



Child Care Services Family Profile Form

Please contact our Intake Coordinator at 518-358-9721 ext. 2275 to complete a file review and submit any needed documentation. See page 3 for details.

Today's Date: _____

Name: _____ D.O.B: _____

List child(ren) and age(s) who will be receiving child care services:

Expectant parents have the option of enrolling into Child Care Services early. If you or your spouse are pregnant, what is the baby's due date? _____

Where would you like your child(ren) to receive Child Care services? (Name the center or provider you would like to use):

#1 Preference - Center or Provider Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number(s): _____

Weekly rate this provider charges: \$ _____

#2 Preference - Center or Provider Name: _____

Mailing Address: _____

Physical Address: _____

Phone Number(s): _____

Weekly rate this provider charges: \$ _____

Days and hours per day child care services are required (example 9-5):

Mon. _____ Tue. _____ Wed. _____ Thu. _____ Fri. _____ Sat. _____ Sun. _____

Please list all people living in the household (including yourself). If you live in a multi-family household, only list members whom you are financially responsible for (example: dependents you claim on annual tax returns).

Note: for subsidy requests, you must submit income information for anyone marked employed.

Family Member Name	Relationship to applicant	Age	Tribe Name & Enrollment #	M/F	Employed? Yes or No	Need Child Care? Yes or No

Does anyone residing in the household receive child support? Yes No

If yes, what is the amount per week? \$ _____

Does anyone residing in the household receive SSI? Yes No

If yes, what is the amount per month? \$ _____ Expires when? _____

Does anyone residing in the household receive unemployment? Yes No

If yes, what is the amount per week? \$ _____ Expires when? _____

Does anyone residing in the household receive a school allowance? Yes No

If yes, what is the amount per month? \$ _____ Expires when? _____

Does anyone residing in the household receive workman's compensation? Yes No

If yes, what is the amount per week? \$ _____ Expires when? _____

Does anyone residing in the household receive assistance from any other program? Yes No

If yes, please explain including the type of assistance received (ie: WIC, food stamps, child care subsidy). _____

NEW APPLICATIONS You MUST submit the following:	RECERTIFICATIONS You MUST recertify every year by:
<input type="checkbox"/> Childs birth certificate <input type="checkbox"/> Childs updated immunization record <input type="checkbox"/> If applicable, Custody or In Care letters for "at risk" children <input type="checkbox"/> Copy of Health Insurance Card (only for Child Care requests at Early Learning Center)	<input type="checkbox"/> Updating your <i>Tribal Learning Assistance Program</i> application with the Intake Coordinator <input type="checkbox"/> Updating your <i>Release of Information</i> <input type="checkbox"/> Updating your <i>Individual Success Plan</i> <input type="checkbox"/> Childs updated immunization record

<p align="center">CHILD CARE SUBSIDY</p> <p align="center">You MUST submit the following:</p> <p><i>If parent is working...</i></p> <p><input type="checkbox"/> One month of most recent pay stubs or letterhead from employer stating the hours worked per week, rate of pay, signed/dated by supervisor.</p> <p><input type="checkbox"/> Other forms of income</p> <p><i>If parent is attending school...</i></p> <p><input type="checkbox"/> School acceptance letter or letter from registrar</p> <p><input type="checkbox"/> Class Schedule</p> <p><input type="checkbox"/> Student income</p>

No exemptions will be made