Child Care Application Checklist:

Name of Parent or Guardian: ________________________________

____ 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 from Health Professional (if applying for child over the age of 13 with Special Needs)

____ Statement of Earnings
  ____ 1st adult
  ____ 2nd adult

____ Current Paystub
  ____ 1st adult
  ____ 2nd adult

____ Other unearned income
  ____ 1st adult
  ____ 2nd adult

____ Class schedule
  ____ 1st adult
  ____ 2nd adult

____ TANF FSP
  ____ 1st adult
  ____ 2nd adult

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

CCDF App 03/2016
# Child Care Application

<table>
<thead>
<tr>
<th>Name:</th>
<th>Social Security Number:</th>
<th>Phone Number:</th>
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<tr>
<th>Address:</th>
<th>City:</th>
<th>State:</th>
<th>Zip:</th>
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## List all family members:

<table>
<thead>
<tr>
<th>Name: Last, First, MI</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>For Adults, list employer or list source for all income and must provide verification</th>
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</table>

## List Children you are requesting services for:

<table>
<thead>
<tr>
<th>Name: Last, First, MI</th>
<th>Age</th>
<th>Tribal Affiliation</th>
<th>U.S. Citizen Yes or No</th>
<th>Child Care Provider</th>
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</table>
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.

________________________________________ Date

Signature of Applicant

________________________ Date

Signature of 2nd Adult
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

### Rental or Leased unit tenant information:

<table>
<thead>
<tr>
<th>Tenants Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address:</td>
<td></td>
</tr>
<tr>
<td>City, State &amp; Zip Code:</td>
<td></td>
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<tr>
<td>Move in Date:</td>
<td></td>
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</tbody>
</table>

### Rental Information:

<table>
<thead>
<tr>
<th>Renters Name:</th>
<th>Current Rent Amount:$</th>
<th>Date amount started:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do they pay by check?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the tenant only pay a portion of the rent?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is this subsidized housing?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Is someone else paying part or all of the rent?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Utilities Information:

<table>
<thead>
<tr>
<th>Main source of heating the residence:</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electric Wood Gas Propane</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a separate meter for gas &amp; electric:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Does the tenant pay for air conditioning:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Names of all Adults & Children Living at this address:

<table>
<thead>
<tr>
<th>Adults:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children:</td>
<td></td>
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</tbody>
</table>

### Case Worker's Signature & Date

---

The Nooksack Social Services Department is in the process of determining the client's eligibility. Please provide the information requested below:

---

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)
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:________________
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