CHILD CARE ASSISTANCE
REINSTATEMENT FORM

Applicant Name: _____

Has there been a change to your name, address or telephone number since your initial application was completed?
☐**Yes** ☐**No** **If yes, please complete the appropriate changes:**

Name: _____
Mailing Address: _____
Physical Address: _____

Home Telephone: _____ **Work Telephone:** _____

Please list all eligible children requiring child care

Child's Name	Birth Date	Social Security #	Sex	Tribal #	Current Age

Have there been any changes to your household's employment or wages since the initial application was completed?
☐**Yes** ☐**No** **If yes, please complete the appropriate change. (If there has been a change in income, please include proof of income for the last 30 days)**

	Name	Social Security #	Action: Explain Change	New Wage
1				
2				

Please briefly describe circumstances leading to the interruption in child care services:

_____
_____
_____

Who provided your child care during your absence from the program? _____

Will you be using the same provider approved on your initial application? ☐**Yes** ☐**No**

I certify that all the answers given are true, complete and correct. I further understand and agree that the information provided will be used to determine continued eligibility for the LTBB Child Care Assistance Program. As agreed upon in my initial application, I attest that I have reported all changes in my household composition and/or household income within the required 10 day time frame. I understand that any false information or misrepresentation is considered fraud and is subject to prosecution and immediate termination from this program.

_____ _____
Applicant Signature ***Date***