



TRIBAL TANF MONTHLY CHILD CARE TIME SHEET

Participant Name:	Child's Name:	Age:	Birth date:
Provider's Name:	<input type="checkbox"/> Unlicensed Provider <input type="checkbox"/> Licensed Provider		Phone:
Provider's Mailing Address:			

Child School Schedule:	Monday	Tuesday	Wednesday	Thursday	Friday

Month / Yr	Day of the Week	Total Child Care Hours for the Day	Notes <i>(absences / school closures, etc.)</i>	OFFICE USE ONLY		
				Career Approved CC Hours	Case Worker G/C Initial / Date	Eligibility <i>In Home / Unlicensed Daily Rate to be Paid</i>
1						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
2						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
3						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
4						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
5						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
6						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
7						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
8						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
9						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
10						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
11						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
12						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
13						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
14						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
15						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
16						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
17						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
18						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
19						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
20						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
21						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
22						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
23						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
24						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
25						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
26						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
27						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
28						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
29						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
30						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:
31						<input type="checkbox"/> FT <input type="checkbox"/> PT OT Hrs:

I certify that the rate and attendance shown are accurate. I also understand that providing false information may result in termination of all benefits. I (Parent / Provider) certify that child care was provided for the child listed above. I (Parent / Provider) understand that child care will not be processed for payment until the (Parent / Provider) has completed all the requested Tribal TANF paperwork. I (Parent / Provider) further understand that any incomplete child care forms will not be processed and will be returned to the participant for correction. I (Parent / Provider) acknowledge that once all required paper work has been submitted completed and correct to the Tribal TANF Eligibility Specialist, child care payment will be mailed via regular mail within 20 business days to the provider. **I (Parent/Provider) will not receive nor do I expect to receive child care assistance for this month from any other organization or program, such as CIMC, Voc. Rehab. Etc.**

Parent Signature _____ Date: _____

Provider Signature _____ Date: _____

OFFICE USE ONLY							
# FT Days: _____ X \$ _____ = \$ _____	Licensed Invoice Total:	+ Registration Fee	=	TOTAL AMT TO BE PAID:	Eligibility Approval:	Date:	
# PT Days: _____ X \$ _____ = \$ _____		\$		\$			
# OT Hours: _____ X \$5.00 = \$ _____							