



HOH INDIAN TRIBE

P.O. Box 2196

Forks, WA 98331

PH: (360)-374-6582 FAX: (360)-374-5426

Hoh Tribe CCDF Application

Dear Parent or Guardian,

Thank you for applying for the Hoh Tribe's Child Care Program. Please fill out the following application in its entirety to assist us in establishing your child's eligibility. **All necessary, and documentation MUST be provided for the tribe to determine eligibility. All documents are necessary, and determination cannot be granted without it.**

The Hoh Tribe's Child Care and Development Fund Subsidizes child care for children under the age of 12. Children 13 through 18 years old who are unable to take care of themselves because of physical, mental or developmental disability are also eligible for services. A licensed medical professional must certify this disability in writing.

Applicants are eligible for CDDF services when their income does not exceed 100% of the state median income for the corresponding family size (please see attached income eligibility levels). **Income is defined as the parent's total monthly cash receipts before taxes from all sources, plus all families unearned income. Copies of paystubs, coupons, foster care payments, federal tax credits, T.A.N.F. payments, self-employment, fishing tickets, social security benefits, per capita income, unemployment insurance benefits, etc. for the past three months are needed at time of application.**

Please allow at least two weeks for the Hoh Tribe's CDDF program to determine eligibility.

If you have any questions or concerns, please do not hesitate to contact Family Services.

Family Services Director

Hoh Indian Tribe

360-374-6582

Application Checklist

Please provide ALL of the following documents.
Not providing the following records could cause your application to be denied.

- Income verification and documentation (employer verification and or pay stubs on which eligibility was determined for the past **three** months.)
- Denial/Approval letter from DSHS
- Photo ID (Enrollment card for ALL enrolled members)

CHILD CARE APPLICATION FORM

Parent/Guardian Name(s): #1: _____ #2: _____

Parent/Guardian Address: _____

Home Phone: _____ Cell: _____

Childs Name: _____ DOB: _____

Number of Children in Family: _____ Single Parent House Hold: _____ Two Parent House Hold: _____

Family Member Information

1. Name: _____ Age: _____ Tribe: _____

2. Name: _____ Age: _____ Tribe: _____

3. Name: _____ Age: _____ Tribe: _____

4. Name: _____ Age: _____ Tribe: _____

5. Name: _____ Age: _____ Tribe: _____

6. Name: _____ Age: _____ Tribe: _____

7. Name: _____ Age: _____ Tribe: _____

8. Name: _____ Age: _____ Tribe: _____

9. Name: _____ Age: _____ Tribe: _____

10. Name: _____ Age: _____ Tribe: _____

The following information requires documentation. The applicant must be working, enrolled in AND attending school or working in a certified job-training program in order to qualify for the Hoh Tribe Child Care Program.

Parent #1: _____ Employed: _____ Job Training: _____

Employer: _____ Address: _____

Work Phone: _____ Supervisor Name: _____

Work Address: City: _____ State: _____ Zip: _____

Schedule: Days/Wk.: _____ Hours per Day: _____

School/Voc Training: _____ Field of Study: _____

School Address: City: _____ State: _____ Zip: _____

Schedule: Days/Wk.: _____ Hours per Day: _____

Parent #2: _____ Employed: _____ Job Training: _____

Employer: _____ Address: _____

Work Phone: _____ Supervisor Name: _____

Work Address: City: _____ State: _____ Zip: _____

Schedule: Days/Wk.: _____ Hours per Day: _____

School/Voc Training: _____ Field of Study: _____

School Address: City: _____ State: _____ Zip: _____

Schedule: Days/Wk.: _____ Hours per Day: _____

HOUSEHOLD INCOME

This includes combined income of applicant/spouse/co-tenants living in the household. Please give the total amount in the last three (3) months.

Unemployment Compensation: \$ _____

Pension & Annuities Retirement Benefits: \$ _____

Salary & Wages: \$ _____

DSHS Benefits: \$ _____

L & I Benefits: \$ _____

Per Capita: \$ _____

Other: \$ _____

TOTAL HOUSEHOLD INCOME FOR THE LAST THREE MONTHS: \$ _____

I hereby certify that the above information is true and correct to the best of my knowledge. I agree to provide the requested documentation (paystubs, receipts, etc.) to the CDDF Program Manager.

Signature: _____ **Date:** _____