



Cowlitz Indian Child Care and Development Program Application

Assigned #

New	Re-Qual.	Update
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Form to be completed by the Parent/Guardian

If change in center,
please indicate start
date

Parent/Guardian:		County:		Date:	
Mailing Address:		City:		State:	Zip:
Physical Address:		City:		State:	Zip:
Parent/Guardian Email:				Phone #:	
Preferred method of contact:		Email	Phone	Text	
Emergency Contact:		Relationship to child:		Phone #:	

Name (full name of all children in household)	Date of Birth	List Child Care Provider & Location Confirm Days, Pick Up and Drop Off Hours		Type of Care		Other Types	
				Childcare	Before & After	Holiday/ Closure	1 on 1
		Days:	Hours:				
		Days:	Hours:				
		Days:	Hours:				
		Days:	Hours:				
		Days:	Hours:				
		Days:	Hours:				
		Days:	Hours:				
Name (full name of all other adults in household)	Date of Birth	Relation to Children	Phone Number	Email			

1. Reason child care needed: Please check the box below that best describes your situation:						
Work	School	Training	Job Search	Self employed	Other _____	
2. Federal requirement for grant: I certify that my family assets do not exceed \$1,000,000					(initials)	
3. Are you homeless or in unstable housing? Includes living in a shelter or with family/couch surfing/vehicle				Yes	No	Sometimes
4. Have you applied with the Cowlitz Indian Tribe Child Care and Development Program in the past?				Yes	No	

I hereby certify all the information provided is true and correct to the best of my knowledge. I swear that the children for whom I am requesting child care resides with me at least 50% of the time. I release the Cowlitz Indian Tribe, Child Care and Development Program (CCDP) from any liability while in care of the provider(s) listed. I understand submission of this application does not guarantee services will be provided.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY:		Eligibility	PRIORITY LIST	WAITLIST
Net Monthly Income: \$		Monthly Co-Pay: \$		
Approval Start Date:	Expiration Date:	Assigned file #:		



Cowlitz Indian Tribe

Child Care and Development Program (CCDP)

Release of Information

I (we), _____, hereby voluntarily authorize Cowlitz Indian Tribe's CCDP to disclose/access information from the above parent's child care record as defined below:

Washington State Agencies (such as state licensing and grant support services)

Cowlitz Tribal Services

Your tribe _____

Other Tribal Lead Agencies (must agree if in Lewis county)

Child care provider and staff **(Providers Name)**

Other members of your family: _____

Other members of your child's family: _____

OTHER: _____

About my child(ren) listed below:

Child's name: _____

Child's name: _____

Child's name: _____

Child's name: _____

I (we) agree or I (we) do not agree to let CCDP to use photographs of my child/children/family in official publications to promote CCDP or Cowlitz Indian Tribe.

This information is to be released for the purpose stated above and may not be used by the recipient for any other purpose. Any person who knowingly and willfully requests or obtains any record concerning an individual from a Federal agency under false pretenses shall be guilty of a misdemeanor (5 USC 552a(i)(3)).

By signing below, I agree to release and hold harmless the Cowlitz Indian Tribe and any of its employees, agents, advisors, consultants, and officers, from any and all liability, losses, expenses, actions, demands of any nature, claims, including costs and reasonable attorney's fees, and damages or injuries which may be sustained arising directly or indirectly from the services of the child care provider(s).

Signature of primary applicant: _____ Date: _____

Signature of other adult: _____ Date: _____