



Miami Tribe of Oklahoma

P.O. Box 1326~Miami, Oklahoma 74355
 Ph: 918-541-1300 Fax: 918-542-7260



Application for Childcare Services Miami Tribe of Oklahoma

Application Date:	Tribal Affiliation:
Applicant Name:	Cell Phone:
Address:	County:
City/State/Zip	Email:
Please initial to verify the following statement per federal requirement:	
I certify that my family assets do not exceed \$1,000,000.00 _____	

Persons In Household

First Name	M.I.	Last Name	Sex	Date of Birth mm/dd/yy	Soc. Sec.#	Tribal Affiliation

Are any children in household in foster care or court custody? _____

Facility Information

Child Care Facility/Owner:	
Address:	
City/State/Zip:	Phone:

Signature

Applicant:	Date:
Miami Tribe CCDF:	Date: