

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
✓ Income verification for parent(s)/guardian(s) (wages/salaries, TANF, or other)
✓ Authorization to Release Information Form (if two parent both need to complete form)
✓ Physical Address Verification (most current utility bill)
✓ Northern Cheyenne Tribal Enrollment verification, (CIB), or letter from enrollment office re: pending enrollment for child(ren) needing child care
✓ 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, including 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 program (if applicable)

*****PARENT(S)/GUARDIAN(S) MUST BE WORKING OR ATTENDING SCHOOL/TRAINING TO QUALIFY FOR SERVICES*****

*****CHILDREN MUST BE ENROLLED WITH THE NORTHERN CHEYENNE TRIBE or HAVE PENDING ENROLLMENT VERIFICATION*** (pending enrollment-not to exceed 6 months)**

An application will not be processed until it is complete

When the application is complete an approval a letter will be mailed out

Providers are required to be certified before payment is made for child care services

The age limit for a child receiving child care services is birth up to the day before the child turns 13 yrs. old

The age limit for a special needs child receiving child care services is birth up to the day before the child turns 19 yrs. old

 Phone's# 406-477-8341 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.
	Northern Cheyenne Tribe Child Care Program Staff:
	Cindy Burns, Child Care Specialist
	Mariah Walkslast, Office Manager

PO Box 368 Lame Deer, Montana 59043 201 East Boundary Street



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



CHILD CARE APPLICATION

APPLICANT(S) INFORMATION

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

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

Current address: _____ (attach proof of residency)

City:	State:	ZIP Code:
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Home Phone#	Work Phone#	Cell Phone#
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E-mail address: _____

EMPLOYMENT STATUS: (IF APPLICABLE)

fulltime _____ parttime _____ temp. _____ seasonal _____ self employed _____ job search _____ TANF hrs. _____

Employer Name:	Phone#:
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Address: _____

City:	State:	Zip Code:
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Position:	Hourly Wage:	Hours worked per month:
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fulltime _____ parttime _____ temp. _____ seasonal _____ self employed _____ job search _____ TANF hrs. _____

Employer Name:	Phone#:
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Address: _____

City:	State:	Zip Code:
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Position:	Hourly Wage:	Hours worked per month:
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INCOME VERIFICATION

*****LIST MONTHLY GROSS AMOUNTS FOR ALL TYPES OF INCOME-ATTACH PROOF*****

Name of Parent(s)/Guardian(s) Receiving Income	Wage/Salary Amount	TANF Amount	Other Amount

EDUCATIONAL or JOB TRAINING STATUS: (IF APPLICABLE)

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

***** Please submit copy of class/training schedule and enrollment letter for verification purposes*****

FAMILY HOUSEHOLD SIZE: _____

NUMBER OF ADULTS: _____ NUMBER OF CHILDREN: _____

INCLUDE SPOUSE OR SIGNIFICANT OTHER

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 will 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



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.

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

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