



APPLICATION FOR CHILD CARE SERVICES

OTTAWA TRIBE
13 S. 69A
MIAMI, OK 74354

Application Date:	Home Phone:
Applicant Name:	Cell Phone:
Address:	County:
City/State/Zip:	Parent Email:
Please initial to verify the following statement per federal requirement:	
<i>I certify that my family assets do not exceed \$1,000,000. _____</i>	

Persons In Household
Please Print

First Name	M.I.	Last Name	Sex	D.O.B.	Age	Social Security No.	Tribal Affiliation

Day Care Choice:	Applicant's Signature:
Address:	Date Signed:
City, State, Zip:	Phone:
Co-Payment (Per Month-Per Child):	Childcare Director/Owner:
Full/Part Days:	Ottawa Tribe CCDF Director Signature:
Effective Approval Date:	