

Chitimacha
Tribe of Louisiana



**After School Care
Assistance Program
Application
2021 - 2022**

CHITIMACHA TRIBE OF LOUISIANA
After School Care

APPLICATION FOR SERVICES

To the Applicant:

Complete each question on this application to the best of your knowledge and ability. If you have any questions while you are completing the application, ask for assistance from Ida Borel, Program Manager. She can be contacted via any of the following: 3231 Chitimacha Trail, P.O. Box 520, Charenton, LA 70523, e- mail: idab@chitimacha.gov, Office Phone: (337) 923-7000.

Complete this application in blue or black ink only. Do not write over, erase, or use correction fluid. If you make a mistake draw one straight line through the incorrect answer. Insert the correct answer clearly and initial the correction.

Please attach all required documentation listed below, as they relate to you, to the application:

- Proof of Income (for the last month for household members)
- Proof of School Verification for Parent/Guardian
- Proof of Guardianship/Protective Services Documents (if applicable)
- Proof of Adoption (if applicable)
- Special Needs Documentation for child(ren)

A detailed listing of acceptable forms of documentation can be found on the following page.

As a reminder, applications will not be processed until all required documentation is submitted.

REQUIRED VERIFICATION DOCUMENTATION

Eligibility will be determined based upon the information that you provide. **All required** documentation must show applicant(s) full name.

If you are unable to obtain any of the following documents or have any other questions, please contact Ida Borel.

<p style="text-align: center;"><u>Proof of Income</u></p> <p>Applicant must verify family income for one (1) month.</p> <ul style="list-style-type: none">a. Payroll Check Stubs (most recent)b. W-2c. Income Tax Returnd. Certified Letter from Employer (must state hourly/wage information and must be signed by an authorized representative of the company)	<p style="text-align: center;"><u>School Attendance Verification</u></p> <p>Applicant must verify that they are attending school.</p> <ul style="list-style-type: none">a. Verifiable class schedule/school registration
<p style="text-align: center;"><u>Proof of Guardianship/Protective Services</u></p> <p>Applicant must provide certified legal documentation appointing he/she as legal guardian or “in loco parentis”.</p>	<p style="text-align: center;"><u>Proof of Adoption</u></p> <p>If applicant or spouse is not the natural parent, as indicated on the birth certificate, the applicant must provide certified legal proof of adoption documentation.</p>
<p style="text-align: center;"><u>Special Needs Documentation</u></p> <p>Documentation in support of special needs must be submitted.</p> <ul style="list-style-type: none">a. Doctor's reportb. School Records (i.e., school counselor, school psychologist)	



CHITIMACHA
TRIBE OF LOUISIANA

Date Received

Initial Application Renewal

Application Form

Parent/Guardian Information # 1

Last	First	MI	DOB (mm/dd/yyyy)	Tribal Affiliation
Mailing Address	City	State	Zip	
Physical Address	City	state	Zip	
Phone	Phone 2	Email		

Please complete all applicable fields below.

Are you currently enrolled in any type of educational program?

Yes No

School:	Phone	Fax	
Address	City	State	Zip
Classification	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Schedule: Hours Per Day	Schedule: Days Per Week

Are you currently employed or attending job training?

Yes No

Employer:	Phone	Fax	
Address	City	State	Zip
Monthly Gross Wages	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Schedule: Hours Per Day	Schedule: Days Per Week

**Please complete information on page 2 for Parent/Guardian/Others who are residing in the same household as the child(ren) in need of care.*

Parent/Guardian/Other Information #2

Last	First	MI	DOB (mm/dd/yyyy)	Tribal Affiliation
Phone	Phone 2	Email		

Please complete all applicable fields below.

Are you currently enrolled in any type of educational program?

Yes No

School:	Phone	Fax		
Address	City	State	Zip	
Classification	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Schedule: Hours Per Day	Schedule: Days Per Week	

Are you currently employed or attending job training?

Yes No

Employer:	Phone	Fax		
Address	City	State	Zip	
Monthly Gross Wages	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Schedule: Hours Per Day	Schedule: Days Per Week	

LIST ALL INDIVIDUALS RESIDING IN THE HOUSEHOLD

Names	Date of Birth (mm/dd/yyyy)	Care Needed?	Program (Check all that apply)
		Parent / Guardian	N/A
		Parent / Guardian	N/A
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yaamahana <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> After School
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yaamahana <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> After School
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yaamahana <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> After School
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yaamahana <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> After School
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yaamahana <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> After School
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yaamahana <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> After School

Protective Services

Are any of the child(ren) listed above in Protective Services?

Yes No

1. _____ 2. _____

Special Needs

Please list if any above child(ren) have disabilities.

Assurances Section

- 1.) I affirm, to the best of my knowledge, that the information on this application form is true, correct, and complete.
- 2.) I will notify the agency within ten (10) working days when there is any change in my household income, family size, or need status.
- 3.) I understand that I am responsible for directly paying the provider for the non-subsidized portion of the childcare services.
- 4.) I understand that I must renew my eligibility annually and that my failure to do so will constitute grounds for termination from the program.

Parent/Guardian

Date

Parent/Guardian

Date

Provider Information

Name of Center: Yaamahana Summer Day Camp After School Care

Name of Child: _____

Effective Date of Care: _____

Approved Attendance Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours in Care:					

Total Hours Per Week: _____

Total Days Per Week: _____

Rate Per Week: _____

Program Manager

Name of Child: _____

Effective Date of Care: _____ Last Date of Care: _____

Household Income (Monthly)

	Parent/Guardian 1	Parent/Guardian 2	10% Deduction	Total
Wages:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Family Size: _____ Total Monthly Household Income: _____

Total Weekly Tuition: _____

Parent Pays: _____

Title IV-B Pays: _____

Eligible
 Not Eligible

Next Review Date: _____

Additional Comments:

Program Manager

Date

Administrator

Date