



MOAPA BAND OF PAIUTES
TRIBAL CHILD CARE

ADDRESS: 2300 W. BONANZA RD
 LAS VEGAS NV 89106
 PHONE: (702) 333 - 5531
 E-MAIL: info@mboptribalchildcare.org

Application for Tribal Child Care Assistance

PLEASE PRINT

Date: _____ **Tribal Affiliation:** _____

Parent/Guardian (applicant) Name:	Relationship to Child(ren):
Home Address:	Mailing Address (if different):
Applicant Date of Birth:	Telephone #: Secondary #:
Email:	Preferred contact method:
<p>Are you currently working, attending a job training or educational program, receive or need to receive protective services, or engaged in a job search activity?</p> <p>(Circle one or more if applicable)</p>	<p>Do you or anyone in your household have ANY of the following:</p> <p>Assets that exceed \$1,000,000? (Yes or No)</p> <p>Receive TANF benefits? (Yes or No)</p> <p>Receive child care assistance from another agency? (Yes or No)</p> <p>If yes, please provide name of agency below:</p> <hr style="width: 80%; margin-left: 0;"/> <p>Experiencing homelessness as defined in section 725 of subtitle VII-B of the McKinney-Vento Act (42 U.S.C 11434a;98.2)? (Yes or No)</p> <p>Intellectual Disabilities? (Yes or No)</p>

Co-Applicant (if applicable)

Name:	Relationship to Child(ren):
Date of Birth:	Telephone:
Tribal Affiliation:	Email:
<p>Are you currently working, attending a job training or educational program, receive or need to receive protective services, or engaged in a job search activity?(Circle one or more if applicable)</p>	Preferred contact method (email, telephone, mail):

Provider/Child Care Information	
Provider Type: (Licensed, In-Home, or Family child care home)	
Provider name: (Ex: Creative Kids)	
Provider Address:	
Telephone:	Email:
Additional Provider:	

Household Information				
Family Size:	Number of Adults:	Number of child(ren):		
Parent/Child Name (other than applicants)	Relationship to Applicant(s)	Date of Birth	Gender	In need of child care?

Please provide Tribal documentation for a minimum of 1 person listed on this application (applicant(s) and/or members of household). Within 5 business days, Tribal Child Care Staff will request additional documentation that will vary by each application, and/or depending on the information provided by the applicant(s). By signing this application, applicant(s) agrees that all information provided is true and accurate to the best of their ability. Any result to falsify information can result in denial of child care assistance, indefinitely. Tribal Child Care Staff has the right to verify if the information provided is accurate.

Applicant Signature: _____ **Date:** _____

Co-Applicant Signature: _____ **Date:** _____

OFFICIAL USE ONLY

Reviewed By: _____ **Date:** _____

Revised: 5/11/2020