

LITTLE TRAVERSE BAY BANDS OF ODAWA INDIANS

Mailing Address: 7500 Odawa Circle, Harbor Springs, MI 49740

Physical Address: 911 Spring Street, Petoskey, MI 49770

Phone: (231) 242-1620 / Fax: (231) 242-1635

CHILDCARE ASSISTANCE
CHANGE OF INFORMATION FORM

Applicant Name: _____

Section I. Personal Information [] Name Change [] Address Change [] Telephone

Name: _____

Mailing Address: _____

Physical Address: _____

Home Telephone: _____ Work Telephone: _____

Section II. Child Care Needs

Table with 8 columns: Add, Del, Child's Name, Birth Date, Social Security #, Sex, Tribal #, Hours needed. Contains 4 rows of input fields.

Section III. Household Information [] Income Change* [] Household Member Addition/Deletion

Table with 4 columns: Name, Social Security #, Action: Explain Change, New Wage. Contains 4 rows numbered 1-4.

Section IV. Provider Information*

Provider Name: _____

Provider Address: _____

License #* _____ Telephone: _____

Type of Care: [] Relative Care [] Day Care Center [] Unlicensed Provider

Applicant Signature

Date

*A change in income or provider will require additional documentation