

**Florida Governor's Council on Indian Affairs, Inc.**  
**Employment and Training Program**  
 625 N. Adams St.  
 Tallahassee, FL 32301  
 1-800-322-9186

**FORM 1201 - REQUEST FOR CHILDCARE ASSISTANCE**

**THIS FORM SHOULD BE MAILED AT LEAST 21 DAYS PRIOR TO THE DATE OF REGISTRATION or FEE PAYMENT.**

**PARTICIPANT NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_

**DATE OF REQUEST:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**CREDIT HOURS THIS TERM:** \_\_\_\_\_ **START DATE:** \_\_\_\_\_ **END DATE:** \_\_\_\_\_

Child's Name	Age	Grade Level

**Please check one of the spaces below:**

- Yes, I have enclosed copies of the birth certificate(s) or proof of legal guardianship.
- Your office already has birth certificate(s) or proof of legal guardianship on file.
- Yes, I have enclosed copies of my most recent 1040 IRS tax return.
- Your office should already have my most recent 1040 IRS tax return on file.

**PLEASE SIGN HERE:** \_\_\_\_\_  
 (By typing or signing your name on the above line you are attesting that this form has been completed truthfully.)

<b>For FGIA Use ONLY</b>		
Approved for CC (Initial & date)		LLSIL %
Eligible Credit Hours (online & traditional)		ACCTG (Initial & date)
Notification Mailed (initial & date)		