



SNOQUALMIE INDIAN TRIBE CHILD CARE PRE-ASSESSMENT FORM

You must fill out this Child Care Pre-Assessment Form if you are applying for child care assistance from the Snoqualmie Indian Tribe and you live in **King, Pierce, Snohomish, Island, or Mason Counties** of **Washington State**.

If you live outside of these counties you may proceed to the General Welfare Child Care Assistance Application.

PERSONAL INFORMATION

Tribal Member/Guardian: _____ DOB: _____

County you reside in: KING SNOHOMISH MASON ISLAND PIERCE

Phone (or best contact number): _____ Enrollment number: _____

Email (if one is available): _____

HOUSEHOLD

1. How many people live in your household? _____

2. Please list the names and birthdates of all children for whom you are seeking child care assistance:

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

Child Name: _____ DOB: _____

3. What is your total monthly **gross** income for your household? (required) \$ _____

4. Reason for assistance (check all that apply) WORKING EDUCATION/TRAINING ICW

CHILD CARE

1. What are you looking to access?

- Full-time child care
- Part-time child care

2. Type of Care:

- Licensed nonresidential facility
- Licensed family/group home
- In-Home Care
- Relative Care

FOR OFFICE USE ONLY:

Eligible for the CCDF Grant: Yes No

Eligible for GW Child Care Assistance: Yes No

Approved By: _____ Date: _____

By signing, I certify the information contained in this form is complete and accurate to the best of my knowledge. I understand that I am signing this application under penalty of criminal prosecution if I knowingly give false information that results in benefits to which I am not entitled. I agree that the General Resources Department may contact other tribal programs for pertinent information as it applies to this form. I agree to repay any funds that the Tribe deems to have been misused, and that the Tribe may pursue any available remedies at law and/or equity to recover misused funds.

Signature: _____ Date: _____

**APPLICATIONS CAN BE SCANNED, FAXED, MAILED OR HAND DELIVERED TO THE
SNOQUALMIE TRIBAL OFFICE AT:**

ATTN: GENERAL RESOURCES DEPARTMENT—CHILDCARE
MAIL: P.O. 969, SNOQUALMIE, WA 98065

FAX: (206) 202-4535
EMAIL: CHILDCARE@SNOQUALMIETRIBE.US