



## 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) 362-3544 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



## Application for CCDF Assistance

Date of application: \_\_\_\_\_

Parent or Legal Guardian Name(s): \_\_\_\_\_

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

Street or P.O. Box

City

State

Zip Code

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please list all persons residing in the household:**

Name	Date of Birth	Marital Status	Place of Employment

**Childcare assistance is requested for the following household members:**

Name	Date of Birth

**Child Care Provider selected by applicant:**

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Tribal Affiliation:** I am/ I am not an enrolled member of the Kaw Nation.

Please Circle One

**The Child or children I am seeking assistance for:** are / are not enrolled members of the Kaw Nation.

Please circle one

**If not a Kaw Nation Tribal member list Tribal affiliation:** \_\_\_\_\_



## 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.

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**Applicants Signature**

**Date**

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**Co- Applicants Signature**

**Date**