

CHEROKEE NATION® Child Care & Development P.O. Box 948 Tahlequah, OK 74465 (918) 453-5300 Main Phone (918) 458-7616 Main Fax (918) 458-4446 Subsidy Fax

or

# CHILD CARE SUBSIDY CLIENT INFORMATION FORM

# **List EVERYONE** residing in your home and considered a part of your household. The first parent listed must currently live in the home with the children, have parental rights/custody of the children and serve as the main contact for your child care subsidy application.

**Parent/Client Information:** 

Parent/Client Full Name:	Parent/Client Phone:
Spouse/Other Name:	Parent/Client Work Phone:
Address:	City, State, Zip:
Parent/Client Email:	

## **Child Care Provider Information:**

Child Care Provider Name:	
Child Care Start Date:	Provider Location/City:

### Children Requiring Child Care Financial Assistance (Subsidy):

First Name	M.I.	Last Name	Date of Birth (mm/dd/yy)	Attend School?
				$\Box$ Yes $\Box$ No
				□ Yes □ No
				□ Yes □ No
				□ Yes □ No
				□ Yes □ No

### Additional Household Members (i.e. additional children not in child care, adult children, relatives, other):

First Name	Last Name	Date of Birth (mm/dd/yy)	Relationship to Parent/Client

I/we do hereby swear under penalty of perjury by signing below that the above household listing is true and correct. I understand that if I misrepresent my household size and/or income that it can be considered fraud and will result in the loss of my child care subsidy. As a result, I will be required to repay any child care payments made to my child care provider.

**Client Signature** 

Client Name (printed)

Date

Spouse/Other Signature (if applicable)