

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

How did you hear about Early Childhood Services? _____

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

Child's **Legal** Name: _____

First Middle name or Initial Last

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

Please provide a copy of your child's birth certificate with application. Email _____

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

DOES YOUR CHILD HAVE ANY SPECIAL REQUIREMENTS FOR MEDICAL OR NUTRITIONAL NEEDS?

No Yes If yes, please list _____

DOES YOUR CHILD OR FAMILY PARTICIPATE IN ANY OF THE FOLLOWING? WIC TANF SNAP SSI

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 ECS may begin coordinating services as soon as possible.

Do you have any concerns about your child's development? No Yes

If yes, please describe: _____

ARE EITHER PARENT/GUARDIAN AN ACTIVE MEMBER OF THE MILITARY? Yes No

ARE EITHER PARENT/GUARDIAN A VETERAN OF THE MILITARY? Yes No

If Yes, please list name: _____

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.

<p style="text-align: center;"><u>Child care sites:</u></p> <p>Current rates: \$37.99 a day for children <u>up to</u> 24 months of age \$37.04 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></p> <p>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 Child Care Block Grant and/or the Nurturing Center.</p>	<u>Available Sites</u> 0-3 Center based Services	Check box for site
	Arlee	
	St. Ignatius	
	Eskw?almi Nuwewlštn (Growing Language) Salish Language St. Ignatius	
	Ronan	
	Pablo 5th Avenue Combination Early Head Start and Child Care— currently only available at this location- Child care fees will apply	
	Availability based on need Turtle Lake	

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

<u>Type of Service requested:</u>	<u>Available Sites</u> Center-Based	Check box for site
<p>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*</p>	Arlee	
	St. Ignatius	
<p style="text-align: center;"><u>Child care sites:</u></p> <p>Current rates: \$ 37.04 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></p> <p>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 Child Care Block Grant and/or the Nurturing Center.</p>	Ronan	
	Pablo College Drive (Combination Head Start and Child Care--currently only available at this location. Child care fees will apply	
	Pablo 1 & 2	
	Polson	
	Availability based on need Turtle Lake	
	Availability based on need Hot Springs	

<input type="checkbox"/> Part C Services Birth-3 years	<input type="checkbox"/> Part B Services age 3-5 year
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FAMILY DYNAMICS:

- One Parent Two Parent Teen Parent
 - Homeless (you do not own or rent your own residence)
 - Foster Parent /Guardian (*copy of placement documentation*) Short term Long term
 - Grandparent placement (*copy of placement documentation*) Short term Long term
- Social Worker Name _____
 Agency _____ Phone # _____

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

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

- **Proof of all Income for Custodial Parent(s) is required.** Acceptable forms of income documentation include: current pay stubs, recent Benefit Statement from TANF, 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 Hispanic
 Enrolled other Tribe Alaska Native Asian 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 Hispanic
 Enrolled other Tribe Alaska Native Asian 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 745-4509, ext. 5523 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**

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)

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

Early Childhood Services
P.O. Box 1510
35401 Mission Drive
(Neil Charlo Building-physical address)
St. Ignatius, MT 59865
(406) 745-4509
Fax (406) 745-4510

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

For office use only: Date Entered _____ Initials