

Inter-Tribal Council of Nevada, Inc.



**P. O. Box 7440
Reno, Nevada 89510
Telephone: (775) 355-0600
Fax: (775) 355-5211**

TRIBAL APPROVAL FOR USE OF CCDF FUNDS

Dear Tribal Chairperson:

The Inter-Tribal Council of Nevada, Inc., Child Care Development Fund, has received an application for assistance from a current tribal member who is seeking to use tribal CCDF funding for child care services. We need your approval to use the CCDF funds for this tribal member.

We are seeking the approval to use tribal CCDF certificate funds for:

Name of Tribe: _____ Chairperson: _____
Parent Name: _____ Tribal I.D.: _____

If you have any questions or concerns regarding this matter, please call the number listed above.

Approved: _____ Yes _____ No

Please print: _____ _____
 Name Title

Signature: _____ _____
 Tribal Representative Date

Please fax or email to the ITCN CCDF program a.s.a.p., so processing of parent's eligibility is processed in a timely manner, then send the original by mail.