TISA CHILD CARE ASSISTANCE PROGRAM

Application for Child Care Assistance

Parent/Guardian Name(s): _____/_____

Parent/Guardian Mailing Address: _____

Parent/Guardian Physical Address: _____

Home phone number: _____ Cell Phone Number: _____

Parent/Guardian email address: _____

Parent/Guardian Tribal Enrollment Number: _____

Parent/Guardian Social Security Number: _____

[ ] Single parent household [ ] 2-Parent household Number of Children: _____

Before or After School Services: [ ] Yes [ ] No

The following information requires documentation. Parent must be working, enrolled in and attending school, or working in a certified job-training program in order to qualify for the TISA Child Care Assistance Program.

Parent #1 [ ] Employed [ ] School [ ] Job Training

Employer: _____ Address: _____

Work Phone Number: _____ Supervisor Name: _____

Work Address: _____

Scheduled Days/Week: _____

School/Vocational Training: _____ Field of Study: _____

School Address: _____

Schedule: Days/Week: _____ Hours per day: _____

Parent #2 [ ] Employed [ ] School [ ] Job Training

Employer: _____ Address: _____

Work Phone Number: _____ Supervisor Name: _____

Work Address: _____

Scheduled Days/Week: _____

School/Vocational Training: _____ Field of Study: _____

School Address: _____

Schedule: Days/Week: _____ Hours per day: _____

Provide a copy of class schedule and every month you must turn in your attendance for all classes

Monthly Family Income

Parent #1	**Parent #2**
Employment: _____	_____
TANF: _____	_____
College Funding: _____	_____

Provide a copy of your monthly paystubs, TANF check, or notices of income for college.

LIST OF CHILDREN LIVING IN THE HOME

NAME OF CHILD(REN)	DATE OF BIRTH	ENROLLMENT #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Must have current immunization record for each child who will be in daycare and give the proof to the provider for their records.

ACKNOWLEDGE & CERTIFY FROM PARENT/GUARDIAN

1. I confirm, to the best of my knowledge, that the information on the Application Form is true, correct, and complete.
2. I will notify the TISA CCAP, within ten (10) days, of any changes in my family income, family size, or needs status.
3. I understand that my eligibility for this program and the amount of subsidy is subject to review by the CCAP.
4. I understand that I am responsible for directly paying the Provider for the non-subsidized portion (copay) of the childcare services.
5. I understand that TISA'S CCAP subsidy for childcare services is subject to changes or termination at the sole discretion of the CCAP office.
6. If this application for childcare assistance is denied or if assistance is terminated, I understand that I have the right to file a written appeal with the TISA Tribal Board within five (5) days of notice of denial or termination.

_____ _____

Parent/Guardian Date

PROVIDER INFORMATION

Provider's Name: _____ DOB: _____

Physical Address: _____

Mailing Address: _____

Email Address: _____

Home phone #: _____ Cell Phone # : _____

Providers relationship to child(ren): _____

Is Provider State Licensed? [ ] Yes [ ] No If yes, license #: _____

PARENT/PROVIDER RATES

I _____ do hereby understand that my Provider,

_____, will charge me $ _____

[ ] Hourly [ ] Daily [ ] Weekly [ ] Monthly for my child(ren). Services will be in: [ ] In-home [ ] Family [ ] Center setting.

My responsibility will be to pay the non-subsidized portion of the childcare services directly to the provider.

_____ _____
Parent Date

_____ _____
Provider Date