



Essential Applicants

APPLICATION FOR TRIBAL CHILD CARE ASSISTANCE PROGRAM

The application **cannot** be considered without **all required documentation**. Once your application is completed with all required documentation attached submit to Tribal Child Care Program.

The Tribal Care Assistance Program is a Reimbursement Program to aid clients with child care cost.

Application Information (Please answer all questions)

Full Name:	Mailing address:	City:
Household Size:	Registered Provider's Name:	Date Child started with Provider:
Work #	Cell #	Home#

Marital Status (Please check one): Married Divorced Separated Single

Names of Household children needing childcare:

1.	DOB	Enrollment#:
2.	DOB	Enrollment#:
3.		Enrollment#:
4.	DOB	Enrollment#:
5.	DOB	Enrollment#:
6.	DOB	Enrollment#:

Parent Application Check List:

Parent or Guardian Documentation (Only Two Required):

	Driver's License/or ND ID		Tribal Enrollment Number
	Birth Certificate		
	Legal (Court Document) custody verification or verification from Child Welfare		

Children Documentation (Required):

	Tribal Enrollment Numbers for each child.
	Birth Certificates for each child.

Eligibility Information: Employment documentation required:

	Verification of income, check stubs for month billing for (Monthly)
	Verification that you are an essential employee.

Program Staff Signature: _____

Date: _____

Client Signature: _____

Date: _____