



Miami Tribe of Oklahoma  
P.O. Box 1326 Miami, Oklahoma 74355  
Ph: (918) 542-1445 Fax (918) 542-7260



**Application for Childcare Services  
Miami Tribe of Oklahoma**

Date of Application: \_\_\_\_\_

**Personal Information:**

Name of Family Requesting Services:  
\_\_\_\_\_

County you reside in: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Emergency Contacts: (Other than parent)**

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

**Tribal Information:**

Indian Tribe Enrolled In: \_\_\_\_\_

Name of Enrolled Member: \_\_\_\_\_



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Please list all individuals residing in the household.

First Name	Middle Name	Last Name	Sex	Date of Birth mm/dd/yy	Soc. Sec.#	Marital Status

**Child Care Information:**

Name of Child/Children Needing Services and what type of service your child will need such as Full-time, Part-time or Before and After School:

Name	Length of Care
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

What hours and days will your child be attending daycare?

Days= \_\_\_\_\_

Hours= \_\_\_\_\_

Are any children needing childcare services wards of the court, foster children, or considered in emergency care? \_\_\_\_\_



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If so, please list the name/names of the child/children and the situation. \_\_\_\_\_  
\_\_\_\_\_

Name of Childcare Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Employment and Income Information:**

**Mother Place of Employment:** \_\_\_\_\_

Supervisor: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pay Frequency: Weekly, Bi-Weekly, Twice Monthly, Monthly

Work Hours: \_\_\_\_\_

**Father Place of Employment:** \_\_\_\_\_

Supervisor: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Pay Frequency: Weekly, Bi-Weekly, Twice Monthly, Monthly



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Work Hours: \_\_\_\_\_

**Income Information: MUST BE FILLED OUT!!**

	Source of Income	Net Amount (Actual Bring Home)	Proof of Income (Check Stub)
1.	Employment Wages-All household members		
2.	Self Employment		
3.	Social Security Benefits		
4.	Dividends, Interest		
5.	Pensions and/or Annuities		
6.	Unemployment Compensation		
7.	Worker's Compensation		
8.	Alimony		
9.	Child Support		
10.	Veterans Benefits		
11.	AFDC, SSI or other DHS/DFAS Allotment		
12.	Other (Specify)		
	Total→→		

Income Eligibility Determination: Family Size: \_\_\_\_\_

Monthly Net Income: \_\_\_\_\_

**Other information:**

Are you currently or have you ever received childcare services through another tribe? \_\_\_\_\_ If so what tribe? \_\_\_\_\_

If so what dates did you receive these services? \_\_\_\_\_

If so and you are no longer receiving these services, please explain why you are no longer receiving them. \_\_\_\_\_

I \_\_\_\_\_ also do hereby certify that all of the information provided in this application for childcare assistance is true and correct.

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date