ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Care

TRIBAL NEW CHILD CARE REFERRAL

Date: _____ Tribal Case Manager *(Last, First, M.I.)*: _____ Tribal Case Manager Phone No.: _____

Participant's Tribal TANF Status: ☐ New Application Pending ☐ Open ☐ Review ☐ Closed

Tribal TANF Review Date: _____ Type of Referral: ☐ New ☐ Stop ☐ Change

Change/Stop Date: _____ Explain: _____

PARTICIPANT INFORMATION

Participant's Name *(Last, First, M.I.)*: _____ Soc.Sec.No.: _____ Date of Birth: _____

Participant's Spouse/Other Parent Responsible Person *(Last, First, M.I.)*: _____

Spouse: ☐ Yes ☐ No Soc.Sec.No.: _____ Date of Birth: _____

Participant's Mailing Address *(No., Street, City, State, ZIP)*: _____ Phone No.: _____

Participant's Residential Address *(No., Street, City, State, ZIP)*: _____ Message Phone No. _____

Additional Comments:

CHILD'S INFORMATION

CHILD'S NAME *(LAST, FIRST, M.I.)*	SOC. SEC. NO.	DATE OF BIRTH	CHILD CARE NEEDED
1.			☐ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No
4.			☐ Yes ☐ No
5.			☐ Yes ☐ No
6.			☐ Yes ☐ No

ACTIVITY INFORMATION

Activity Begin Date: _____ Activity End Date: _____ Weekly Activity Hours: ☐ Under 20 ☐ 20 or More

CHILD CARE PROVIDER INFORMATION

Child Care Provider Name: _____ Phone No.: _____

Child Care Provider Start Date: _____ Address *(No., Street, City, State, ZIP)*: _____

Is the participant interest in using a relative Child Care Provider? ☐ Yes ☐ No If yes, complete the following

Relative's Name: _____ Address *(No., Street, City, State, ZIP)*: _____

Phone No.: _____ Relationship to the Child(ren): _____

See page 2 for EOE/ADA disclosures

CHILD CARE RESPONSE TO TRIBAL CASE MANAGER
(TO BE COMPLETED BY DCC STAFF)

☐ Child Care Arranged ☐ Child Care Unavailable ☐ Child Care Unaffordable ☐ Appointment

☐ Participant Failed to Cooperate ☐ Child Care Refused ☐ Child Care Not Needed

Date: _____ Time: _____

Comments: