



Applicant Checklist:

All forms must be completed and turned in with this application. Applications are not considered complete until ALL FORMS are turned in. Only completed applications will be placed on the waiting list. It is your responsibility to submit these forms completed to our office.

Please call (580) 362-2795 for additional questions.

- 1.) _____ Child Care Assistance Application
 - a. Birth certificate
 - b. CDIB Card for each child and/or parent (parent or child must be eligible, not both)
 - c. Immunization record for each child

- 2.) _____ Employment Verification (1 full month and most current check stub for applicant & co-applicant)

- 3.) _____ School/Training Verification (Class Schedule) (Official Transcript)

- 4.) _____ Proof of residency
 - a. A current bill or credible piece of mail in the applicant or co-applicant's name

- 5.) _____ Provider/Confidentiality Agreement, if new provider
 - a. Criminal Background Check
 - b. Completed Health & Safety Assessment
 - c. W-9

- 6.) _____ Foster Care/ Emergency Family Care (Respite) please have proper documentation to provide support



Employment Verification Form

Applicant Name: _____

Place of Employment: _____

Employer Address: _____
Street or P.O. Box City State Zip Code

Telephone: _____

Is applicant a current employee: (please circle) Yes No

If no, please enter last date of employment: _____

Days worked: Monday Tuesday Wednesday Thursday Friday Saturday Sunday
(Please Circle)

Rate of Pay: _____ **per hour**

Hours worked: _____ **a.m. To** _____ **p.m.**

Employee Status _____ **Full Time** _____ **Part Time**
(Please check one)

Supervisor Name and Title

Date

Supervisor Signature



Permission to Verify Form

I agree to provide the Kaw Nation Child Care Development Fund Program with all information necessary to verify any statement(s) made in this application, and hereby give permission for the Tribe to obtain such verification as necessary, including contacting my employer.

I affirm, under penalty of perjury, that the information given in this application is complete and correct to the best of my knowledge and belief. I understand and agree that if any statement is false and results in my receiving benefits for which I am not eligible, I will be immediately terminated from the Child Care Program without further notice. I also understand that knowingly providing false information subjects me to prosecution for fraud.

Applicants Signature

Date

Co- Applicants Signature

Date