



Confederated Salish and Kootenai Tribes
Early Childhood Services (ECS)
Early Head Start, Head Start, Child Care
Family Application

School Year: 2023-2024

The information given is confidential. You are not required to provide this information, however, incomplete or inaccurate information may prevent us from determining your eligibility for the ECS. If you need assistance completing application, please call (406)745-4509 Ext 5523

Child's First Name:	Middle Name:	Child's Last Name:	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Child's Race: ☐ Enrolled CSKT ☐ CSKT Descendant ☐ Enrolled other Tribe _____ (Provide Documentation)
☐ Alaskan Native ☐ Asian ☐ Hispanic ☐ African American ☐ Multi-Racial ☐ Pacific Islander ☐ Other

How did you hear about Early Childhood Service? ☐ Community Event ☐ Flyer/Poster ☐ Family/ Friend?
☐ Mailing ☐ Public Advertisement ☐ Former Parent ☐ Community Partner Referral ☐ School District

Family Receives: (Check all that applies)

TANF ☐ Yes ☐ No
SNAPS ☐ Yes ☐ No
SSI ☐ Yes ☐ No
WIC ☐ Yes ☐ No

Parent Education Level: (Check all that applies)

Advanced Degree or Baccalaureate ☐
Associate Degree, Vocational or Some College ☐
High School Graduate or GED ☐
Less than HS Diploma ☐

Family Dynamics ☐ One Parent ☐ Two Parent ☐ Dual Custody(50/50) Equal shared Parenting ☐ Teen Parent
Homeless: ☐ Yes ☐ No **Number of People in home** _____

PARENT/GUARDIAN INFORMATION:

Parent/Legal Guardian	Date of Birth:	
Living Address:	Mailing Address:	
Phone #:	Cell #	Work #
Email:		
Ethnic Group Child's Race: <input type="checkbox"/> Enrolled CSKT <input type="checkbox"/> CSKT Descendant <input type="checkbox"/> Enrolled <u>other</u> Tribe <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other		
Relationship to Child: <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (Copy of Placement) (Copy of Placement)		
Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed, Retired, Disabled		
Active Member of the Military <input type="checkbox"/> No <input type="checkbox"/> Yes Veteran of the US Military <input type="checkbox"/> No <input type="checkbox"/> Yes		

PARENT/GUARDIAN INFORMATION:

Parent/Legal Guardian:	Date of Birth:	
Address:		
Phone #:	Cell #	Work #
Email:		
Ethnic Group Child's Race: <input type="checkbox"/> Enrolled CSKT <input type="checkbox"/> CSKT Descendant <input type="checkbox"/> Enrolled <u>other</u> Tribe <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other		
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Active Member of the Military <input type="checkbox"/> No <input type="checkbox"/> Yes Veteran of the US Military <input type="checkbox"/> No <input type="checkbox"/> Yes		

Child's Information

Does your child have any Special Requirements for Medical or Nutritional Needs?

☐ No ☐ Yes If Yes, please list: _____

Primary Health Insurance: ☐ CHIP ☐ Medicaid ☐ IHS/Tribal Health ☐ Private ☐ No Insurance

Dr./Medical Home: _____ Dentist/Dental Home: _____

DISABILITY STATUS: ☐ Zero ☐ Suspected ☐ Certified Date of IEP/IFSP: _____

(Please provide a copy so ECS may begin coordinating services as soon as possible)

Do You have concerns about your child's development?

☐ No ☐ Yes If Yes, Please list: _____

Family Interested in the Following Type of Service

Early Head Start

Designed to provide services to families and 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.

Available Sites 0-3 Center Based Services

(Check Box for Site)

☐ Arlee ☐ St. Ignatius ☐ Eskwalmi Nuwewlstn ☐ Ronan
(Salish Language St. Ignatius)

☐ Pablo (5th Ave) ☐ Pache (Ronan area) ☐ Turtle Lake (Polson Area)
Child Care * (Availability based on Need)

Child Care Sites*

1st Choice: _____ **2nd Choice:** _____

Montana State Rates Apply: Rates are subject to change

Rates are subject to change

Children enrolled in Early 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 Child Care Block Grant and the Nurturing Center

Head Start

Designed for children age 3 years to 5 years (Child must be age 3 or 4 by September 10th of the program year)

(Check Box for Site)

☐ Arlee ☐ St. Ignatius ☐ Ronan ☐ Polson

☐ Pablo College Drive ☐ Pablo 1 & 2 ☐ Turtle Lake (Polson Area)
Child Care* (Availability based on Need)

Child Care Sites*

1st Choice: _____ **2nd Choice:** _____

Montana State Rates Apply: Rates are subject to change

Children enrolled in 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 Child Care Block Grant and the Nurturing Center

Other Services: (Services are for children with Suspected Delays) Not Income Based

☐ Part C Services Birth-3yrs (Services for infant/toddler w/disabilities) ☐ Part B Services 3-5 year for Medically/Necessary/Preventive

Family Information

Please list all the people in the household

First & Last Name	Age	Date of Birth	Sex(M)(F)	Relationship to Child

Proof of Income

Acceptable Forms of Income Documentation include:

Current Pay Stubs

Most recent Income Tax Returns

W-2

SSI Documentation

Unemployment Benefits

Child Support

Letter from Employer

Recent Benefit Statement from TANF/SNAPS

Homeless Declaration (Letter from owner indicating you are temporarily living in their home)

Declaration of no income (Must be completed with staff at main office)

Proof of Birth

*Head Start Program requires that we verify date of birth, so please provide a copy of your child's birth Certificate *

Other acceptable documents:

Tribal ID

Health Insurance Card

US Passport

Child Custody Documentation (If applicable)

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 745-4509, ext. 5523 with any questions you may have about the application process or the programs offered.

Parent/Guardian Signature:

Date:

**Before Typing/Signing application, verify that the content you are signing is correct and true.*

**By typing your name this will be considered a signature on the application.*

****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 *Upon acceptance*, please be prepared to provide a copy of supporting documentation regarding health insurance; diagnosed health condition; or **IEP** (Individualized Education Plan) or **IFSP** (Individualized Family Services Plan)**

**P.O.Box 1510
35455 Mission Drive
St. Ignatius, MT 59865**

Phone: (406) 745-4509
Fax: (406) 226-2697
Email: headstart@cskt.org

Office Use

Face to face Interview by: _____ Date: _____

Phone Interview by: _____ Date: _____

Contact Notes:

For Office Use: Date Entered _____ Initials _____

Child Plus ID: _____