

DELAWARE NATION

P.O. Box 825
Anadarko, OK 73005
Phone (405)247-2448/Fax (405)247-9393



Date Rec'd _____

Child Care Assistance Application

Parent(s) Name: _____ Parent Guardian

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

Finding directions: _____

Home #: _____ Work #: _____ Cell #: _____

Are you: Home owner Renting How many people living in household? _____

List all household members:

Name (head of household 1 st)	Age	Birth date	CDIB#	Relationship
				Head of Household

*For additional household members, please continue on back of page.

EMPLOYMENT:

EMPLOYMENT	HEAD OF HOUSEHOLD	SPOUSE
Employer Name		
Address		
Work Number		
Monthly Income		

*Please submit income statement with application.

