

**Confederated Salish and Kootenai Tribes
Early Childhood Services (ECS)
Early Head Start, Head Start, Child Care
FAMILY APPLICATION**

For office use only.
POINTS _____
Date Entered _____
Initials _____

How did you hear about Early Childhood Services? _____

CHILD INFORMATION: *(please clearly print all information as requested)*

Child's Legal Name: _____
First Middle or Initial Last

Date of Birth: _____ Age _____ Male Female
Month / Day / Year

Ethnic Group: Enrolled CSKT CSKT Descendant Caucasian
 Enrolled **other** Tribe _____ *(Upon acceptance enrollment documentation will be needed)*
 Alaska Native Asian Hispanic African American
 Multi-Racial Pacific Islander Other _____

Physical Address: _____
Street Address City

Mailing Address: _____
Address City, State Zip

Home Phone _____ Work Phone _____
 Cell Phone _____ Message Phone _____
Relationship to Child/family

CHILD'S HEALTH INSURANCE COVERAGE:

Healthy Montana Kids Plus (formerly Medicaid) Tribal Health / IHS Beneficiary Self-Pay
 Healthy Montana Kids (formerly CHIP) Private Insurance None, I need help with this
 Doctor/Primary Medical Provider _____
 Address and Phone _____
 Child's Dentist _____
 Address and Phone _____

DOES YOUR CHILD HAVE ANY SPECIAL REQUIREMENTS FOR MEDICAL OR NUTRITIONAL NEEDS? No Yes
 If **yes**, please list _____

CHILD'S DEVELOPMENTAL HISTORY:

Does child have a *diagnosed* disability or special need? No Yes
 If **yes**, what is the disability or special need and when was it diagnosed? _____

Name of agency or professional/Doctor: _____ Phone: _____

Does child have a current/past **IEP** (Individualized Education Plan) or **IFSP** (Individualized Family Services Plan)?
 No Yes If **yes**, please **provide a copy** so Early Childhood Services may begin coordinating services as soon as possible.

Do you have any concerns about your child's development? No Yes
 If **yes**, please describe: _____

FAMILY IS INTERESTED IN THE FOLLOWING TYPE OF SERVICE:

Early Head Start

Designed to provide services to families of children age 6 weeks to 3 years (must be less than age 3 by September 10th) that nurture social, emotional, health, educational and nutritional needs.

<u>Type of Service requested:</u> Home-based services	Check box for type of service requested	<u>Available Sites</u> 0-3 Center based Services	Check box for site
Available reservation wide; weekly services provided in the <u>home</u> with a twice-monthly center based activity) Your child must be less than age three on September 10th *availability based on need*		Arlee	
		St. Ignatius *Availability based on need*	
		Ronan (<i>target population-teen parents</i>) * For the Ronan Early Head Start we offer an extended day to accommodate our target population. The center is open for the entire school day. If there is an early out day at the High School the Early Head Start center also closes early. The center is open every day that the public high school is in session. Parenting classes, Pre-Natal classes and services, support networks, mealtimes are included in the extended day package. Even Start/SKC students will be considered if the space is available.	
		Pablo College Drive (Combination Early Head Start and Child Care for Tribal Employees and/or Students) Combination Services—currently only available at this location	

Head Start

Designed for children, age 3 years through 5 years. Children must be age **3 or 4 by September 10th** of the program year for which they are applying

<u>Type of Service requested:</u> Home-based services (available reservation wide; weekly services provided in the <u>home</u> with a twice-monthly center based activity) *availability based on need*	Check box for type of service you are requesting	<u>Available Sites</u> Center-Based	Check box for site
<p align="center"><u>Child care sites:</u></p> <p>Current rates:\$30.80 a day for children <u>up to</u> 24 months of age \$29.30 a day for children 24+ months of age Rates are charged for every day that the center is open. <u>Rates are subject to change.</u> Children enrolled in Early Head Start or Head Start services are not charged for that portion of the day. Child Care hours before and after Early Head Start or Head Start equal a full day of service and are charged a full day rate. Rates above apply. *Early Childhood Services staff is available to assist families in applying for Child Care payment help through the DHRD and/or the Nurturing Center.</p>		Arlee	
		St. Ignatius	
		Ronan	
		Hot Springs *Home based option only available*	
		Pablo (5th Avenue location)	
		Pablo College Drive (Combination Head Start and Child Care for Tribal Employees and/or Students) Combination Services-currently only available at this location	
		Polson	
		Turtle Lake *Availability based on need*	
Elmo *Availability based on need*			

FAMILY DYNAMICS:

****Number of people living in home** _____

- One Parent Two Parent Teen Parent
- Foster Parent /Guardian (*copy of legal documentation*) Short term Long term
- Grandparent placement (*copy of legal documentation*) Short term Long term
- Mother Father **NOT living in home with child**

Social Worker Name _____
 Agency _____ Phone # _____

INCOME: (Application will not be processed without the following information)

- **Proof of all Income for Custodial Parent(s)/Guardian/Grandparent is required.** Acceptable forms of income documentation include: current pay stubs, recent Benefit Statement from TANF, SNAP; most recent Income Tax Returns; SSI. Please bring only verification that applies to your household.
- **Please call if you have a question about acceptable documentation**

Mother's Name _____ Date of Birth _____ Age _____
 (Grand/Foster/Guardian/Step parent) circle one if applicable

Mailing Address (if different from child) _____
 Physical Address (if different from child) _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Message Phone _____ Relationship to child _____
 Place of Employment _____ Seasonal? _____
 Ethnic Group: Enrolled CSKT CSKT Descendant Caucasian
 Enrolled other Tribe Alaska Native Asian
 Hispanic African American Other

Father's Name _____ Date of Birth _____ Age _____
 (Grand/Foster/Guardian/Step parent) circle one if applicable

Mailing Address (if different from child) _____
 Physical Address (if different from child) _____
 Home Phone _____ Work Phone _____
 Cell Phone _____ Message Phone _____ Relationship to child _____
 Place of Employment _____ Seasonal? _____
 Ethnic Group: Enrolled CSKT CSKT Descendant Caucasian
 Enrolled other Tribe Alaska Native Asian
 Hispanic African American Other

****Please take the time to review your child's application.** Check to make sure all requested information is present; especially the information that states it is required for the application to be processed. Sending in an incomplete application slows the process as the necessary information is gathered and may make the difference between a placement in a center and being placed on a waiting list. Thank you for applying to our program and we hope to visit with you soon. Call 676-4509, ext. 6109 with any questions you may have about the application process or the programs offered.

Parent/Guardian Signature _____ Date _____

****Application cannot be processed without signature/date, number of people in the home and proof of income.**

****If child is a member of another tribe—verification is requested with program acceptance/enrollment**

→ → → → Please return this completed application to ← ← ← ←

Early Childhood Services
35840 Round Butte Road West
Ronan, MT 59864
(406) 676-4509
Fax (406) 676-4507

IF BEING REFERRED BY AN OUTSIDE AGENCY---THE AGENCY WILL COMPLETE THIS SECTION

Referred by _____ Date of Referral _____

Title _____ Agency _____

Reason for Referral _____

Parent Notified of Referral ___yes___no

Note: If being referred the parent still needs to fill out and SIGN the application