

Client Name: _____

Fort Belknap Child Care Program
Application for Child Care Assistance
Application Check List

PLEASE ATTACH:

____ Proof of Residency (documentation of physical address)

____ Proof of Income within the last 12 months (Include copies of TANF or wage stubs for both parents and/or attached child support form)

____ Birth Certificates (include yourself and children that will be in 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 Descendancy documentation)

____ Immunization Records of all children

____ Release of Information form

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

Official Use Only:	
Approved: _____	Start Date: _____
Denied: _____	End Date: _____ Reason: _____
Reason for Action: _____	
Child Care Manager: _____ Date: _____	

APPLICATION FOR CHILD CARE ASSISTANCE

Applicant Name: _____

Address: _____
City State Zip Code

Home Number: _____ Work Number: _____

Cell Number: _____ Message Number: _____

Marital Status: () Single () Married () Divorced () Widowed

HOUSEHOLD COMPOSITION

List ALL Household members currently residing in your household; birthdates, social security numbers, etc. Individuals who are counted as household members that are physically living in the residence include the following: 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).

Last Name	First Name	MI	Sex	Social Security Number	Birth Date	Relationship to you
1.						Self
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Household Size: _____

LEGAL INFORMATION

CHILD SUPPORT PAYMENTS:

Do you pay or receive Child Support? () Yes () No

If yes, please include the Child Support Agency name: _____

Please indicate which child, you/spouse receives Child Support for below:

Child(ren)'s Name	Payment Received by
1.	
2.	
3.	
4.	

SERVICES NEEDED:

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

Child(ren)s Name	Hours Needed	Day & Time (ex.M-F,8-5p.m.)	Special Needs
1.			
2.			
3.			
4.			

NOTE: Verification of Special Needs must be attached.

Special Needs is defined as: Children with a documented medical, physical or mental health diagnosis, foster children, grandparent custody and/or children that are adopted out of the foster care system.

SCHOOL, EMPLOYMENT AND TRAINING INFORMATION

EMPLOYMENT:

Does your household need financial help with Child Care in order for you to work?

() Yes () No

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

NOTE: An income verification going back 12 months must be attached - check stubs, wage print out or child support documentation.

TRAINING/SCHOOL INFORMATION:

Does your household need financial help with Child Care in order for you to attend school or training?

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

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

Please indicate any other source(s) of income:

PROVIDER INFORMATION

Would you prefer In-Center or In-Home Care? (circle one)

If In-Home, please indicate your Provider's information:

In-Home Provider's name: _____ Phone number: _____

NOTE: New Provider's first must be certified before services can be used. Please refer to the attachment: "5 Steps to Choosing Quality Child Care", to best fit the needs of your child(ren).

DECLARATIONS

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

I understand that families that have children with Special Needs and/or Very Low Income, will be given first priority.

I declare that the information provided to 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 for services in dollar value and that I may be criminally prosecuted under the Federal and/or Tribal Law.

Applicant's Signature

Date

APPLICANT 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 Fort Belknap Child Care 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 caregiver/provider with my daytime phone number as well as other emergency contact numbers.
3. I understand and will inform my caregiver/provider that if I request additional childcare services, I will pay for additional services.
4. 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 ten (10) days to report changes or my child(ren) will be terminated from the program and I will be responsible to pay the provider.
5. If I change caregivers/providers, I will notify the CCA office within (10) days.
6. I will submit all income that is received.
7. I understand that my child(ren)'s file must be considered active in order for assistance to be paid.
8. 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.
9. I understand that the co-payment amount is the dollar amount that I must pay per eligible child to the caregiver/provider each month.
10. I understand that I am responsible for payment to the caregiver/provider if my bill is less than the co-payment.
11. 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.
12. I understand that I will be required to complete a new application if I am terminated and wish to participate again.
13. I understand that my child is not approved for the CCA program until I receive notification from the CCA office.
14. I understand that I will need to recertify in twelve (12) months to continue my assistance.

Applicant's Signature

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 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, make sure to ask the office the following;

- 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) 353-8493 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.
- **Caregiver Qualifications:** Ask about the caregiver's training and education. Caregivers with degrees and/or special training in working with children will be better at 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**

Make the best choice that suites your child and family.

5. **Stay involved**

The work isn't over when you find good care for your child. 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.
- 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. Participating in events and visiting with 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 Child Care Program

Child Support Compliance Form

I authorize the Fort Belknap Child Support Program, its employees or agents, to share this information about my child support case(s) to the Fort Belknap Child Care Program, its employees or agents.

Custodial Parent Signature: _____

Date: / /

Section to be Completed by Child Care Program Personnel:

Custodial Parent Name: _____

Non-Custodial Parent Name(s): _____

Child #1	Child #2	Child #3	Child #4
Child #5	Child #6	Child #7	Child #8

Please respond to the following request for child support case information for the above listed individuals. In the event there are multiple child support cases involving this custodial parent, this document can be copied to respond to each case separately.

Please reply to the following program representative:

Case Manager Name: _____	Phone Number: _____	Email Address: _____
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Section to be Completed by Fort Belknap Child Support Case Specialist

Case Number: _____

Case is OPEN for:

Paternity Establishment CS Establishment CS Enforcement

Custodial Parent is:

Compliant Non-Compliant

Case has been CLOSED since the following date: _____

Reason: _____

Amount of Support Paid to the Custodial Parent in the past 6 months: \$ _____

Please State any additional pertinent information below:

FBIC-CSP Case Specialist Name: _____	Phone Number: _____	Email Address _____
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The information above is true and complete as of the date listed below:

Case Specialist Signature: _____

Date: _____



Fort Belknap Child Care Program

Fort Belknap Indian Community
656 Agency Main Street
Harlem, MT 59526



Phone: (406)353-8493
(406)353-8488
(406)353-8486
Fax: (406)353-4564

Release of Information

I, _____, authorize the release of information requested by the Child Care Program to share, exchange, give and receive any information required about my Client/Provider Application and the contents therein; in an effort to serve both myself and my family (as declared on my application). In addition, I authorize the following program/agencies to release information to the Child Care Program. These programs include but are not limited to:

The Department of Commerce, Department of Law, Department of Public Safety, Department of Labor, Department of Military & Veterans Affairs, Department of Revenue, The Bureau of Citizenship & Immigration Services, Fort Belknap Housing Authority, Tribal Personnel, Child Support Program, Aaniiih Nakoda College, Credit Program, Tribal Finance, Commodity Program, Head Start/Early Head Start, Tribal Health, Vocational and Technical Institutions, Adult Basic Education, Bureau of Indian Affairs, Social Security Administration, Local Governments, Public Assistance Programs, Financial Institutions, Landlords, Any & All Employers, School Authorities, Clerk & Recorder and County Treasurer, 477 Employment & Training, Fort Belknap Enrollment, Earned/Unearned Income, or any other source.

Other: _____

I understand that:

- Any and all information by the above named programs/agencies will remain confidential and be used for professional purposes only.
- No information will be released without prior knowledge.
- This consent may be canceled, in writing, at any time.

Print Name:	Signature:
Address:	Phone Number:
Social Security Number:	Date (MM/DD/YYYY):

A COPY OF THIS RELEASE IS AS VALID AS THE ORIGINAL

"We are an equal opportunity employer"

Fort Belknap Indian Community CCDF SLIDING FEE SCALE 01/29/2020

FAMILY SIZE

	2	3	4	5	6	7	8
No Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100% of Poverty	\$1,437	\$1,810	\$2,183	\$2,557	\$2,930	\$3,303	\$3,677
Monthly Parent Fee	\$0	\$0	\$0	\$0	\$0	\$0	\$0
100% FPG+\$1	\$1,438	\$1,811	\$2,184	\$2,558	\$2,931	\$3,304	\$3,678
110% FPG	\$1,580	\$1,991	\$2,402	\$2,812	\$3,223	\$3,634	\$4,044
Monthly Parent Fee =3% of income	\$43	\$54	\$66	\$77	\$88	\$99	\$110
110% FPG+\$1	\$1,581	\$1,992	\$2,403	\$2,813	\$3,224	\$3,635	\$4,045
120% FPG	\$1,724	\$2,172	\$2,620	\$3,068	\$3,516	\$3,964	\$4,412
Monthly Parent Fee =4% of income	\$63	\$80	\$96	\$113	\$129	\$145	\$162
120% FPG+\$1	\$1,725	\$2,173	\$2,621	\$3,069	\$3,517	\$3,965	\$4,413
130% FPG	\$1,868	\$2,353	\$2,838	\$3,324	\$3,809	\$4,294	\$4,780
Monthly Parent Fee =5% of income	\$86	\$109	\$131	\$153	\$176	\$198	\$221
130% FPG+\$1	\$1,869	\$2,354	\$2,839	\$3,325	\$3,810	\$4,295	\$4,781
140% FPG	\$2,011	\$2,534	\$3,057	\$3,579	\$4,102	\$4,625	\$5,147
Monthly Parent Fee =6% of income	\$112	\$141	\$170	\$199	\$229	\$258	\$287
140% FPG+\$1	\$2,012	\$2,535	\$3,058	\$3,580	\$4,103	\$4,626	\$5,148
150% FPG	\$2,155	\$2,715	\$3,275	\$3,835	\$4,395	\$4,955	\$5,515
Monthly Parent Fee =7% of income	\$141	\$177	\$214	\$251	\$287	\$324	\$360
150% FPG+\$1 and above	\$2,156	\$2,716	\$3,276	\$3,836	\$4,396	\$4,956	\$5,516
	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible
85% SMI and above	\$3,898	\$4,815	\$5,732	\$6,649	\$7,566	\$7,738	\$7,910
	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible	Not eligible

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. **Note:** Families of 9 or more will be considered a family of 8 for income eligibility and co-payment purposes.