

**Change of Provider**  
**APPLICATION FOR CHILD CARE SERVICES**

**PEORIA TRIBE OF INDIANS OF OKLAHOMA**  
**118 S. EIGHT TRIBES TRAIL**  
**P.O. BOX 1527**  
**MIAMI, OK. 74355**

**ALL AREAS MUST BE FILLED OUT OR APPLICATION WILL BE RETURNED!**

<b>Applicant's Family Name:</b>		<b>Application Date:</b>	
<b>Mailing Address:</b>		<b>City:</b>	<b>State/Zip:</b>
<b>Physical Address: (if different from above)</b>			
<b>Email Address:</b>		<b>Phone:</b>	<b>Cell:</b>
<b>County:</b>			
<b>Employer 1:</b>		<b>Phone:</b>	
<b>Work Address:</b>		<b>City:</b>	<b>State/Zip:</b>
<b>Employer 2:</b>		<b>Phone:</b>	
<b>Work Address:</b>		<b>City:</b>	<b>State/Zip:</b>

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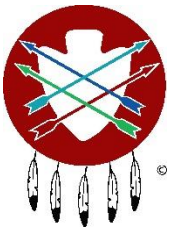
**List ALL the People In Household and their information**

First Name	MI	Last Name	Headstart, Social Security, AFDC, SoonerCare, etc...	Sex	D.O.B.	Age	Social Security Number: ONLY IF NOT ON FILE	Married Single, Live In	✓ Here if need of day care

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<b>Child Care Choice:</b>		<b>Applicant's Signature:</b>	
<b>Address:</b>		<b>County:</b>	<b>Date Signed:</b>
<b>Phone:</b>	<b>Provider License#:</b>	<b>Director/Owner of Child Care Signature:</b>	
<b>Child Care Mailing Address if different from above:</b>		<b>**PEORIA TRIBE WILL FILL OUT BELOW**</b>	
<b>Co-Payment (Per Month-Per Child):</b>		<b>Max. Days Authorized</b>	<b>Hours per Day:</b>
<b>Peoria Tribe Child Care Signature:</b>		<b>Dates Certified</b>	

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PROVIDER & PARENT INFORMATION FORM

Provider (Day Care) Name

Street City State Zip County

Phone

Fax

**Children attending:**

Name Age D.O.B. Days Hours attending  
(AM to PM)

Name Age D.O.B. Days Hours attending  
(AM to PM)

Name Age D.O.B. Days Hours attending  
(AM to PM)

Name Age D.O.B. Days Hours attending  
(AM to PM)

Parent Name

Address City State Zip

Day Phone

Evening Phone

Parent Signature

Date

Applicants please verify information is current and correct. Please complete entire form.