthly ☐ Monthly
	_____ (____) _____	Date: _____ $ _____ ☐ Weekly ☐ Bi-weekly ☐ Bi-monthly ☐ Monthly
	_____ (____) _____	Date: _____ $ _____ ☐ Weekly ☐ Bi-weekly ☐ Bi-monthly ☐ Monthly
	_____ (____) _____	Date: _____ $ _____ ☐ Weekly ☐ Bi-weekly ☐ Bi-monthly ☐ 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 ☐ Renewal

☐ Licensed center
☐ Licensed home
☐ Unlicensed relative

☐ One star
☐ Two star
☐ 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		Part-time	
0 - 12 months	$ _____	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

Form no. 10963 EDU-CD Rev. 8/2023