Check off list for required documents

The following documents are requirements to process your application. Should any of the documents not apply to you, please disregard or contact the office at the above listed number.

PARENT (S) INFORMATION:

	DOCUMENTS	COMMENTS:
1	Application signed and complete	
2	Public assistance *(food stamps, GA, etc, provide a copy)*	
3	Class Schedule – or acceptance letter if attending a high school, technical institute, or college	
4	Income verification (recent) per parent if employed, Financial Aid award letter, earnings statement if self-employed.	
5	Tribal Enrollment for parent (s)	
6	Address verification, copy of utility bill that verifies your address	
7	Verification if a foster parent/Legal Guardian, letter from Child Welfare or the courts, stating you have custody of child.	
8	Provider application complete and signed	

CHILD (REN) INFORMATION:

	DOCUMENTS	COMMENTS:
1	Birth certificate (copy) for all children you are requesting child care for.	
2	Social security card (copy) for all children you are requesting child care for.	
3	Tribal Enrollment for all children you are requesting child care services	
4	Current immunization for all children you are requesting child care services	
5	"Blue Card" for each child you are requesting child care services	
6	Medical statement from doctor if child has medical problem for all children you are requesting child care services	
7	If child is school age, a copy of school year calendar	

PROVIDER INFORMATION:

	DOCUMENTS	COMMENTS:
1	Application complete, signed and notarized	
2	CPR / FA / FOOD HANDLER Certifications	
3	Background Information Sheet	
4	Authorization to Release Information	
5	Arizona DPS Class I / II Fingerprint Clearance Card	
6	If using a child care center, Parent Handbook / Statement of Services	

APPLICANT INFORMATION:

APPLICANT'S NAME:	MAIDEN/OTHER NAMES USED:*(if applicable)*	DATE OF BIRTH:
SOCIAL SECURITY #:	HOME PHONE #:	MESSAGE #:
ADDRESS:	CITY/STATE:	ZIP CODE:
E-MAIL ADDRESS:		If not Where/Address:
DISTRICT/COMMUNITY:	Do you live in your community? ☐YES ☐NO	

EMPLOYMENT INFORMATION (applicant)

Are you employed? . ☐YES ☐NO	If YES, Where?	Employment address:	Work phone #:
Number of hours per day?	Number of days per week:	Do you work shifts/weekends? **Y N**	If yes, explain:
Are you self-employed? ☐YES ☐NO	If YES, explain work, hours, and days:		
Are you seeking employment? ☐YES ☐NO	If YES, where did you apply?	Provide date & name of contact person:	

SCHOOL INFORMATION (applicant)

Are you attending training, school or college? ☐YES ☐NO	If YES, where:	Address	School phone #:
Are you full-time or part-time?	Number of hours per day:	Number of days per week:	Completion date:
When completed what will you receive? ☐ Degree ☐ Certificate ☐Diploma ☐Other, explain:		Are you receiving financial assistance? ☐ YES ☐ NO	
If YES, please check & provide information: ☐ District ☐ Tribal Program ☐ Other:			

APPLICANT'S PERSONAL DATA:

Are you: ☐ Single   ☐Married   ☐ Divorced   ☐ Other: _____

If you are married or living with the child's father/mother, the following information must be completed:

SPOUSE'S NAME:	MAIDEN OR OTHER NAMES USED*:*	D.O.B.:	SOCIAL SECURITY#:
Is your address & home phone # the same as applicant?	If no, please provide address:	E-MAIL ADDRESS:	
District: (if applicable)		Community: (if applicable)	
Are you employed? ☐ YES ☐ NO	If YES, Where?	Employment address:	Work phone #:
Number of hours per day?	Number of days per week:	Do you work shifts/weekends? Y N	If yes, explain:

Are you self-employed? ☐ YES ☐ NO	If YES, explain work, hours, and days:		
Are you seeking employment? ☐ YES ☐ NO	If YES, where did you apply?	Provide date & name of contact person:	
Are you attending training, school or college? ☐ YES ☐ NO	If YES, where:	Address	School phone #:
Are you full-time or part-time?	Number of hours per day:	Number of days per week:	Completion date:
When completed what will you receive? ☐ Degree ☐ Certificate ☐ Diploma ☐ Other, explain:		Are you receiving financial assistance? ☐ YES ☐ NO	
If YES, please check & provide information: ☐ District ☐ Tribal Program ☐ Other:			

ABSENT PARENT INFORMATION:

If you are a single parent and not living or receiving any assistance from absent parent (father/mother) of child, please provide the following information.

ABSENT PARENT'S NAME:	MAIDEN OR OTHER NAMES USED*:*	D.O.B.:	SOCIAL SECURITY#:
ADDRESS:	HOME PHONE:	MESSAGE #:	
DISTRICT/COMMUNITY:	Is the absent parent living in their community? ☐ YES ☐ NO		If not Where?

HOUSEHOLD INFORMATION:

List all household members supported by the applicant's income

NAME	RELATIONSHIP
1.	
2.	
3.	
4.	
5.	
6.	
LIST ALL OTHER MEMBERS IN THE HOME	**RELATIONSHIP**
1.	
2.	
3.	
4.	

CHILD (REN'S) INFORMATION:

List child (ren) you are requesting childcare services for between the age categories of 0-12 inclusive:

CHILD'S NAME:	DATE OF BIRTH:	SOCIAL SECURITY#:	ENROLLMENT #	Any medical conditions (if yes explain):

Did you list any school age children above? (4-12 yrs. old inclusive) ☐ **YES** ☐ **NO**

If yes, please provide following information:

CHILD'S NAME	SCHOOL	DISTRICT	ADDRESS	HOURS IN SCHOOL

OTHER INFORMATION *(applicant):*
Do you receive any of the following benefits/assistance?

	YES	NO	Explain (how often received and amount received)
Food Stamps			
WIC			
GA (TWEP)			
AFDC			
Social Security			
Child Support			
Commodities			
Other			

PROVIDER/CENTER INFORMATION *(applicant must provide information):*

PROVIDER/CENTER NAME:	PHONE #:	MESSAGE #:
ADDRESS:		RELATIONSHIP TO CHILD (REN):

(In-home provider only)

PENALTY WARNING: By signing this application, I verify, under penalty of perjury that the information provided is true and correct. Be it further understood, if any information provided is false, I will not be eligible to participate in the Tohono O'odham Nation Child Care Services Program.

_____   _____

   Applicant Signature   *Date*