Uchucklesaht Tribe

Government

MONTHLY DAYCARE ALLOWANCE FUND

Who should apply:

Parents, guardians, and caregivers of children under 12 years of age, who's children attend or require child minding before school and/or after school care. As well as daycare in the summer months.

- If approved UTG will cover 50% of daycare cost up to $150 per month per child
- **Payment will commence if/when application is approved.**
- **No back payments.**
- **Payments are subject to renewal at end of fiscal year.**
- **Must send Human Services Monthly invoice for reimbursement.**

Step 1- Your Information

First Name: _____

Last Name: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Step 2: - Your Address

Mailing Address:

Apt No- Street No, Street Name, PO BOX:

_____

_____

City: _____

Province or State: _____

Postal Code or ZIP: _____

Home address:

☐ Same as mailing address

Apt No- Street No, Street Name, PO BOX:

_____

_____

City: _____

Province or State: _____

Postal Coder or ZIP: _____

Step 3- Information about the child(ren)

Child 1- Information

First Name: _____

Last Name: _____

Date of Birth: _____

This child Requires:

☐ Fulltime daycare ☐ Part time daycare ☐ Before and afterschool care

This child is attending (select all that apply):

☐ Licensed Group Childcare ☐ Licensed Preschool ☐ Registered non- licensed daycare

☐ In-home childcare

Name of childcare facility: _____

Childcare facility phone number: _____

Childcare facility contact name: _____

Child 2- Information

First Name: _____

Last Name: _____

Date of Birth: _____

This child Requires:

☐ Fulltime daycare ☐ Part time daycare ☐ Before and afterschool care

This child is attending (select all that apply):

☐ Licensed Group Childcare ☐ Licensed Preschool ☐ Registered non- licensed daycare

☐ In-home childcare

Name of childcare facility: _____

Childcare facility phone number: _____

Childcare facility contact name: _____

Step 4- Reason for needing childcare

Applicant
Are you currently (check all that apply):

☐ Employed ☐ Self- employed ☐ Attending an employment program ☐ Attending school ☐ Looking for work

Name of employer(s), school, training program or state "looking for work"

_____

Days per week you require childcare (select all that apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Additional information:

_____

_____

_____

Step 4- Signature

Parent, guardian, or caregiver: _____

IMPORTANT Guardian must authorize UTG to access information from daycare- Application will not be reviewed until UTG connects with daycare center.

Office Use Only:

Approved: Yes ☐ No ☐

Payment start date: _____

Director of Human Services signature: _____