



Caddo Nation Child Care Development
Subsidy Application

Caddo Nation Child Care Development Program offers Child Care Assistance for Native American families in the following Counties: Blaine, Caddo, Canadian, Cleveland, Comanche, Custer, Grady, Kiowa, McClain, Oklahoma, and Washita

For Questions Contact: Director Lauryn French 405-345-9858

**Applications can be submitted in the following ways: Emailed: lfrench@mycaddonation.com
 Faxed: 405-656-0963 * Mail: P.O. Box 487, Binger OK 73009 *
 Delivered to Caddo Complex Intersection HWY 281 & HWY 152 Binger**

Submit the following documentation with COMPLETED APPLICATION	
(Indicate N/A if question does not apply to you. Do not leave any question blank)	
Birth Certificate	Custodian or Guardianship documentation
1 month of Income Verification for all working adults in the home	DENIAL of services from the families child(ren) TRIBAL subsidy program if not Caddo
Household family members ID cards State Ids / Tribal Ids/ SScard (applying child only)	Current Proof of Residency
Enrollment Verification of Training or Education	Immunization Records
TANF documentation	Documentation of Special Needs

CADDO NATION CHILD CARE OFFICE ONLY		
Family Name:	Family Size:	Subsidy Children:
Date Received:		Received by:
Date Reviewed:		Reviewed By:
Documents:		
Application ___ Birth Certificate ___ Guardianship ___ Income Verification ___ TANF ___ Tribal Denial ___ ID's ___ Residency ___ School/Training ___ Immunization ___ Enrollment ___ Special Needs ___		
Attached Copayment and Priority Rating Worksheet		
Co-Pay: _____ Provider: _____		
If Documents were not received please note attempts to contact the applicant with date and times:		



Subsidy Application

Please Print Clearly

Section I : Applicant Information	
Applicant Name:	Family Size:
Number of Subsidy Child(ren):	County:
Home Address:	Phone:
Requested Provider:	Phone:
1 st Email:	2 nd Email

Section II: Household Information				
Name	DOB	Tribe	Relationship	Work/ Edu/Trng

Section III: Parent/Guardians Information	
Marital Status: Single_____ Married_____ Divorced _____ Separated _____	
Are you currently receiving any assistance from DHS?	YES __ NO__
If YES, please list:	
Are you currently receiving any assistance from any tribal or state agencies?	YES __ NO__
If YES, please list:	
Have you received assistance from Caddo Nation Child Care before?	YES __ NO__
If YES, please list dates:	

Section IV: Household Income if applicable –Required for determination of copayment amount.

1st Income		Name:	Phone:
Employer:		Supervisor:	
Employer Address:		Employer Phone:	
Employment: Full ___ Part ___ Self Employed ___	Status: Permanent ___ Temporary ___ Seasonal ___ Spot Jobs ___		
Scheduled Work Days:		Time:	Please specify AM/PM
Hourly Pay Rate:		Payment Schedule: Weekly ___ Bi-Weekly ___ Monthly ___	
2nd Income		Name:	Phone:
Employer:		Supervisor:	
Employer Address:		Employer Phone:	
Employment: Full ___ Part ___ Self Employed ___	Status: Permanent ___ Temporary ___ Seasonal ___ Spot Jobs ___		
Scheduled Work Days:		Time:	Please specify AM/PM
Hourly Pay Rate:		Payment Schedule: Weekly ___ Bi-Weekly ___ Monthly ___	

Section V: Education/Training

1st Edu/Trng		Name:	Phone:
Agency/School:		Advisor:	
Agency/School Address;		Advisor Contact:	
Program Type: 4yr College ___ 2yr College ___ Vo-Tech ___ WIA ___ Other ___ Describe Other:			
Level of Attendance: Full ___ Part ___ Temporary: ___ Enrolled ___ If Enrolled specify start date :			
Projected Completion date:			
2nd Edu/Trng		Name:	Phone:
Agency/School:		Advisor:	
Agency/School Address;		Advisor Contact:	
Program Type: 4yr College ___ 2yr College ___ Vo-Tech ___ WIA ___ Other ___ Describe Other:			
Level of Attendance: Full ___ Part ___ Temporary: ___ Enrolled ___ If Enrolled specify start date :			
Projected Completion date:			

Section VI: Foster /Guardianship/Adoption

Filing Court:

Case Number

Judge:

Court Date:

Court Determination:

Please attach documents related to the determination of the case.

Section V:Special Needs

Agency/School District:

Disability

Sooner Start: ___Yes ___NO

Individualized Edu. Plan: ___Yes ___NO

Receiving SSI: ___Yes ___NO

Agency/School Address;

Services Receiving:

Please Attach documents related to acknowledgement of disability and that you are currently receiving care under one or more of the following programs: Sooner Start, IEP, or SSI.

Section VI: Provider(s) Information

If children will attend different providers please list both

1 st Type of Child Care Requested:	NON Licensed by State	Licensed by State
	<input type="checkbox"/> In Home <input type="checkbox"/> Friend Home <input type="checkbox"/> Relative Home <input type="checkbox"/> Other	<input type="checkbox"/> Center <input type="checkbox"/> Provider Home <input type="checkbox"/> Head Start <input type="checkbox"/> Other
	Describe Other:	
Provider Name:		
Provider Address:		
Contact Person:		Contact Number:
Contact Email:		Contact FAX Number:
2 nd Type of Child Care Requested:	NON Licensed by State	Licensed by State
	<input type="checkbox"/> In Home <input type="checkbox"/> Provider Home <input type="checkbox"/> Relative Home <input type="checkbox"/> Other	<input type="checkbox"/> Center <input type="checkbox"/> Provider Home <input type="checkbox"/> Head Start <input type="checkbox"/> Other
	Describe Other:	
Provider Name:		
Provider Address:		
Contact Person:		Contact Number:
Contact Email:		Contact FAX Number:

Section VII: Subsidy Children Information

Child	Age	Tribe	Enrollment #	Provider