

Florida Governor's Council on Indian Affairs, Inc.
Workforce Development Services
 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.)

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