



## DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT CHILDCARE BLOCK GRANT PROGRAM REQUIREMENTS & REMEDIES

### **(KEEP THESE FOR FUTURE REFERENCE)**

- **Program Application Eligibility Requirements:** This program assists low income families, (which include all adult household members) who are working, in school, or enrolled in formal training programs. **All** adult household members must be in school, at work, or enrolled in a formal training program to receive childcare assistance. In the instance that one member is not working or in school/training, childcare will only be authorized for 10 hours a week.
- **All persons 18 years and older:** earned income, financial aid, child support, Cash assistance and/or welfare benefits are also counted in determining eligibility. Family size & income is the main criteria as well as Tribal enrollment (for children). All earned income in the household is counted (boyfriend, girlfriend, common law husband/wife, brother, sister, cousin, parent, etc.) **In the event of a projected funding shortage, priority will go to the lowest income families with enrolled members of a Federally Recognized Tribe.**
- **Applications must include for all household members:** Tribal Enrollment verification, Birth Certificate, Social Security Card, current immunization records for children (*your application will be denied if immunization records are not provided or if shots are overdue; copies are accepted*). Release of Information (all adults), **All household members 18 years and older must provide;** signed release of information, photo ID, pay stub, work or school schedule (final registration), quarterly financial aid award letter (w/current date). **If any one item is missing, there will be no approvals until the required document is turned in.** All earned income in the household is counted (boyfriend, girlfriend, common law husband/wife, brother, sister, cousin, parent, etc.).
- **Updating your application:** *Students & applicants who are enrolled in a formal training program are required to submit their class schedule & financial aid award letters each quarter.* You must also report any other changes in household.
- **General Updates:** Any change in hourly wage rates (up or down), work hours, work schedules, household size, etc. must be **reported within 10 days** or you may be declared ineligible for assistance and your case will be closed. These updates can be made by requesting an “Update Application” and must be submitted by the **“UPDATE NEEDED”** date on your current authorization. **It’s extremely important that you pay close attention to the “MONTHS AUTHORIZED FOR” dates also, you will be held responsible for any childcare expenses that fall outside of these dates and have not been authorized. So, it is in your own best interest that you keep track of these dates and make certain that your application is current, and that your case is still ACTIVE with the CCBG Office.**
- **HOW FAST ARE APPLICATIONS PROCESSED?** Every effort will be made to process your application within 7-10 working days. If there is information lacking, your application will not be processed until all missing documents are submitted and *your application is complete*. If you are placed on a waiting list, you will be notified.

- **WHAT HAPPENS IF THERE IS A FUNDING SHORTAGE?** In the event of a projected Child Care Block Grant funding shortage, **first priority goes to the lowest income persons who are enrolled members of a Federally Recognized Tribe (children)**. Every effort will be made to give at least thirty day notice of funding unavailability. If the federal government discontinues or reduces funding, the notice may be shorter.
- **Childcare Provider Requirements:** It is important to choose your provider carefully and declare your childcare provider in writing. **You are not authorized to change providers without notifying the CCBG Program and declaring your new provider. You must call and get approval before you actually take the child to a new provider.** This is very important to ensure that your child and associated expense is covered. If you fail to request permission to change, you may be responsible for any childcare expenses not authorized. **If you choose a provider who is not on our CCBG provider list,** provide a copy of their state license when applying for assistance. **If your provider is not state licensed, they (and all persons over 18 in the home) must complete and pass a background check through DHRD (this process can take up to 3 months to be approved and CCBG will not pay any costs that may have incurred in the 3 months as we do not back pay)** **Family/Relative caregivers:** A caregiver cannot live in the same home as the child(ren) they are providing care for. For family members that do not reside in the same household, they cannot have more than 3 children in the home, and no more than 2 children under the age of 2. This count also includes their own child(ren). **CCBG does not retro pay any provider for services outside the authorized months.**
- **Other requirements:** Parents are required to sign their child's sign in sheet daily (in some cases 2 sheets). **You are certifying the amount of time requested by the caregiver. Please review carefully before you sign the sheet. The CCBG Coordinator will be making periodic checks with your provider for compliance. Failure to sign in & out will result in immediate disqualification from the program.**
- **Foster children and/or relative children:** If you are applying for assistance for a child who resides with you but is not your natural or adopted child, **you must present a legal document ensuring that you have proper and legal custody of the child.**
- **Childcare Provider Co-payments:** All parents (exception "TANF-Only" eligible participants) will have a monthly co-payment that must be paid directly to the provider. Be sure and pay the co-payment amount monthly, as your provider cannot bill the program until your co-payments are paid and current. In worst-case scenario, if you do not pay your co-payment, your provider's bill will be held, and you will be responsible to pay the bill in full. The CCBG Program pays bills and re-obligates funds monthly. Therefore, it is critical for the provider to bill the program in a monthly timely manner. **Please be mindful that childcare providers rely on your promptness to maintain their business.**
- **Childcare Improvement Trainings:** From October – June of each year, we offer up to three (3) Childcare Improvement Trainings per month at various locations throughout the reservation. These trainings are geared toward improving the quality of childcare within the family's home, as well as at the local childcare facilities. Therefore, we strongly encourage both parents and childcare providers alike to attend on a regular basis. The trainings last approximately 2 hours and are free of charge. Free childcare is also provided. You may request a copy of the training schedule at the CCBG Office.
- **Where can I apply for childcare if I am eliminated or ineligible for the Tribes Program?** You may apply for childcare at the Nurturing Center in Kalispell – 1 (800)-204-0644 or (406)756-1414.
- **WHERE MAY I REQUEST A TRIBAL APPLICATION?** **Department of Human Resources Development-CCBG, P.O. Box 278, Pablo, MT 59855, or call Kim @ (406) 675-2700 ext. 1378.**

## CHILD CARE BLOCK GRANT APPLICATION CHECKLIST

TO BE ELIGIBLE FOR CHILDCARE ASSISTANCE, YOU MUST PROVIDE THE FOLLOWING INFORMATION. YOUR APPLICATION WILL BE RETURNED AND/OR NOT PROCESSED, IF THE FOLLOWING ITEMS ARE NOT ATTACHED. **ALL ITEMS WILL BE VERIFIED.**

COMPLETE THE FOLLOWING CHECKLIST TO ASSURE THAT YOUR APPLICATION PACKET IS COMPLETE BEFORE SUBMITTING IT TO OUR OFFICE. APPLICATION WILL NOT BE PROCESSED UNTIL COMPLETE.

**\*\*\*DO NOT LEAVE ANY BLANK SPACES\*\*\***

Name: \_\_\_\_\_

- \_\_\_\_\_ 1. Application
- \_\_\_\_\_ 2. Picture Identification on **ALL** adults
- \_\_\_\_\_ 3. Birth Certificates for **ALL** household members
- \_\_\_\_\_ 4. Social Security Cards for **ALL** household members
- \_\_\_\_\_ 5. Income Verification for **ALL persons 18yrs & older** (Recent check stub or other documents to verify All Household Members other income. Self-Employed will need to provide income tax return from previous year)
- \_\_\_\_\_ 6. Copy of your 2015 INCOME TAXES
- \_\_\_\_\_ 7. Work Verification for ALL persons 18yrs & older **(Supervisor signature required)**
- \_\_\_\_\_ 8. School/Training Verification **(Must attach class schedule and financial aid award letter)**
- \_\_\_\_\_ 9. Tribal Enrollment Verification for **ALL household members**
- \_\_\_\_\_ 10. Current Residency :( document provided) \_\_\_\_\_  
(Copy of Rental Agreement, electric bill)
- \_\_\_\_\_ 11. Current Immunization Records for **ALL children**
- \_\_\_\_\_ 12. Current Child Care Provider  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
(Box # or Street) (City) (Zip)  
Date started: \_\_\_\_\_  
Physical Address: \_\_\_\_\_
- \_\_\_\_\_ 13. Is the current or proposed childcare provider related to you (applicant) or to the children in care? \_\_\_\_\_  
If so, please describe: \_\_\_\_\_  
Will there be other children cared for there? \_\_\_\_\_  
If so, who and how many? \_\_\_\_\_
- \_\_\_\_\_ 14. When will care be provided? **(SUBMIT SCHEDULE VERIFIED BY EMPLOYER/SCHOOL)**

***\*\*This application is for childcare services while the applicant(s) is/are working and/or attending a training program. Childcare services will be subsidized so long as the applicant(s) continually works/attends training programs, and as long as funds are available and family co-payments are current. By my initials I am verifying that I have read and understand the CCBG Requirements & Remedies handout attached to this application. \_\_\_\_\_***

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT  
**CHILD CARE BLOCK GRANT**

P.O. BOX 278, PABLO, MT 59855  
 406-675-2700 Ext. 1378  
 FAX # 406-275-2788

**\*\*\* DO NOT LEAVE ANY BLANK SPACES \*\*\***

Applicant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 How many hours per week will you be working: \_\_\_\_\_ Work Schedule: \_\_\_\_\_  
 Spouse/Co-applicant: \_\_\_\_\_ Address/Phone: \_\_\_\_\_  
 Spouse/Co-applicant Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**\*List all persons residing in your household including yourself: (circle children you are seeking assistance for)**

Names	DOB	Tribe	Tribal ID #	Relationship	M/F	Occupation

**MONTHLY:** (submit documentation)  
APPLICANT

Wages/Salary: \_\_\_\_\_  
 Child Support: \_\_\_\_\_  
 Social Security: \_\_\_\_\_  
 Self-Employment: \_\_\_\_\_  
 Public Assistance: \_\_\_\_\_  
 (TANF, GA, etc.)  
 Educ. Financial Aid: \_\_\_\_\_  
 (Pell, Tribal BIA, HIS, other)  
 Other – Describe: \_\_\_\_\_

SPOUSE/CO-APPLICANT

Wages/Salary: \_\_\_\_\_  
 Child Support: \_\_\_\_\_  
 Social Security: \_\_\_\_\_  
 Self-Employment: \_\_\_\_\_  
 Public Assistance: \_\_\_\_\_  
 (TANF, GA, etc.)  
 Educ. Financial Aid: \_\_\_\_\_  
 (Pell, Tribal BIA, HIS, other)  
 Other – Describe: \_\_\_\_\_

Total \$ \_\_\_\_\_ + Total \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
 (Applicant) (Spouse) **Total Monthly Income**

**Applicants:** I hereby affirm that the statements included in this application are accurate, complete and true to the best of my knowledge. I understand that I must reapply and be determined eligible for childcare assistance as often as my status changes and/or as my authorization expires. I also understand that my co-payments must be current each month. I agree to notify the CCBG Program of any changes to my income and/or number of persons in the household and/or work/training status because these changes may affect my eligibility. I understand that because the CCBG is a federally funded program, the penalty for providing false information not to be more than \$10,000.00 and/or not more than five (5) years of imprisonment, and I will be terminated from the CCBG program immediately.

\_\_\_\_\_  
 Applicant Signature Date

**FOR OFFICE USE:**

Date Received: \_\_\_\_\_ Date Approved: \_\_\_\_\_  
 Priority #: 98-P- \_\_\_\_\_ F- \_\_\_\_\_ Income Level: \$ \_\_\_\_\_ %  
 Co-Pay: \$ \_\_\_\_\_ Program CCDF \_\_\_\_\_ TANF \_\_\_\_\_  
 Months Authorized for: \_\_\_\_\_ Update Needed: \_\_\_\_\_  
 COMMENTS/CASE NOTES: \_\_\_\_\_



## **NO-INCOME DECLARATION**

**For all household members 18 years or older, declaring no income:**

I/we, do hereby declare that I/we have not received any Income for the Month(s) of:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

The reason that I/we have had no income for the months listed above is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we have been meeting my/our basic living needs for rent, mortgage, food, child care, utilities, other, in the following way:

Rent or mortgage: \_\_\_\_\_

Food: \_\_\_\_\_

Child Care: \_\_\_\_\_

Utilities: \_\_\_\_\_

Other: \_\_\_\_\_

I/We declare by signing this statement line that the information provided on this form is true and correct to the best of my/our knowledge. I/We understand that because the Childcare Block Grant (CCBG) is a Federally funded program, the **penalty for providing false information shall not be more than \$10,000.00 &/or not more than five (5) years imprisonment.**

Date: \_\_\_\_\_ Signature of above Person declaring no income: \_\_\_\_\_

Date: \_\_\_\_\_ Head of Household Signature: \_\_\_\_\_

**CONFEDERATED SALISH and KOOTENAI TRIBES  
INTERAGENCY**

**CONSENT FOR RELEASE OF INFORMATION**

I/We, the undersigned are seeking services from the Department of Human Resources Development (DHRD) which includes, but is not limited to the following programs: Child Care Block Grant, TFAP Cash Assistance, Commodities, Dire Need, WIA, SYEP, LIEAP, NEW, Welfare 2 Work, General Assistance, FEMA, Indian Elderly Program, Vocational Rehabilitation Program, WIC and DHRD Social Service (Child Protective Service, Adult Protective Service, Foster Care, Second Circle, etc.).

I/We, authorize the above named programs to share, exchange and give and receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition, I/We authorize the following programs/agencies to release and share information to the DHRD Program in an effort to provide and facilitate assistance to my/our children and myself/ourselves. Those programs and agencies include but are not limited to the following: **INITIAL EACH LINE.**

1. \_\_\_\_ Tribal Personnel/Payroll Office: (Drug Test results, payroll data, etc.), etc.
2. \_\_\_\_ Early Childhood Services – ECS – Participation in services (CHIP information, Address, Household Composition)
3. \_\_\_\_ Tribal Health and Human Services - THHS (Mental Health, Alternate Resource, WIC, Substance Abuse program), etc.
4. \_\_\_\_ Tribal Education Department – TED (educational awards, grades, referrals), etc.
5. \_\_\_\_ SKC College/ALC/ABE Programs – (Schedule, Test results, Student verification of attendance, Credit Loan, Grants), etc.
6. \_\_\_\_ Montana State Offices of Public Assistance – (Flathead, Lake, Missoula, Sanders County)
7. \_\_\_\_ Salish Kootenai Housing Authority – SKHA (Rent amount, household compositions, lease compliance, residency), etc.
8. \_\_\_\_ Public Schools – (verify attendance of minor children in general school and at IEP sessions)
9. \_\_\_\_ Tribal Police – (CPS referrals and outstanding warrants.), etc.
10. \_\_\_\_ Probation Adult/Juvenile – (Truancy, Community services and other requirements)
11. \_\_\_\_ Tribal Court – (Community Services and Court Orders), etc.
12. \_\_\_\_ Division of Lands – (verify Land Lease), etc.
13. \_\_\_\_ Tribal Prosecutors / Tribal Defenders (CPS, Court Orders, Truancy, Families at Risk Staffing), etc.
14. \_\_\_\_ MT Children’s Health Insurance Program (CHIP) – Eligibility Status & Employee Health Insurance Information
15. \_\_\_\_ Tribal Enrollment: \_\_\_\_\_
16. \_\_\_\_ Social Security Administration, MT Disability Bureau, Veteran’s Administration – (Verify income)
17. \_\_\_\_ CSKT Tribal Social Service, Child/Adult Protective Service, Foster Care, Second Circle, GA, Trust Management
18. \_\_\_\_ **EMPLOYER NAME:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_ **PHONE** \_\_\_\_\_
19. \_\_\_\_ Chemical Dependency (City, State and/or Tribal Programs for compliance with IFP/Service Treatment Agreement)
20. \_\_\_\_ State TANF Programs (to get the number of months for the Federal Time Clock) \_\_\_\_\_
21. \_\_\_\_ Bureau of Indian Affairs (Individual Indian Monies IIM Account ) verification
22. \_\_\_\_ CSKT Individual Indians Monies Account need current balance for: \_\_\_\_\_
23. \_\_\_\_ Per-Capita statements: \_\_\_\_\_
24. \_\_\_\_ Passages Fatherhood Program
25. \_\_\_\_ Child Support Enforcement Division Tribal & State of Montana
26. \_\_\_\_ Other \_\_\_\_\_
27. \_\_\_\_ Potential employers found by DHRD TANF-WIA list

I/We understand that the information received by the DHRD Programs will be kept confidential, used for professional purposes only in terms of facilitating services received by me and my/our family, and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I/We understand that I/We may cancel this Consent for Release of Information, in writing at any time.

\_\_\_\_\_  
**Print Name - Applicant/Parent or Guardian**      **Date**      \_\_\_\_\_  
**Sign Name**      **Date**

\_\_\_\_\_  
Witness      Date

**THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM \_\_\_\_\_ TO \_\_\_\_\_**  
**THIS RELEASE OR REQUEST OF INFORMATION HAS BEEN REVOKED BY:**

\_\_\_\_\_  
Applicant/Parent or Guardian Signature      Date