



**Confederated Salish and Kootenai Tribes**  
**Early Childhood Services (ECS)**  
**Early Head Start, Head Start & Child Care**  
**Family Application**      **School Year: 2025-2026**

The information given is confidential. You are not required to provide this information, however, incomplete or inaccurate information may prevent us from determining your eligibility for ECS. If you need assistance completing the application, please call (406)745-4509 Ext 5523

<b>Child's First Name:</b>	<b>Middle Name:</b>	<b>Child's Last Name:</b>	<b>Date of Birth</b>	<input type="checkbox"/> <b>Male</b>
				<input type="checkbox"/> <b>Female</b>

**Child's Race:**  Enrolled CSKT    CSKT Descendant    Enrolled/Descendant other Tribe \_\_\_\_\_  
 (Provide Documentation)

Alaskan Native    Asian    Hispanic    African American    Multi-Racial    Pacific Islander    Other

**How did you hear about Early Childhood Service?**    Community Event    Flyer/Poster    Family/ Friend  
 Mailing    Public Advertisement    Former Parent    Community Partner Referral    School District

**Family Receives:** (Check all that applies)

TANF    Yes    No  
 SNAPS    Yes    No  
 SSI    Yes    No  
 WIC    Yes    No

**Parent Education Level:** (Check all that applies)

Advanced Degree or Baccalaureate     
 Associate Degree, Vocational or Some College     
 High School Graduate or GED     
 Less than HS Diploma  

**Family Dynamics**    One Parent    Two Parent    Dual Custody(50/50)    Teen Parent

**Homeless:**    Yes    No      **Number in Household** \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

<b>Parent/Legal Guardian</b>		<b>Date of Birth:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Physical Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Phone #:</b>	<b>Work #</b>	<b>Email:</b>
<b>Ethnic Race:</b> <input type="checkbox"/> Enrolled CSKT <input type="checkbox"/> CSKT Descendant <input type="checkbox"/> Enrolled <u>other</u> Tribe _____		
<input type="checkbox"/> Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other		
<b>Relationship to Child:</b> <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other <small>(Copy of Placement or Guardianship Documentation)</small>		
<b>Employment Status:</b> <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Student <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed, Retired, Disabled		
<b>Active Member of the Military</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Veteran of the US Military</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

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<b>Parent/Legal Guardian</b>		<b>Date of Birth:</b>
<b>Mailing Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Physical Address:</b>	<b>City:</b>	<b>Zip Code:</b>
<b>Phone #</b>	<b>Work #</b>	<b>Email:</b>
<b>Ethnic Race:</b> <input type="checkbox"/> Enrolled CSKT <input type="checkbox"/> CSKT Descendant <input type="checkbox"/> Enrolled <u>other</u> Tribe _____		
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<b>Relationship to Child:</b> <input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other <small>(Copy Placement or Guardianship Documentation)</small>		
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<b>Active Member of the Military</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>Veteran of the US Military</b> <input type="checkbox"/> No <input type="checkbox"/> Yes

### Child's Information

**Does your child have any Special Requirements for Medical or Nutritional Needs?**

No  Yes If Yes, please list and provide medical documentation: \_\_\_\_\_

**Disability Status:**  None  Suspected  Diagnosed, provide a copy of IEP/IFSP: \_\_\_\_\_

**Do You have concerns about your child's development?**

No  Yes If Yes, Please list: \_\_\_\_\_

**Dr./Medical Home:** \_\_\_\_\_ **Dentist/Dental Home:** \_\_\_\_\_

**Primary Health Insurance:**  Healthy MT Kids  Medicaid  IHS/Tribal Health  
(Mark All That Apply)  Private  No Insurance

### Family Interested in the Following Type of Service

#### Early Head Start

*Designed to provide services to families and children ages 6 weeks to 3 years (Child must be less than age 3 by September 10th of the program year)*

Check Box for Site

Arlee  Eskwalmi Nuwewlstn (St. Ignatius)  Ronan  Pache (Ronan)  Turtle Lake (Polson)

\*\*  Pablo Early Child Care

**1<sup>st</sup> Choice:** \_\_\_\_\_ **2<sup>nd</sup> Choice:** \_\_\_\_\_

**\*\* Child Care Sites: Montana State Rates Apply: Rates are subject to change**

Children enrolled in Early Head Start services are not charged for Early Head Start hours. Child Care hours before and after Early Head Start are charged a full or half-day rate based on daily hours attended. See ECS Contract for further details.

*\*Early Childhood Services staff is available to assist families in applying for Child Care payment help through the CSKT Child Care Block Grant and Best Beginning Scholarship\**

#### Head Start

*Designed for children aged 3 years to 5 years (Child must be age 3 or 4 by September 10th of the program year)*

Check Box for Site

Arlee  St. Ignatius  Ronan  Pablo  Polson  Fun and Fancy (Polson child care)

\*\*  Pablo College Drive Child Care

**1<sup>st</sup> Choice:** \_\_\_\_\_ **2<sup>nd</sup> Choice:** \_\_\_\_\_

**\*\*Child Care Sites: Montana State Rates Apply: Rates are subject to change**

Children enrolled in Head Start services are not charged for Head Start hours. Child Care hours before and after Head Start are charged a full or half-day rate based on daily hours attended. See ECS Contract for further details.

*\*Early Childhood Services staff is available to assist families in applying for Child Care payment help through the CSKT Child Care Block Grant and Scholarship\**

**Other Services: (Support for children with documented delays or medical concerns)**

Part C Services Birth-3 yrs.

Part B Services 3-5 yrs.

## Family Information

*Please list all the people in the household*

First & Last Name	Age	Date of Birth	Sex(M)(F)	Relationship to Child

## Documentation Needed If Applicable

Tribal Enrollment or Descendant Documentation  
Recent Benefit Statement from TANF/SNAPS  
Homeless Declaration  
Foster Care Documentation

## Proof of Birth

**Head Start Program requires verification of date of birth, please provide a copy of your child's Birth Certificate.**

***Other acceptable documents:***

Tribal ID  
Health Insurance Card  
US Passport  
Child Custody Documentation (If applicable)

## Please take the time to review your Child's Application

Check to make sure all requested information is present; especially the information that states it is required for the application to be processed. Sending in an incomplete application slows the process as the necessary information is gathered and *may make the difference between placement in a center and being placed on a waiting list*. Thank you for applying to our program and we hope to visit with you soon. Call 745-4509, ext. 5523 with any questions you may have about the application process or the programs offered.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Before Typing/Signing the application, verify that your content is correct and true.  
By typing your name this will be considered a signature on the application.**

The application **cannot** be processed without **signature/date, number of people in the home and Applicable Documentation Needed: Tribal/Descendant Documentation, Public Assistance (SNAP), Foster Care, Homeless Declaration, or Birth Certificate.**

**Upon acceptance**, please be prepared to provide a copy of supporting documentation regarding health insurance; diagnosed health condition; or **IEP** (Individualized Education Plan) or **IFSP** (Individualized Family Services Plan)

**P.O. Box 1510  
35455 Mission Drive  
St. Ignatius, MT 59865**  
Phone: (406) 745-4509  
Fax: (406) 226-2697  
Email: [headstart@cslt.org](mailto:headstart@cslt.org)

Child Application



### Office Use

**Face-to-face Interview by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Interview by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Contact Notes:

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**For Office Use: Date Entered** \_\_\_\_\_ **Initials** \_\_\_\_\_

**Child Plus ID:** \_\_\_\_\_

**Early Childhood Services**  
**Homeless Declaration Form**

**(Leave Blank if Not Applicable)**

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

*This questionnaire is intended to assist in determining if a student meets the eligibility criteria for services provided under the McKinney-Vento Act 42 U.S.C. 11235*

*The above child, who has applied for the Early/Head Start Program, meets the following criteria:*

**Does any of these apply to you?**

- Fixed:** A fixed residence that is stationary, permanent, and not subject to change.
- Regular:** A regular fixed residence is one which is used on a predictable or routine basis
- Adequate:** An adequate residence is one that is sufficient for meeting both physical psychological needs  
Typically met in home environments.

**(If you checked one of the boxes do not proceed with next section)**

**Check one that applies to your living situation**

- Staying in an emergency /transitional shelter
- Awaiting foster care placement
- Sharing the housing of others due to loss of housing, economic hardship, or similar reason;
- Staying in a hotel/motel due to loss of housing, economic hardship, or similar reason;
- Living in a car, park, campground, public space, abandoned building, or substandard housing;
- Unknown nighttime residence

Describe the child's living situation:

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_