

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:

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>	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 th)		Arlee	
St. Ignatius *Child Care only site* *Availability based on need*		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	

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>	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 home with a twice-monthly center based activity) *availability based on need*		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 up to 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 th 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 *Child Care Only site* *Availability based on need*	
		Elmo *Availability based on need*	

FAMILY DYNAMICS:

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**

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

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	