



MOAPA BAND OF PAIUTES
TRIBAL CHILD CARE

Las Vegas: 700 N. Rainbow BLVD Las Vegas, NV 89107
Office: (702) 333-6565

Moapa: #5 Lincoln St. / P.O. Box 572 Moapa, NV 89025
Office: (702) 861-7206

Intake Interview

Applicant(s) Name:		Family ID:	
Location:		Case Manager:	

Service Needs: make the appropriate referrals for requested for services outside of MBOP Tribal ChildCare (check all that apply)

Documentation Support		Employment		Educational (College/University & CCSD Indian Education)	
Vocational (training/trade school)		Food Assistance (SNAP)		Medical Assistance (Medicaid, CHIP, Medicare, care providers)	
Housing/Shelter		Adult Protective Services		Veteran Services	
Infants/Children (WIC)		Addiction Services		Disability (Children with Special Needs: IEP, IFSP, and developmental screenings)	
Welfare (TANF)		Child Protective Services		Domestic Violence Services	
Parenting Classes		Nutrition Classes		Mental Health Services	
Other: (list below)					

Documentation:

Does applicant have the following documentation?: (check all that apply)

Driver's License		Identification Card (State ID) or Passport	
Tribal CIB Card (Certified Indian Blood)		Proof of Tribal Enrollment (CDIB Card / Enrollment Letter)	
Birth Certificate(s)		Loco Parentis Guardianship Notarized Statement	
Court Ordered Guardianship / Foster Care		Proof of Descendancy	
Crib Card		Immunization Records	

*Make Copies of the available of the records and submit into file



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Does the Applicant(s) have the following address verification?: (check all that apply)

Mailing Address:		Physical Address:	
Lease Agreement		Utility Bill	
Letter of Residency		MBOP Tribal ChildCare Statement of Residency Form	

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Which method were you able to verify Clark County Residency?

Copy of Driver's License or State Identification Card		Supportive Documentation selected above.	
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Which Vulnerable Population Criteria applies to the Applicant?

Does the child(ren) within the household have the following: (check all that apply)

- Families Experiencing Homelessness
- Family Experiencing Addiction
- Families Experiencing Chronic Health Conditions (SSDI)
- Families Experiencing Domestic Violence or Abuse/Neglect
- Children with Special Needs
- Children under Court Ordered Guardianship or Foster Care
- Teen Parents
- The Elderly (SSI)
- Low Income: those that receive TANF, SNAP, WIC, or under the poverty level

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Where did you hear about the MBOP Tribal ChildCare Program:

Does the Co-Applicant live within the household?: YES:

NO:

**Co-Applicant must verify all relevant documentation*

If the co-applicant does not live within the household, they must verify their permanent residency



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Describe Housing Circumstance: (family/roommate member names, contact, and relation to applicant):

Marital Status:

Total Number of Dependents:

Number of Children:

Number of Adults:

List of Dependents and/or Children

Name	Gender	Age

Are your school aged children enrolled in the Clark County School District? (check all that apply)

Public School/Homeschool:	Private School/Charter School:
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Education Contact Information:

Name of Institution:

Address:

Number:

Transportation:

Personal Vehicle	Shared Vehicle	Bus/Taxi/Ride Share	Para Transit
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Driver's License Number:

State Issued:

Trade/Professional Licenses:



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Income: Applicant/Co-Applicant must be employed, attending an educational program, job training, job search, and rehabilitation. Those families who are over our max 85% grantee medium income will determine placement by our sliding fee scale and will **not** affect your eligibility.

Are you Employed? YES: NO:
 (check all that apply)

(2) Paycheck Stubs		Letter from Employer	
Intent to hire			

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How do you receive your paychecks?: (check all that apply) Monthly Income:
 Total Family Income:

Monthly		Bi-Weekly	
Weekly		Other: Seasonal Income or Self Employment	

If applicant selected “No,” applicant must verify job search: (check all that apply)

Job Connect Print Out		Email Verification(s)	
Provide MBOP Tribal ChildCare Job Search Form		Other:	

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If applicant is attending an education program instead of employment, verify the following:
 (check all that apply)

Are you attending an education program? YES: NO:

Please circle the following: Full Time Part Time

If applicant is attending a training, verify the following:

Start Date: End Date:

Enrollment Letter		Class Schedule	
Training Schedule		Vocational School Schedule	

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Education Contact Information:

Name of Institution:

Address:

Number:

Is Applicant(s) receiving Public Assistance (Vulnerable Population Criteria): These records do not affect your eligibility nor apply as income towards your placement on the sliding fee scale.

Resource	Yes	No	Amount
Welfare: Temporary Assistance for Needy Families (WIC)			
Women, Infants, and Children (WIC)			
Supplemental Nutritional Assistance Program (SNAP)			
Housing & Urban Development (HUD) Assistance – Section 8			
Tribal Welfare Assistance or Per Capita Check			
Pensions			
Social Security Income (SSI)			
Social Security Disability Income (SSDI)			
Unemployment			
Veteran’s Benefits			
Worker’s Compensation			
Trust Income			
Child Support			
Alimony			
Gambling Winnings			
Foster Parent Income			
Education Grant for Living Expenses			
Monetary Gifts			
Donations / Contributions			
Bills Paid by Others			
Utility Allowance Programs			

Other: (not listed)



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Medical Provider/Insurance Information: MBOP Tribal ChildCare requests that your medical provider information is available when and if referrals for diagnosis are made, assessments, and treatments for your child’s development.

Name of Provider *Make Copies of the available of the records and submit into file

Medicaid	Medicare	Private Insurance

(circle that applies)

Health Maintenance Organizations (HMO)	Exclusive Provider Organizations (EPO)	Point-of-Service (POS) Plans	Preferred Provider Organizations (PPO)
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Address	Phone Number	Fax Number	Email

List of Allergies / List Medications child(ren) is currently taking: