

CHILD CARE ASSISTANCE APPLICATION CHECKLIST

PLEASE ATTACH:

- Proof of residency (documentation of physical address)
- Proof of Income within the last 12 Months
(Include copies of TANF, Wage stubs)
- Birth Certificates (include yourself and children that will be on the program)
- Class Schedule
(If you are a student)
- Work Schedule
(If you are working)
- Training Schedule
(If you are attending training)
- Special Needs Documentation
(Doctor's Statements, guardianship)
- Proof of enrollment (CIB or descendency documentation)
- Immunization Records of all children

PLEASE NOTE: Failure to complete any portion of this application may result in denial of the application.

Official Use Only	Name: _____
<input type="checkbox"/> Approved	Start Date: _____
<input type="checkbox"/> Denied	End Date: _____
Reason for Action: _____	Reason: _____
_____	_____
Child Care Manager	

APPLICATION FOR CHILD CARE ASSISTANCE

Applicant Name _____ Phone: home _____
 work _____

Address _____
 Street/PO# City State Zip Code

HOUSEHOLD COMPOSITION

List ALL Household members currently residing in your household (not including yourself); birthdates, social security numbers, and relationship to you. Individuals who are not counted as household members that are physically living in the residence include the following: A roomer, a boarder, or an individual over the age of 18 who is not the child’s parent or legal guardian. A person exercising parental control must submit with this application a signed statement from the child’s parent or legal guardian giving this person the authority to exercise parental control of the child (ren).

MARITAL STATUS

Single Married Divorced Widowed

Members of your household:

Last Name	First Name	MI	Sex	Birth Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

LEGAL INFORMATION

Do you pay or receive any child support? () Yes () No

Child Support: _____

Child's Full Name	Paid to Whom

SERVICES NEEDED

Please indicate which child needs to be cared for and how many days and hours per day.

Child's Full Name	Hours Needed	Day & Time (M-F, 8-5 p.m.)	Special Needs

NOTE: Verification of Special Needs must be attached.

TRAINING, SCHOOL, AND EMPLOYMENT INFORMATION

EMPLOYMENT:

Does your household need financial help with Child Care in order for you to work? () Yes () No

NOTE: An income verification (check stubs, wage print out) must be attached.

The place of work is commonly the name of the company, business, or private enterprise where each capable adult works. Please indicate who works and where. A supervisor is commonly the person who oversees your duties. Please list your supervisor's phone number.

Place of Work	Supervisor	Phone	Work Schedule	Time
1.				
2.				
3.				
4.				
5.				

TRAINING/SCHOOLING:

Does your household need financial help with Child Care in order for you to work? () Yes () No

NOTE: An official copy of Training/School registration as well as a class/training schedule must be attached.

The place of training/school includes high school, colleges, and job training programs.

Training/School Name	Person Attending	Start Date	End Date	Credits
1.				
2.				
3.				
4.				
5.				

OTHER SOURCE OF INCOME:

PROVIDER INFORMATION

NOTE: Please refer to the attachment: 5 Steps to Choosing Quality Child Care” to best fit the needs of your child (ren).

Please indicate provider information:

In-Home Provider’s Name: _____ Phone Number: _____

NOTE: New Providers must be first certified before services can be used.

DECLARATIONS

I have read and fully understand the eligibility requirements established for assistance under the Fort Belknap Child Care Program.

I understand that families with Special Needs and Very Low Income will be given first priority.

I declare that the information provided by me in this application is true and correct to the best of my knowledge. I understand and agree that providing false or inadequate information can default my succession of services and can terminate my eligibility with the Child Care Program. I further understand that false information will require me to be liable for repayment of services in dollar value and that I may be criminally prosecuted under the Federal and/or Tribal Law.

Applicant’s Signature

Date

PARENT AGREEMENT

This Parent Agreement form must be signed by the parent/guardian and returned to the Child Care Assistance office to verify that the parent/guardian agrees to comply with the rules and regulations of the Child Care Assistance Program as set forth below.

1. I will receive child care assistance only during the time that I am working, in training or attending class/lab.
2. I will provide my child care caregiver/provider with my daytime phone number as well as other emergency contact numbers.
3. I will never sign a blank attendance form.
4. I understand and will inform my caregiver/provider that if I request additional childcare services, I will pay for additional services.
5. I will notify the Child Care Assistance office in writing of any changes on my application. This will include, but is not limited to, changes in my address, telephone number and income. I understand that I have thirty (30) days to report changes or my child(ren) will be terminated from the program and I will be responsible to pay the provider.
6. If I change caregivers/providers, I will notify the CCA office within (30) days.
7. I will submit all income that is received.
8. I understand that my child(ren)'s file must be considered active in order for assistance to be paid.
9. I understand that if my child(ren)'s file is inactive, I am financially responsible for my child care services, and that the CCA Program will not back pay.
10. I understand that the co-payment amount is the dollar amount that I must pay per eligible child to the caregiver/provider each month.
11. I understand that I am responsible for payment to the caregiver/provider if my bill is less than the co-payment.
12. I understand that if any fraud is committed, I will repay the amount of money in question to the CCA office and be unable to participate in the child care program for a period of one (1) year. If monies are not repaid, I will be subject to prosecution.
13. I understand that I will be required to complete a new application if I am terminated and wish to participate again.
14. I understand that my child is not approved for the CCA program until I receive notification from the CCA office.
15. I understand that I will need to recertify in twelve (12) months to continue my assistance.

Parent

Date

County

FIVE STEPS TO CHOOSING QUALITY CHILD CARE:

1. Start Early

Start looking as far in advance as you can. No matter what type of care you are considering – a child care center or care in someone else's home – finding the right child care option can take some time.

2. Make a call

Begin your search by calling your local experts – your child care office. The office can give you the facts about child care, and a list of child care options in your area that may meet your needs. In addition to what is in this brochure, make sure to ask the office these things;

- What are the licensing requirements?
- How can I get information about complaints and licensing violations?
- Are there any child care financial assistance programs that my family qualifies for?

Call (406) 353-8376 for questions.

3. Visit and asks questions.

Make sure you consider your options carefully and find out about the key indicators for quality child care.

- **Adult-Child ratio:** Babies need an adult to child ratio of no more than 1:4 (one adult per four infants). 4 year olds however can do well with a ratio of 1:10 (one adult for 10 children). Ask how many children there are for each adult. The fewer children for each adult, the better for your child. You want your child to get plenty of attention.
- **Group size:** Find out how many children are in the group. The smaller the group the better the more attention your child will receive.
- **Caregiver Qualifications:** Ask about the caregiver's training and education. Caregivers with the degrees and/or special training in working with children will be better about to help your child learn. Are the caregivers involved in activities to improve the skills of your child? Do they attend classes and workshops?

4. Make a Choice

Think about what you saw at each visit, and make the best choice for your child and family.

5. Stay involved

The work isn't over when you find good care for your child. You and your child's caregiver are partners now. Here are some ways to be involved.

- Have parent/caregiver meetings regularly, and ask questions.
- Offer to volunteer time when needed, like participating in clean-up days, fixing broken toys, reading to the children etc.
- Be there for your child's birthday party.
- Join a special event, like field trips, powwows, or other events.

Even if you can't get time off from work during the day, you can still check in at drop-off and pick-up times. Ask the caregiver how things are going and how your child is doing.

Visiting and participating in events at your child's provider sends a strong message. It tells your child and your child's caregiver that you think what your child is doing and learning is important.

Find out more about efforts in your community to improve the quality of child care. How can you get involved? For more information, contact the local child care resource, or call Child Care Awareness at 1-800-424-2246.

FORT BELKNAP SLIDING FEE SCALE/REV 4/1/17

FAMILY SIZE	2	3	4	5	6	7	8
No Income	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
100% of Poverty	\$1,353	\$1,702	\$2,050	\$2,398	\$ 2,747	\$ 3,095	\$ 3,443
Monthly Parent Fee	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100% FPG+\$1	\$1,354	\$ 1,703	\$ 2,051	\$ 2,399	\$ 2,748	\$ 3,096	\$ 3,444
110% FPG	\$1,489	\$ 1,872	\$ 2,255	\$ 2,638	\$ 3,021	\$ 3,405	\$ 3,788
Monthly Parent Fee = 3% of income	\$41	\$51	\$62	\$72	\$82	\$93	\$103
110% FPG+\$1	\$ 1,490	\$ 1,873	\$ 2,256	\$ 2,639	\$ 3,022	\$ 3,406	\$ 3,789
120% FPG	\$ 1,624	\$ 2,042	\$ 2,460	\$ 2,878	\$ 3,296	\$ 3,714	\$ 4,132
Monthly Parent Fee = 4% of income	\$60	\$75	\$90	\$106	\$121	\$136	\$152
120% FPG+\$1	\$ 1,625	\$ 2,043	\$ 2,461	\$ 2,879	\$ 3,297	\$ 3,715	\$ 4,133
130% FPG	\$ 1,759	\$ 2,212	\$ 2,665	\$ 3,118	\$ 3,571	\$ 4,024	\$ 4,476
Monthly Parent Fee = 5% of income	\$81	\$102	\$123	\$144	\$165	\$186	\$207
130% FPG+\$1	\$ 1,760	\$ 2,213	\$ 2,666	\$ 3,119	\$ 3,572	\$ 4,025	\$ 4,477
140% FPG	\$ 1,895	\$ 2,382	\$ 2,870	\$ 3,358	\$ 3,845	\$ 4,333	\$ 4,821
Monthly Parent Fee = 6% of income	\$106	\$133	\$160	\$187	\$214	\$241	\$269
140% FPG+\$1	\$ 1,896	\$ 2,383	\$ 2,871	\$ 3,359	\$ 3,846	\$ 4,334	\$ 4,822
150% FPG	\$ 2,030	\$ 2,553	\$ 3,075	\$ 3,598	\$ 4,120	\$ 4,643	\$ 5,165
Monthly Parent Fee = 7% of income	\$133	\$167	\$201	\$235	\$269	\$303	\$338
150% FPG+\$1	\$ 2,031	\$ 2,554	\$ 3,076	\$ 3,599	\$ 4,121	\$ 4,644	\$ 5,166
160% FPG							
And above	<i>Not eligible</i>	<i>Not eligible</i>	<i>Not eligible</i>	<i>Not eligible</i>	<i>Not eligible</i>	<i>Not eligible</i>	<i>Not eligible</i>

A family's monthly co-payment is based on their family size and gross monthly income. Co-payments are a specific percentage of the lowest income amount in the income range for that family size.

To determine a family's monthly co-payment, find their family size across the top of the chart and then go down that column to find the correct income range (where the family's gross monthly income falls between two amounts shown in that column). The family's co-payment is the dollar amount shown below the appropriate income range.