



APPLICATION FOR CHILD CARE SERVICES

OTTAWA TRIBE
13 S. 69A
MIAMI, OK 74354

Applicant's Family Name:	Application Date:
is a member of the _____ federally recognized Indian Tribe.	
Address of Residence:	Home Phone:
City: _____ State/Zip: _____	County: _____
Employer 1:	Employer 2:
Work Address:	Work Address:
City: _____ State/Zip: _____	City: _____ State/Zip: _____
Phone: _____	Phone: _____

Persons In Household

First Name	M.I.	Last Name	Sex	D.O.B.	Age	Social Security No.	M/S/C	<input checked="" type="checkbox"/> Here if in need of Day Care

Day Care Choice:	Applicant's Signature:
Address:	Date Signed:
Phone: _____ License #: _____	Co-Payment (Per Month-Per Child):
Director/Owner	Max. Days Authorized: _____ Hours per Day: _____
C. C. D.'s Signature:	Dates Certified: _____