

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:**

Child's Legal Name: \_\_\_\_\_  
First Middle or Initial Last

Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Month/ Day /Year

Ethnic Group:  Enrolled CSKT  CSKT Descendant  Caucasian  
 Enrolled other Tribe \_\_\_\_\_ (Name of Tribe and Documentation required)  
 Alaska Native  Asian  Hispanic  African American  
 Other \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Address City, State Zip

Physical Address: \_\_\_\_\_  
Street Address City

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Message Phone \_\_\_\_\_  
Relationship to Child/family

**CHILD'S HEALTH COVERAGE:**

\_\_\_\_ Medicaid \_\_\_\_ IHS Beneficiary \_\_\_\_ CHIP \_\_\_\_ Private Insurance \_\_\_\_ Self-Pay \_\_\_\_ None I need help with this  
Dr./Passport Provider \_\_\_\_\_  
Address and Phone \_\_\_\_\_  
Child's Dentist \_\_\_\_\_  
Address and Phone \_\_\_\_\_

**CHILD'S DEVELOPMENTAL HISTORY:**

Does child have a *diagnosed disability or special need*? \_\_\_\_\_ No \_\_\_\_\_ Yes  
If yes, what is the disability or special need? \_\_\_\_\_

Which 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:**

<b>Early Head Start</b>			
Designed to provide services to families of children age 6 weeks to 3 years (must be <u>less</u> than age 3 by September 10 <sup>th</sup> ) that nurture social, emotional, health, educational and nutritional needs.			
<u>Type of Service requested:</u>	Check box for type of service requested	<u>Available Sites</u>	Check box for site
0-3 Center based (child must be less than age three on September 10 <sup>th</sup> )		Arlee	
St. Ignatius <span style="color: red;">*Child Care only site*</span> <span style="color: red;">*Availability based on need*</span>		St. Ignatius	
		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	
<b>Head Start</b>			
Designed for children, age 3 years through 5 years. Children <u>must</u> be age 3 or 4 by September 10 <sup>th</sup> of the program year for which they are applying			
<u>Type of Service requested:</u>	Check box for type of service you are requesting	<u>Available Sites</u>	Check box for site
Center-Based		Arlee	
		St. Ignatius	
Home-based services (available reservation wide; weekly services provided in the <u>home</u> with a twice-monthly center based activity) <span style="color: red;">*availability based on need*</span>		Ronan	
		Hot Springs*Home based option only available*	
<p style="text-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>		Pablo (5 <sup>th</sup> Avenue location)	
		Pablo College Drive(Combination Head Start and Child Care for Tribal Employees and/or Students) <i>Combination Services</i> -currently only available at this location	
		Polson	
		Turtle Lake <span style="color: red;">*Availability based on need*</span>	
		Elmo <span style="color: red;">*Availability based on need*</span>	

**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 is required.** Acceptable income documentation includes: current pay stubs, recent Benefit Statement from TANF, Medicaid, SNAP; most recent Income Tax Returns; SSI.
- **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, the number of people in the home and proof of income.**

**\*\*If child is a member of another tribe—remember to send proof of 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**