



GWYB D&F  
**CHEROKEE NATION®**  
Child Care & Development

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## CHILD CARE SUBSIDY CLIENT INFORMATION FORM

**List EVERYONE** residing in your home and considered a part of your household. The first parent listed must currently live in the home with the children, have parental rights/custody of the children and serve as the main contact for your child care subsidy application. It is the client's responsibility to contact their caseworker to verify all documents were received.

### Parent/Client Information:

Parent/Client Full Name. (Last, First, MI)	Parent/Client Phone:
Parent/Client DOB:	Parent/Client CN citizenship # (if applicable):
Marital status (circle one): Single Married Separated Divorced Widow Common-Law	
Spouse/Other Name:	Parent/Client Work Phone:
Address:	City, State, Zip:
Parent/Client Email:	

### Child Care Provider Information:

Child Care Provider Name:	
Child Care Start Date:	Provider Location/City:

### Children Requesting Child Care Financial Assistance (Subsidy):

First Name	M.I.	Last Name	Date of Birth (mm/dd/yy)	School-aged: Provide start and end date
				Dates: ____ to ____
				Dates: ____ to ____
				Dates: ____ to ____
				Dates: ____ to ____
				Dates: ____ to ____
<b>Do you need to fill out a disability rate application for your child?    Yes    No</b>				

### Additional Household Members (i.e. **additional children not in child care, adult children, relatives, other**):

First Name	M.I.	Last Name	Date of Birth (mm/dd/yy)	Relationship to Parent/Client

**I/we do hereby swear under penalty of perjury by signing below that the above household listing is true and correct. I understand that if I misrepresent my household size and/or income that it can be considered fraud and will result in the loss of my child care subsidy. As a result, I will be required to repay any child care payments made to my child care provider.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Client Name (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Other Signature (if applicable)

\_\_\_\_\_  
Spouse/Other Name (printed)

\_\_\_\_\_  
Date