

Northern Cheyenne Tribe Child Care & Development Fund Program

Parent(s)/Guardian(s) Application Check List

Each file must contain the following documentation with **current** copies attached to your application to meet eligibility requirements for child care services:

- ✓ Completed Northern Cheyenne Tribe Child Care Application
- ✓ Authorization to Release Information Form (if two parent/guardian both need to complete form)
- ✓ Rights and Responsibilities Form
- ✓ Media Release and Consent Form
- ✓ Emergency Contact and Consent Form (one required for each child)
- ✓ Income verification for parent(s)/guardian(s) (wages/salaries, TANF, or other)
- ✓ Proof of Residency (most current utility bill with physical address) and /or verification from DES Coordinator
- ✓ Northern Cheyenne Tribal Enrollment verification, (CIB), or letter from enrollment office re: pending enrollment for child(ren) needing child care or if one parent is enrolled, verification of enrollment of parent
- ✓ Under protective services; children within the service area that are not enrolled Northern Cheyenne but are enrolled in another tribe are eligible but must show proof of enrollment
- ✓ Immunization record **for child(ren) needing child care** (with no immunization due)
- ✓ If claiming special needs for child(ren) please provide documentation
- ✓ Guardianship/must provide court order documentation or notarized statement
- ✓ Foster child(ren)/placement or protective custody documentation
- ✓ Verification of employment/education/training or job search, may include the following:
 - Letter from employer verifying hours worked or copy of work schedule (if applicable)
 - Proof of enrollment in an educational program and class schedule (if applicable)
 - Proof of enrollment in job training/or job search (if applicable)

*Parent(s)/Guardian(s) must be working, attending school or training and **meet income guidelines** to qualify for child care services (income is based on monthly net wages)

*Families must reside within the service area (within **30** miles of the reservation boundaries)

Attached is the map of the service area

An application will not be processed until it is complete and upon approval a letter will be mailed out

Your Child Care Provider is required to be certified before payment is made for child care services

The age limit for a child receiving child care services is birth to through the age of 12 years

The age limit for a special needs child receiving child care services is birth through the age of 12 years



Phone's#
406-477-8341
406-477-8371
Fax#
406-477-8577

We are here to assist you in choosing high quality child care that will enhance your child's learning and improve your child's school readiness. Please stop by our office for a list of certified child care providers in your area. Thank you. Program Staff: Rhea Bearcomesout-Director, Cindy Burns-Child Care Specialist & Mariah Walkslast-Office Manager

614 Little Wolf Street
PO Box 368
Lame Deer, Montana 59043



Northern Cheyenne Tribe
Child Care & Development Fund Program
PO Box 368
Lame Deer, Montana 59043
Phone*406-477-8341 Fax*406-477-8577

APPLICATION FOR CHILD CARE SERVICES

APPLICANT(S) INFORMATION

Parent(s)/Guardian(s) Name: _____

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Other _____

Current Mailing Address:

City:

State:

Zip Code:

Home Phone#

Work Phone#

Cell Phone#

Physical Address:

(Attach Proof of Physical Address)

E-mail address:

EMPLOYMENT STATUS: (IF APPLICABLE)

Full-time _____ Part-time _____ Temporary _____ Seasonal _____ Self-employed _____ TANF hours _____

Employer Name:

Phone#:

Address:

City:

State:

Zip Code:

Position:

Hourly Wage:

Hrs. worked per month:

Full-time _____ Part-time _____ Temporary _____ Seasonal _____ Self-employed _____ TANF hours _____

Spouse information (if applicable)

Employer Name:

Phone#:

Address:

City:

State:

Zip Code:

Position:

Hourly Wage:

Hrs. worked per month:

ATTACH PROOF of INCOME

I certify that the total income for our family does not exceed \$1,000,000

Parent /guardian signature: _____

Spouse/significant other signature (if applicable): _____

EDUCATIONAL or JOB TRAINING STATUS: (IF APPLICABLE)

Please submit class/training schedule/or enrollment letter for verification purposes

High School _____ GED _____ College _____ Vo-Tech _____ NEW _____ WIA _____ OJT _____

JOB SEARCH: (IF APPLICABLE) _____ YES _____ NO

Job search forms are available at the Child Care Office

(job search is allowed up to 20 hrs. per month with verification of contacts made)

FAMILY COMPOSITION (PLEASE LIST ALL FAMILY MEMBERS IN HOUSEHOLD)

Family Member Name:	Relationship to Applicant(s):

Family Household Size: _____ Number of Adults: _____ Number of Children: _____

include spouse or significant other

CHILD(REN) REQUIRING CHILD CARE SERVICES:

Child's Name:	Gender	Age	DOB	Grade	School Attending	Times needing child care (full/half day)

Child(ren) enrolled with the Northern Cheyenne Tribe?: _____ YES _____ NO

If no, list the Tribe the child(ren) is/are enrolled in: _____

***PLEASE PROVIDE DOCUMENTATION**

Any child(ren) listed above require **SPECIAL NEEDS** ? _____ YES _____ NO

***IF CLAIMING SPECIAL NEEDS PLEASE PROVIDE DOCUMENTATION**

LIST CHOICE(S) OF CHILD CARE PROVIDER

Name:

Address:

Phone:

Physical Address:

Is provider currently certified with the child care program? _____ Yes _____ No

CHILD CARE SETTING

Day Care/non-license _____

Day Care/state licensed _____

Family home/relative _____

Family home/non-relative _____

Child's home/relative _____

Child's home/non-relative _____

Group home/relative _____

Group home/non-relative _____

CHOICE OF CHILD CARE PROVIDER

Name:

Address:

Phone:

Physical Address:

Is provider currently certified with the child care program? _____ Yes _____ No

CHILD CARE SETTING

Day Care/non-license _____

Day Care/state licensed _____

Family home/relative _____

Family home/non-relative _____

Child's home/relative _____

Child's home/non-relative _____

Group home/relative _____

Group home/non-relative _____

CHOICE OF CHILD CARE PROVIDER

Name:

Address:

Phone:

Physical Address:

Is provider currently certified with the child care program? _____ Yes _____ No

CHILD CARE SETTING

Day Care/non-license _____

Day Care/state licensed _____

Family home/relative _____

Family home/non-relative _____

Child's home/relative _____

Child's home/non-relative _____

Group home/relative _____

Group home/non-relative _____

I hereby certify that the facts set forth in the Child Care application are true and complete to the best of my knowledge and I understand that falsified information on this application shall be considered sufficient cause for fraud, which may be cause for ineligibility with the Northern Cheyenne Tribe's Child Care and Development Fund Program. Any changes that may affect eligibility must be reported within 10 days of the change on a Change Report Form.

Parent/Guardian Signature:**Date:****Spouse /Significant Other Signature:****Date:**

Northern Cheyenne Tribe
Child Care & Development Fund Program

AUTHORIZATION TO RELEASE INFORMATION

Certain Information is needed to determine eligibility. This may include but is not limited to residency, relationship, school attendance, household composition and marital status, (as it relates to household composition), income, employment status and benefits received in another state.

The Program may request information about any of the above issues. You have the right to provide any information necessary to determine eligibility. If you are not able to gather requested information by yourself, your Program representative may be able to help you. However since this is your confidential information, an authorization to release information is necessary.

Name

Address

City

Zip code

I give the Northern Cheyenne Tribe Child Care & Development Fund Program permission to gather information that is necessary to determine eligibility. This authorization expires one year from date signed.

Signature

Date

Northern Cheyenne Tribe
Child Care & Development Fund Program

MEDIA RELEASE & CONSENT for Use of Image

I hereby give my permission for myself and/or my child(ren)'s pictures, video, or various forms of media (newspapers, flyers, and brochures) to be utilized for the purpose of advertising, public relations, program publications, child observations, teaching, and curriculum development, etc.

Please Check One: _____ *Consent Given*

_____ *Do Not Consent*

Signature

Date Signed

Printed Name

Northern Cheyenne Tribe
Child Care & Development Fund Program

Rights and Responsibilities
Parent(s)/Guardian(s)

It is the policy of the Northern Cheyenne Tribe Child Care Program to protect the rights of parent(s)/guardian(s) and children while participating in the Child Care Program administered by the Northern Cheyenne Tribe.

Listed below are the rights and responsibilities:

1. Each parent/guardian has the right to a provider of their choice.
 2. Every parent/guardian has the right to unlimited access to their child while they are in the care of their provider.
 3. Each parent/guardian shall have the right to inspect any documents, records, or files that are pertinent to the care of their child upon reasonable request.
 4. Each parent has the right to a safe and healthy environment for their child.
 5. It is the responsibility of the parent/guardian to notify the provider of any unusual circumstances concerning care of their child.
 6. It will be the responsibility of the parent/guardian and provider to report any suspected child abuse.
 7. It will be the responsibility of the parent/guardian to report any unsafe or unsanitary conditions observed at any facility or home-based child care operations.
 8. Each parent/guardian that has a co-pay shall be responsible for payment of fees to the program in a timely manner.
 9. It is the responsibility of the parent/guardian to complete the daily sign in-sign out sheet for their provider.
-

I understand my rights and responsibilities as a parent/guardian of the Child Care Program.

Signature

Date

EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: _____ Birth Date: _____

Address: _____

Mother / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Father / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Emergency Contact Person: _____ Contact Number: _____

Emergency Contact Person: _____ Contact Number: _____

Physician / Medical Care Source: _____ Contact Number: _____

Health Insurance Carrier & Policy Number: _____

Persons authorized to pick up child:

Name: _____ Name: _____

Name: _____ Name: _____

- SEE REVERSE SIDE -

WRITTEN CONSENT IS GIVEN FOR:

Yes No EMERGENCY MEDICAL CARE

ADMINISTRATION OF PRESCRIPTION MEDICATIONS **Medication Authorization form and Medication Administration Log Must be completed**

ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS **OTC Medication Authorization Form and Medication Administration Log must be completed**

ADMINISTRATION OF SPECIAL DENTAL OR DIETARY NEEDS:
Please Specify:

TRIPS: Yes No TRANSPORTATION BY THE FACILITY FOR TRIPS

Yes No DAILY TRANSPORTATION PROVIDED BY THE FACILITY (Facility Has the Option to Offer)

IF YOUR CHILD IS TRANSPORTED BY THE FACILITY, ARE THERE ANY INSTRUCTIONS FOR SPECIAL CARE FOR THE CHILD (I.E. MOTION SICKNESS, SEIZURES, ETC.) DURING TRANSPORTATION?

HEALTH HISTORY

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with passing urine / bowel movement	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds, sore throats, earaches, tonsillitis, pneumonia	<input type="checkbox"/>	<input type="checkbox"/>

Allergies or reaction: (food or other) YES NO
Please Explain:

Other Health Concerns (special disabilities): YES NO
Please Explain:

SIGNATURE OF PARENT OR GUARDIAN

DATE