



## PONCA TRIBE OF NEBRASKA

Department of Social Services  
201 Miller Avenue  
Norfolk, NE 68701

Child Care Assistance Program worker:  
Norfolk Office Site- Tanya Dittman

### CHILD CARE ITEMS NEEDED

Dear Applicant:

In order to process your application as quickly as possible, please include the following items with your application. The items listed below are requirements for completion of your request for child care assistance. Thank you for your cooperation in the processing of your child care application.

- Child(ren)/Applicant's Proof of Enrollment or Pending enrollment letter
- Social Security numbers for all child(ren) 18 & under in the household, applicant and spouse/significant other
- Birth Certificates for all child(ren) who will be receiving child care assistance
- Denial or Co-Payment form/letter from State Child Care Assistance Program (if applicable)
- Name, address, and telephone number of all employed household members age 18 & older
- Verification of wages/earning (copy of pay stubs, equal to one month) for all employed household members age 18 and older
- Verification of other income (child support, social security, veterans benefits, retirement, scholarships, etc.)
- Verification of enrollment in an Educational Institution/Program or work-related Training Program (if applicable)
- Name, address, and telephone number of the counselor/academic advisor and a copy of the class schedule for individuals enrolled in an Educational Institution/Program (if applicable)
- Name, address, and telephone number of the State Health and Human Services Case Worker (also sign Release of Information form) (when applicable)
- Immunization records of children (if provider you are seeking is not a State approved or licensed provider)
- If provider you are seeking is not licensed, provide criminal background check and social security card(provider to cover cost of background check)
- Copy of Rental, electrical and gas costs for the last 3 months (if you do not provide copies, those costs will not be included as 'allowable deductions' when income eligibility and co-pays are being determined)
- Other: \_\_\_\_\_

If you receive assistance from the state, we may still be able to assist you with the state's required co-payment amount. Please note that assistance may vary or change at any time according to available funding.  
co-payment amount.

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