



Nooksack Social Services
 5061 Deming Road
 PO Box 157
 Deming, WA 98244
 (360) 592-5176
 (360) 306-5099 Fax

Skagit Satellite
 2021 E College Way Suite 210
 Mt. Vernon, WA 98273
 877-848-1758
 (360) 848-1768 Fax

Child Care Application Checklist:

Name of Parent or Guardian: _____

Staff input
 Date
 Received

_____ Childcare application		
_____ Release of information		
_____ Driver's License or State ID		
_____ Tribal Enrollment Card for adults & children applying for assistance (if applicable)		
_____ Proof of residence (landlord statement or current utility statement)		
_____ Birth Certificates for all children requesting assistance for		
_____ Child Custody Order (if applicable)		
_____ Current Immunization records or Certificate of Exemption from Physician		
_____ ICW or CPS referral (if applicable)		
_____ Statement form Health Professional (if applying for child over the age of 13 with Special Needs)		
_____ Statement of Earnings	_____ 1 st adult	
	_____ 2 nd adult	
_____ Current Paystub	_____ 1 st adult	
	_____ 2 nd adult	
_____ Other unearned income	_____ 1 st adult	
	_____ 2 nd adult	
_____ Class schedule	_____ 1 st adult	
	_____ 2 nd adult	
_____ TANF FSP	_____ 1 st adult	
	_____ 2 nd adult	

***All items requested must be provided before application will be processed for approval**



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Child Care Application

Name:	Social Security Number:	Phone Number:	
Address:	City:	State:	Zip:

List all family members:

Name: Last, First, MI	Relationship	Date of Birth	For Adults, list employer or list source for all income and must provide verification

List Children you are requesting services for:

Name: Last, First, MI	Age	Tribal Affiliation	U.S. Citizen Yes or No	Child Care Provider



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Employment information for Adult #1:

How many hours per week do you work: _____

What is your hourly rate: _____ How often are you paid: _____

Are you currently in school: _____ yes _____ no

If yes, how many hours per week: _____ (please attach current school schedule)

Employment information for Adult #2

How many hours per week do you work: _____

What is your hourly rate: _____ How often are you paid: _____

Are you currently in school: _____ yes _____ no

If yes, how many hours per week: _____ (please attach current school schedule)

If you are currently not working or attending school, please list the reason or need for Child Care Services and the number of hours per week that you are requesting: _____

Declaration: all the information is true to the best of my knowledge. The authorized personnel have requested information from me and I understand the importance of submitting all requested documents and information in a timely matter. I understand that if the information is not submitted within 30 days of my application, I will then have to reapply for Child Care Services. _____ Initials

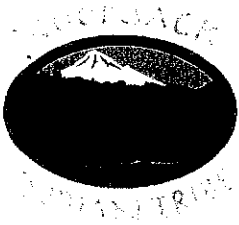
I understand that by signing this application that I have authorized the Nooksack Child Care Program to contact my employer, school and any other person that has been listed on my application.

 Signature of Applicant

 Date

 Signature of 2nd Adult

 Date



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Authorization for release of information

I authorize the release of information requested by the Nooksack Tribal Social Services Program or its agents. The requested information will only be used in the administration of the Nooksack Tribal Social Services Programs and will not be released to any other person or agency outside of the Nooksack Tribal Social Services Program. This release of information will be in effect while I am an applicant or recipient for benefits.

Persons or organizations that may be contacted include, but not limited to: Department of Social & Health Services, Department of Law, Department of Public Safety, Department of Fish & Wildlife, Department of Labor, Department of Military & Veterans Affairs, Department of Revenue, Bureau of Citizenship Administration, local governments, public assistance program contractors & grantees, tax assessors, financial institutions, Native Corporations, stock brokerage firms, landlords, employers, Public Schools & their Districts, Bellingham Housing Authority, Nooksack Tribal Housing Authority, Genesis II, Youth & Family Services, Indian Child Welfare, Social Services Department, Elders Program, Nooksack Tribal Support Program, State Child Support Division & Nooksack Legal Department.

I further understand that I may have to sign a consent for release of information with any agency to which I have referred.

A Copy of this Release is Valid as the Original

Applicant Signature

2nd Adult Signature

Printed Name

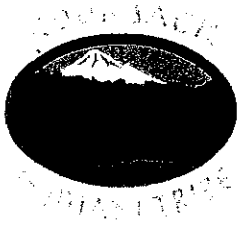
Printed Name

Phone Number

Phone Number

Date

Date



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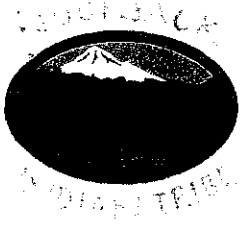
Landlord Statement

Property Owner or Authorized Manager, complete all sections below with only the information you know to be true. Write "unknown" to questions you cannot answer. Do not leave any box blank	The Nooksack Social Services Department is in the process of determining the client's eligibility. Please provide the information requested below: _____ Case Worker's Signature & Date
<u>Rental or Leased unit tenant information:</u> Tenants Name: _____ Street Address: _____ City, State & Zip Code: _____ Move in Date: _____	Names of all Adults & Children Living at this address: Adults: _____ Children: _____
<u>Rental Information:</u> Renters Name: _____ Current Rent Amount:\$ _____ Date amount started: _____ <div style="text-align: center;">Yes No</div> Do they pay by check? _____ _____ If yes, name of bank: _____ Does the tenant only pay a portion of the rent? _____ _____ If yes, how much is their portion: _____ Is this subsidized housing? _____ _____ If yes, what agency: _____ Is someone else paying part or all of the rent? _____ _____ If yes, who: _____ Does the tenant work for a portion of the rent? _____ _____ If yes, how much: _____	
<u>Utilities Information:</u> Main source of heating the residence: _____ Electric _____ Wood _____ Gas _____ Propane <div style="text-align: center;">Yes No</div> Is there a separate meter for gas & electric: _____ _____ Does the tenant pay for air conditioning: _____ _____	<div style="text-align: center;">Yes No</div> Are utilities included in the rent: _____ _____ If no, mark all that the tenant is responsible to pay for: _____ Electric _____ Water/Sewer _____ Gas _____ Telephone _____ Propane _____ Garbage _____ Wood _____ Other (specify)

Landlord's Name: _____
 Address: _____
 City, State & Zip Code: _____
 Telephone: _____
 Signature: _____ Date: _____

Property Owners Name: (if different from landlord) _____

 Property Owner Phone Number :(if different from landlord) _____



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Request for Certification Release Form

Full Name of Tribal Member: _____

Last

First

Middle

Current Mailing Address: _____

Street or PO

City

State

Zip Code

Social Security Number: _____ Male: _____ Female: _____

Date of Birth: _____ Place of Birth: _____

City

State

Release Statement

By signing below, I understand that the information obtained on the above named person will be used for the agencies enrolled verification purposed only. Information will be kept in strict confidence of the Nooksack Tribal Social Services Department: Childcare & Temporary Assistance Program.

I hereby give permission to the Nooksack Enrollment Department to release information regarding my enrollment status to the Nooksack Social Services Department.

By signing this document, I understand the information below will only be released to the above named agency and/or department.

Tribal Member's Signature: _____ Date: _____

Enrollment Department Use Only

This is to certify that _____ is an enrolled member of the

_____ Indian Tribe. Enrollment Number: _____ Blood Quantum: _____

Enrollment Clerk Signature: _____ Date: _____



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**Nooksack Tribal Social Services Department
 Statement of Earnings**

I hereby authorize my employer to provide the following information regarding my employment to the Nooksack Tribal Social Services Department.

Employee's Name: _____

Employee's Signature: _____ Date: _____

To the Human Resources Department:

In order for our agency to provide services to the about employee/client, we need to verify their income.

Start Date: _____ Hours per week: _____

Rate of pay: _____ Estimated tips: _____

Pay periods are: Weekly _____ Biweekly _____ Monthly _____

Temporary employment: Yes ___ No ___ Permanent employment: Yes ___ No ___

Company Name: _____

Company Address: _____

Human Resources Representative: _____

Human Resources Signature: _____ Date: _____

Return signed form to: Sativa Robertson
 P.O. Box 157
 Deming, WA 98244
 srobertson@nooksack-nsn.gov
 (360) 592-5176 x 3429
 (360) 306-5099 fax