



DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT CHILDCARE BLOCK GRANT PROGRAM REQUIREMENTS AND REMEDIES

(keep these for future reference)

- ❖ **Program Application Eligibility Requirements:** The program is to assist low income families, (which include all adult household members) who are working, in school, or enrolled in formal training programs. All adult household members must be in school, at work, or enrolled in a formal training program to receive childcare assistance. In the instance that one member is not working or in school/training, childcare will only be authorized for 10 hours a week.
- ❖ **All persons 18yrs and older:** earned income, financial aid, child support, Cash assistance and/or welfare benefits are also counted in determining eligibility. Family size and income is the main criteria as well as Tribal enrollment (for parents and children). All earned income in the household is counted (boyfriend, common law husband, brother, sister, cousin, parent, etc). **In the event of a projected funding shortage, priority will go to the lowest income families with enrolled members of a Federally Recognized Tribe.**
- ❖ **Applications must include for all household members:** Tribal enrollment verification, Birth Certificate, Social Security Card, current immunization records for children (*your application will be denied if immunization records are not provided or if shots are overdue; copies are accepted*). Release of Information (all adults), All household members 18yrs. and older must provide; signed release of information, photo ID, pay stub, work or school schedule (final registration), quarterly financial aid award letter (w/current date), . **If any one item is missing, there will be no approvals until the required document is turned in.** All earned income in the household is counted (boyfriend, common law husband, brother, sister, cousin, parent, etc).
- ❖ **Updating your application:** You are required to update applications quarterly (every 90days (3 months) by providing new application along with the following documents: income, class schedules & financial aid award letters, verify all household members, address changes, enrollment verifications, updated immunization records, etc.
- ❖ **General Updates:** Any change in hourly wage rates (up or down), work hours, work schedules, house hold size, etc. must be reported within 10 days or you may be declared ineligible for assistance and your case will be closed. These updates can be made by requesting a new application and must be submitted by the last day of your current authorization month (date located on your Authorization letter). Keep a close eye on this date, for it will make you responsible for any childcare expenses that have not authorized.
- ❖ **HOW FAST ARE APPLICATIONS PROCESSED?** Every effort will be made to process your applications within 7-10 working days. If there is information lacking, your application will be processed within 7-10 working days of the date your application became complete. If you are placed on a waiting list, you will be notified.
- ❖ **WHAT HAPPENS IF THERE IS A FUNDING SHORTAGE?** In the event of a projected childcare block grant funding shortage, **first priority goes to the lowest income persons who are enrolled members of a Federally Recognized Tribe (parents and children)**. Therefore, it is important to update at least every 90 days. Every effort will be made to give at least thirty days notice of funding unavailability. If the federal government discontinues or reduces funding, the notice may be shorter.
- ❖ **Childcare Provider Requirements:** It is important to choose your provider carefully and you have to declare your childcare provider in writing. **You are not authorized to change providers without notifying the CCBG program and declaring your new provider. You must call and get approval before you actually take the child to a new provider.** This is very important to ensure that your child and associated expense is covered. If you fail to request permission to change, you may be responsible for any childcare expenses not authorized. **If**

DHRD revised: 1/31/11

you choose a provider who is not on our CCBG provider list, provide a copy of their state license when applying for assistance. If your provider is not state licensed, they (and all persons over 18 in the home) must complete and pass a background check through DHRD (this process can take up to 3 months to be approved, and payments will not be made until this process is complete. If background check is not passed it is your responsibility to pay your incurred expenses with your provider. **Family/Relative caregivers:** A caregiver cannot live in the same home as the child(ren) they are providing care for. For family/relative that do not reside in the same residence they can not have more than 5 children in the home and no more than 2 children under the age of 2. This count also includes your own child(ren). **CCBG does not retro pay any provider for services outside the authorized months).**

❖ **Other requirements:** For every month of childcare assistance, you must participate in two hours of parenting per month. A schedule is available from CCBG. Currently these classes are held every Wednesday evening from 7-9pm @ the Early Childhood Services building next to the Tribal Complex. The classes are free, and childcare is provided. Attendance is taken and monitored. **Be sure and request your parenting schedule. Failure to participate in a parenting class will result in immediate termination from the program.**

❖ **WHAT AM I REQUIRED TO DO MONTHLY IN ADDITION TO THE PARENTING SESSION?** Parents are required to sign their child's sign in sheet daily. You are certifying the amount of time requested by the caregiver. Please review carefully before you sign the sheet. The CCBG Coordinator will be making periodic checks to your provider for compliance. **Failure to sign in & out will result in immediate disqualification from the program.**

❖ **Foster children and/or relative children:** If you are applying for assistance for a child who resides with you but is not your natural or adopted child, **you must present a legal document ensuring that you have proper and legal custody of the child.**

❖ **Childcare Provider Co-payments:** All parents (exception: TANF eligible participants) will have a monthly co-payment that must be paid directly to the provider. Be sure and pay the co-payment amount monthly, as your provider cannot bill the program, until your co-payments are paid and current. In worst-case scenario, if you do not pay your co-payment your providers bill will be held and, you will be responsible to pay the bill in full. The CCBG Program pays bills and re-obligates funds monthly. Therefore, it is critical for the provider to bill the program in a monthly timely manner. Please be mindful that childcare providers rely on your promptness to maintain their business.

❖ **Where can I apply for childcare if I am eliminated or ineligible for the Tribes Program?** You may apply for childcare at the Nurturing Center in Kalispell – 1-800-204-0644 or 406-756-1414.

❖ **WHERE MAY I REQUEST A TRIBAL APPLICATION?** Department of Human Resources Development-CCBG P.O. Box 278 – Pablo, MT 59855, or call the DHRD at (406) 675-2700 ext. 1378.

Date Application Received: _____

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CHILD CARE BLOCK GRANT APPLICATION CHECKLIST

TO BE ELIGIBLE FOR CHILDCARE ASSISTANCE, YOU MUST PROVIDE THE FOLLOWING INFORMATION. YOUR APPLICATION WILL BE RETURNED AND/OR NOT PROCESSED, IF THE FOLLOWING ITEMS ARE NOT ATTACHED. ALL ITEMS WILL BE VERIFIED.

COMPLETE THE FOLLOWING CHECKLIST TO ASSURE THAT YOUR APPLICATION PACKET IS COMPLETE BEFORE SUBMITTING IT TO OUR OFFICE. APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETE.

*****DO NOT LEAVE ANY BLANK SPACES*****

Name: _____

- _____ 1. Application
- _____ 2. Picture Identification on ALL adults
- _____ 3. Birth Certificates for ALL Household members
- _____ 4. Social Security Cards for ALL Household members
- _____ 5. Income Verification for ALL persons 18yrs & older (Recent check stub or other documents to verify on All Household members other income. Self-Employed will need to provide income tax return from previous year)
- _____ 6. Work Verification for ALL persons 18yrs & older (Supervisor signature required)
- _____ 7. School/Training Verification (Must attach class schedule and financial aid award letter)
- _____ 8. Enrollment Verification for ALL family members
- _____ 9. Current Residency:(document provided) _____
(copy of Rental Agreement/ electric bill)
- _____ 10. Current Immunization Record for ALL children
- _____ 11. Current Child Care Provider
Name: _____ Phone Number: _____
Mailing Address: _____
(Box # or Street) (City) (Zip)
Date started: _____
Address: _____
Physical residency or address
- _____ 12. Is the current or proposed childcare provider related to you (applicant) or to the children in care? _____
If so, please describe: _____
_____ Will there be other children cared for there? _____
If so, who and how many? _____
- _____ 13. When will care be provided? (SUBMIT SCHEDULE VERIFIED BY EMPLOYER/SCHOOL)

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT
CHILD CARE BLOCK GRANT
BOX 278
PABLO, MT 59855
406-675-2700
FAX # 406-675-2775

*****DO NOT LEAVE ANY BLANK SPACES*****

Applicant Name: _____ Home Phone: _____
 Mailing Address: _____ City _____ Social Security #: _____
 Physical Address: _____
 Employer: _____ Work Phone: _____
 Spouse/Co-applicant: _____ Address/Phone: _____
 Spouse/Co-applicant Employer: _____ Work Phone: _____

List all persons residing in your household including yourself: (circle children you are seeking assistance for)

Names	DOB	Tribe	Tribal ID #	Relationship	M/F	Occupation

MONTHLY: (submit documentation)

APPLICANT

Wages/Salary: _____
 Child Support: _____
 Social Security: _____
 Self Employment: _____
 Public Assistance: _____
 (TANF, GA, etc.)
 Educ. Financial Aid: _____
 (Pell, Tribal BIA, HIS, other)
 Other – Describe: _____

SPOUSE/CO-APPLICANT

Wages/Salary: _____
 Child Support: _____
 Social Security: _____
 Self Employment: _____
 Public Assistance: _____
 (TANF, GA, etc.)
 Educ. Financial Aid: _____
 (Pell, Tribal BIA, HIS, other)
 Other – Describe: _____

Total \$ _____ + Total \$ _____ = \$ _____
 (Applicant) (Spouse) Total Monthly Income

This application is for childcare services while the applicant(s) is/are working and/or attending a training program. Childcare services will be subsidized so long as the applicant(s) continually works/attends training programs, and as long as funds are available and family co-payments are current. By my initials I am verifying that I have read and understand the CCBG Requirements & Remedies handout attached to this application. _____

Applicants: I hereby affirm that the statements included in this application are accurate, complete and true to the best of my knowledge. I understand that I must reapply and be determined eligible for childcare assistance as often as my status changes and/or as my authorization expires. I also understand that parenting classes are required in order for payment to be made. I agree to notify the CCBG Program of any changes to my income and/or number of persons in the household and/or work/training status because these changes may affect my eligibility. I understand that because the CCBG is a federally funded program, the penalty for providing false information not be more than \$10,000.00 and/or not more than five (5) years of imprisonment, and will I will be terminated from the CCBG program immediately.

Applicant Signature Date

Application Received By Date

FOR OFFICE USE:	
Date Received: _____	Date Approved: _____
Priority #: <u>98-P-</u> _____ F- _____	Income Level: \$ _____ %
Co-Pay: \$ _____	Program CCDF _____ TANF _____
Months Authorized for: _____	Update Needed: _____
COMMENTS/CASE NOTES: _____ _____	

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WORK VERIFICATION

ALL PERSONS 18YRS & ORDER MUST COMPLETE THIS FORM

DO NOT LEAVE ANY BLANK SPACES

EMPLOYER: The information requested on this form is needed to determine eligibility for childcare services. Please provide the information requested. Thank you for your cooperation. Self-employed persons need to provide a copy of their last income tax return.

EMPLOYEE NAME: _____

1. What date did/does employment start? _____ Hourly rate: _____
Month Day Year
2. What is this employee's GROSS salary or wages per pay month? _____
3. Does this employee have any company paid flexible daycare benefits that could be taken in cash?
_____ Yes _____ No Explain: _____, If
yes, please give amount \$_____ per month
4. Does this employee receive tips? _____ Yes _____ No
If yes, please give approximate \$_____ per month
5. Does this employee work overtime? _____ Yes _____ No
If yes, what is the monthly rate? _____ Per month
6. Does this employee receive non-cash or cash benefits as part of their pay; for example a housing allowance or apartment? If yes, please indicate the monthly cash value: \$_____

7. Please complete the following work schedule:

	SUN	MON	TUES	WED	THURS	FRI	SAT
Start Time	_____	_____	_____	_____	_____	_____	_____
End Time	_____	_____	_____	_____	_____	_____	_____

If schedule varies, what is the average number of hours per week? _____

PLEASE READ AND SIGN: I declare by signing this statement line that the information on this form is TRUE and CORRECT to the best of MY knowledge, and that I have the authority to make such verification on behalf of this organization. I understand that because the Childcare Block Grant is a Federally funded program, the penalty for providing false information shall not be more than \$10,000.00 &/or not more than five (5) years imprisonment. I certify that this information is true and correct to the best of my knowledge and that I have the authority to make such verification on behalf of this organization.

Supervisor Signature: _____ Date: _____

Title: _____ Phone Number: _____

Employer: _____ Address: _____

NO-INCOME DECLARATION

List any household member 18yrs or older, declaring no-income:

I/WE have not received any income from any source:

Please explain how household expenses were met: Rent, mortgage, food, childcare, utilities, car maintenance, car insurance, and other:

1) I, _____, do hereby declare that I do not have any income. _____
Printed Name Signature

2) I, _____, do hereby declare that I do not have any income. _____
Printed Name Signature

3) I, _____, do hereby declare that I do not have any income. _____
Printed Name Signature

4) I, _____, do hereby declare that I do not have any income. _____
Printed Name Signature

5) I, _____, do hereby declare that I do not have any income. _____
Printed Name Signature

6) I, _____, do hereby declare that I do not have any income. _____
Printed Name Signature

8) I, _____, do hereby declare that I do not have any income. _____
Printed Name Signature

I/WE, declare by signing this statement line that the information on this form is TRUE and CORRECT to the best of MY/OUR knowledge. I understand that because the Childcare Block Grant is a Federally funded program, the penalty for providing false information shall not be more than \$10,000.00 &/or not more than five (5) years imprisonment.

Applicant Signature

Date

