Confederated Salish & Kootenai Tribes Department of Human Resources Development 477 Programs

P.O. Box 278 Pablo, MT 59855 Phone: (406)675-2700 Fax: (406)226-2591

September 2, 2025

Dear Parent/Guardian:

We are approaching the new fiscal year, and it is now time to submit a new application if you wish to be considered for childcare services in the upcoming fiscal year. All program participants from FY25 will be closed out and must reapply for services.

- New FY26 applications must be submitted to the CCBG staff by October 10, 2025.
 If your application is not submitted by October 10, 2025 childcare expenses for that month and following months will not be covered by CCBG.
- No authorization approvals will be made until we have received your completed application with <u>ALL REQUIRED DOCUMENTS FOR THE ENTIRE FAMILY</u>. All documents submitted must be valid with current information.

Completed Application will contain:

Completed CCBG application (last revision 8/22/2025);

If Applicable:

- If enrolled in a school or training program, Class Schedule and Financial Aid Award each quarter or semester;
- Previous years' Income Tax Return (2024) if self-employed;
- Tribal Social Services placement of children- Must submit Court-ordered custody agreement-.
- Voluntary custody agreement-Must submit POA (Power of Attorney) on children in your home.

**REMINDER: ** ACCORDING TO PROGRAM GUIDELINES, IF YOU HAVE OUTSTANDING CO-PAYMENTS, YOU MUST EITHER PAY THEM IN FULL OR HAVE A WRITTEN PAYMENT AGREEMENT WITH YOUR PROVIDER. THIS AGREEMENT MUST BE SIGNED BY BOTH THE HEAD OF HOUSEHOLD AND THE PROVIDER IN ORDER TO CONTINUE RECEIVING SERVICES. IF A PAYMENT ARRANGEMENT HAS BEEN MADE, A COPY OF THAT ARRANGEMENT MUST BE INCLUDED WITH YOUR APPLICATION. IF YOU ARE UNABLE TO ESTABLISH A PAYMENT AGREEMENT OR FAIL TO PAY YOUR PAST DUE BALANCES IN FULL,

CHILDCARE SERVICES WILL NOT BE PROVIDED UNTIL THIS ISSUE IS RESOLVED.

KEEP IN MIND THAT YOUR PROVIDERS ARE RUNNING A BUSINESS AND RELY ON YOUR CO-PAYMENTS BEING MADE PROMPTLY AND ON TIME!

Eligibility Criteria for Childcare Assistance:

- Family must reside within the Flathead Reservation boundaries;
- Child(ren) must be enrolled or 1st Generation Descendant in a federally recognized tribe
- Child(ren) must be under the age of 12 years and 11 months old, and live in the home.
- Household members 18 years & older must either be working, in a training program, or going to school;
- The total household income must fall within the current HHS Poverty Income Guidelines.
- Must pay a co-pay each month prior to the provider billing for payment.

FY26 applications must be submitted to the CCBG staff by October 10, 2025. If your application is not submitted by October 10, 2025.

If you have submitted all required documents in the past, you only need to submit proof of residency, income, update expired IDs, and immunization records for each child with the new application. If you feel some documents are missing from your file, please reach out!

Renewal applications can be dropped off at the front desk, put in the drop box outside the main door, e-mailed to crystal.cadieux@cskt.org or joelene.matt@cskt.org, or sent via regular mail.

If you need assistance with your application or you have any questions, please contact the CCBG office at 406-675-2700, ext. 1382 or 1309.

Sincerely,

Childcare Specialist

Enclosure- FY26 CCBG Application

Confederated Salish & Kootenai Tribes Department of Human Resources Development P.O. Box 278 Pablo, MT 59855 Phone: (406)675-2700 Fax: (406)226-2591

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) working, in school, or enrolled in formal training programs. This program will also provide families with 10 hours of childcare assistance per week for a minimum of 3 months while they are job searching. Updated Applications must be resubmitted yearly for services.

All persons 18 years and older:

Family size & income are the main criteria. 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 be given 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, Residency (proof of where you live), and 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).

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 to the CCBG
Program Coordinator. Applicants who are enrolled in college or a formal training program are required to
submit their class schedule & financial aid award letters each quarter.

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 ACCEPTED until all missing documents are submitted and your
 application is complete. If you are placed on a waiting list, you will be notified.
- It's imperative that you pay close attention to the "MONTHS AUTHORIZED FOR" dates, as you will be held responsible for any childcare expenses that fall outside of these dates. Therefore, it is in your best interest to keep track of these dates and ensure that your application is up-to-date and that your case remains active with the CCBG Office.

WHAT HAPPENS IF THERE IS A FUNDING SHORTAGE?

In the event of a projected Child Care Block Grant funding shortage, priority goes to the lowest-income
persons who are enrolled members of a Federally Recognized Tribe (children). Every effort will be made
to provide at least thirty days' notice of funding unavailability. If the federal government discontinues or
reduces funding, it may affect funding availability.

Childcare Provider Requirements:

• It is essential to select your childcare provider carefully and formally declare them in writing. You are not authorized to change providers without notifying the CCBG Program and declaring your new provider. You must call and obtain approval before taking the child to a new provider. This approval is crucial to ensure that your child and associated expenses are covered. 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 who do not reside in the same household, there is a limit of 3 children in the home, with no more than two 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(s) DAILY. You are certifying the amount of time requested by the caregiver. Please review the sheet carefully before signing. The CCBG Coordinator will conduct periodic checks with your provider to ensure compliance. Failure to sign 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 will be required to pay a monthly co-payment directly to the childcare provider. Be sure to pay
the co-payment amount monthly, as your provider cannot bill the program until your co-payments are
paid and up to date. In a worst-case scenario, if you do not pay your co-payment, you will be responsible
for paying the entire bill. The CCBG Program pays bills and re-obligates funds on a monthly basis.
Therefore, the provider must bill the program on a timely basis, monthly. Please be mindful that childcare
providers rely on your promptness to maintain their business.

Childcare Improvement Trainings:

- We offer providers monthly workshops. These trainings are designed to enhance the quality of childcare at local childcare facilities. Therefore, we strongly encourage childcare providers to attend regularly.
- 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 CCBG APPLICATION?

The Front Desk at DHRD, Crystal Cadieux @ ext. 1382, crystal.cadieux@cskt.org, Joelene Matt @ ext. 1309, joelene.matt@cskt.org, or Traci Couture @ ext. 1324, traci.couture@cskt.org.

CHILD CARE BLOCK GRANT APPLICATION CHECKLIST

To be eligible for childcare assistance, please complete the following checklist to ensure that your application packet is complete before submitting it to our office. You must provide the following information; your application will not be processed if these items are not included. All items will be verified.

DO NOT LEAVE ANY BLANK SPACES

Name:		
1. Application		
2. Picture Identification for ALL adults		
3. Birth Certificates for ALL household members		
4. Social Security Cards for ALL household members	r ^E	
5. Income Verification for ALL persons 18yrs & old Members other income. Self-Employed will need to provide		
6. If self-employed- A copy of the previous year's IN	COME TAXES	
7. Work Verification for ALL persons 18yrs & older	Supervisor signature required)
8. School/Training Verification (Must attach class sch	edule and financial aid award	letter, quarterly)
9. Tribal Affiliation Verification for ALL household	members	
10. Proof of Residency: (Copy of Rental Agreement, electric	bill)	
11. Current Immunization Records for ALL children		
12. Current Daycare Provider Name:	Phone Number:	interior delication
Mailing Address:(Box # or Street)	(City)	(Zip)
Date started:		
Physical Address:		
13. Is the current or proposed childcare provider relate		
Will there be other children cared for there?		
14. When will care be provided? (SUBMIT SCHEDULE VE	RIFIED BY EMPLOYER/SCHOOL)	
This application is for childcare services while the app		
program. Childcare services will be subsidized as long		
training programs, provided that funds are available below, I confirm that I have read and understand the		
handout. INITIAL	minened Cobo Requirer	To the state of th

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT

CHILD CARE BLOCK GRANT FY26

P.O. BOX 278, PABLO, MT 59855 406-675-2700 Ext. 1382 or 1309 FAX # 406-675-2775

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

Applicant Name:	Telephone		ephone:	e:Email:		
Mailing Address:	City:			Social Secu	ırity #:	
Physical Address:						
Employer:				Work Phone	e:	
How many hours per week wi	ll you be	e working: _		Work Sched	lule:	
Spouse/Co-applicant: Spouse/Co-applicant Employe		Add	lress/Phone: _			
Spouse/Co-applicant Employe	er:			Wor	k Phon	ne:
			10 d			- 1 · · · · · · · · · · · · · · · · · ·
List all persons residing in yo						
Names	DOB	Tribe	1 ribai 1D #	Relationship	M/F	Occupation
						" To Kepton Y [T] or
Social Security:				Self-Employm Public Assista (TANF, GA Educ. Financia (Pell, Tribal Other – Descr	nent: nce: A, etc.) al Aid: BIA, H ibe:	IIS, other)
Total \$	_ + Total			=\$	N/ 41	aly Income
(Applicant)		(Spo				
Applicants: I hereby affirm that the stathat I must reapply and be determined eunderstand that my co-payments must be persons in the household and/or work/trederally funded program, the penalty frimprisonment, and I will be terminated Applicant Signature	eligible for one current e raining state for providing	childcare assista ach month. I ag us because these g false informat	rnce as often as my gree to notify the Control of t	status changes and/or CBG Program of any out my eligibility. I und than \$10,000.00 and/or DFFICE USE:	as my au changes t erstand th or not mo	athorization expires. I also on my income and/or number of that because the CCBG is a re than five (5) years of Approved:
11		2				ome Level: \$
Application Received By (DHR	D Staff)	Date				Update Needed:
			1			
			COMN	MENTS/CASE NOT	ES:	

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT

CHILD CARE BLOCK GRANT FY26

P.O. BOX 278 PABLO, MT 59855 406-675-2700 ext. 1309 or 1324 FAX # 406-675-2775

WORK VERIFICATION

ALL PERSONS 18 YEARS & OLDER MUST COMPLETE A FORM ***DO NOT LEAVE ANY BLANK SPACES***

<u>EMPLOYER</u>: The information requested on this form is needed to determine eligibility for childcare services. Please provide the information requested. Thank you for your cooperation. Self-employed persons need to provide a copy of their last income tax return.

EMPL	OYEE NAME:						
1.	What date did/doo	es employment star	t?			Hourly Rate	e:
		- 10 miles - 10 miles	Mont	n Day	Year		5190 - 1
2.	What is this empl	oyee's <i>GROSS</i> sala ee have any compa	ary or wages	per pay month	1?		
3.	Does this employ	ee have any compa	ny paid flex	ble daycare be	nefits that could	be taken in c	ash?
	Yes	No Explain:				, If	yes, please
	give amount \$	ner m	onth				
4.	Does this employ	ee receive tips?	Yes	No	K.		
	If yes, plea	ase give approxima	ite \$	per	month		
5.	Does this employ	ee work overtime?	Ye	No.			
	If yes, wh	at is the monthly ra	ate?	Per	r month		
6.		ee receive non-cash				ample a hous	ing
		tment? If yes, plea					
		, , ,		, , , , , , , , , , , , , , , , , , , ,			
7.	Please complete th	ne following work s	chedule:				
	SUN	MON	TUES	WED	THURS	FRI	SAT
Start T	ime:		0				
					1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>		
If sche	dule varies, what is	s the average numb	er of hours i	er week?			
ii belle	date varies, what h	s the average name	er or nours p	er week.			
the best I unders not be n I certify	of MY knowledge, and that because the Coore than \$10,000.00 &	I declare by signing the distance of the dista	ity to make su is a Federally f (5) years impr	ch verification on unded program, this isonment.	behalf of this organ ne penalty for provi	nization. ding false inforn	nation shall
Superv	visor Signature:				Date:		
Title: _			Phone Number:				
Emplo	oyer: Address:						

NO-INCOME DECLARATION

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

I/we, do hereby	declare that I/we have n	ot received any Income for t	the Month(s) of:
1	2	3	
The reason that	: I/we have had no incom	ne for the months listed abov	ve is as follows:
	meeting my/our basic live the following way:	ving needs for rent, mortgage	e, food, child care,
Rent or mortgage	e:		
Food:			
		n nakata ba	
Utilities:		# 762°C T	
		7 1 H2 7	
and correct to the Grant (CCBG) is	e best of my/our knowledges a Federally funded progra	that the information provided one. I/We understand that because am, the penalty for providing	e the Childcare Block false information
shall not be mor	re than \$10,000.00 &/or n	ot more than five (5) years in	<mark>aprisonment.</mark>
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 <u>share</u>, <u>exchange and give and receive information about</u> 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*.

			Date					
THIS C	ONSENT FOR RELEASE OF INFORM THIS RELEASE OR REQ		FORMATION HAS BEEN REVO	OKED BY:				
Witness	ONGENIE COD DEL EL CE OF DESCRIPTION	Date	ALLED EDOM					
	1	2000						
Print Na	ame - Applicant/Parent or Guardian	Date	Sign Name	Date				
	/			/				
writing a	at any time.							
	horization by me, in writing, is obtained. I	/We understar	d that I/We may cancel this Consen	t for Release of Information, in				
	of facilitating services received by me and							
I/We und	derstand that the information received by t	he DHRD Pro	grams will be kept confidential, used	I for professional purposes only				
27.	Potential employers found by DHRD TA	ANF-WIA list						
26.	Other		annessa a programma (1970) (1970)					
25.	Child Support Enforcement Division Tr	ibal & State o	f Montana					
24.	Passages Fatherhood Program							
23.	Per-Capita statements:							
22.	CSKT Individual Indians Monies Accord							
21.	Bureau of Indian Affairs (Individual Ind			Truy "Manaky" (All)				
20.	State TANF Programs (to get the number							
9.	Chemical Dependency (City, State and/or Tribal Programs for compliance with IFP/Service Treatment Agreement)							
8.	EMPLOYER NAME:			HONE				
7.	CSKT Tribal Social Service, Child/Adu							
6.	Social Security Administration, MT Dis	ahility Rurea	Veteran's Administration – (Verifi	v income)				
5.	Tribal Enrollment:	im) – Engloi	nty Status & Employee Health misur	ance information				
4.	MT Healthy Kids Insurance Program (C.							
3.	Tribal Prosecutors / Tribal Defenders (C		ers Truancy Families at Risk Staffi	no) etc				
2.	Division of Lands – (verify Land Lease)), etc.					
1.	Tribal Court – (Community Services and							
0.	Probation Adult/Juvenile – (Truancy, Co							
8	 Public Schools – (verify attendance of m Tribal Police – (CPS referrals and outsta 			5)				
0	compliance, residency), etc.	in ou obilduou	in conoral school and at IED assession					
	Bank, Mission Valley Power), (Rent amo	ount, nouseno	a heating/cooling vendor, nousehold	compositions, lease				
7								
6	 Montana State Offices of Public Assistant Landlord/Mortgage institutions/Fuel ven 			onen Housing Authority Egg				
5	SKC College/ALC/ABE Programs – (Sci			redit Loan, Grants), etc.				
4				Cualit I can Cuanta) ata				
3	Tribal Health and Human Services - THHS (Mental Health, Alternate Resource, WIC, Substance Abuse program), etc. Tribal Education Department – TED (educational awards, grades, referrals), etc.							
2	Early Childhood Services – ECS – Participation in services (CHIP information, Address, Household Composition)							
2.	Farly Childhood Services FCS Partic							

DHRD Form – 1-16-02 – Consent for Release of Information approved by Ranald McDonald Legal Department

revised 4-8-05

CONFEDERATED SALISH & KOOTENAI TRIBES Individual Self-Sufficiency Plan (ISP)

CASE	NAME:DATE:
	PARTICIPANT of the CSKT 477 PROGRAM, I AGREE TO CONTINUE WITH OLLOWING:
•	I will accept and maintain employment as it becomes available, including a preemployment drug test. Advancement to higher and more responsible work is encouraged. If I refuse, quit or are terminated from employment, my family will serve a 90 Day penalty period (during this 90 days there will be no cash grant or eligibility for GA). The penalty period begins from the date of re-application. Failing a drug test is equal to refusing quitting and or terminating from employment. YES \(\sum \) NO \(\sum \) REASON/EXPLAIN \(\sum \)
•	I will/can participate in the inclusion of cultural and tribal activities, as verified by the Tribal Culture Committees. YES NO Total hours allowed
•	I will establish, with my Case Manager, and attend any and all ISP renewal appointments scheduled. Next Appointment Date:
•	I will participate in any and all trainings and receive and review any and all information provided to me on the Individual Self-Sufficiency Plan (ISP). YES NO EXEMPTION TIME PERIOD
•	I will cooperate with DHRD to ensure services are issued accurately and effectively. YES NO
•	I will sign a DHRD Consent for Release of Information Form. Date Signed:
٠	I will apply for LIHEAP, and General Assistance (GA) through DHRD. Need to provide proof. Date Applied
•	I will apply for Vocational Rehabilitation through DHRD. Need to provide proof. Date Applied
•	I will apply for SSI/SSDI within 30 days. Need to provide proof. Date Applied

 I will review and sign the DHRD In 	ntake Form. Date S	igned:		_
 I will obtain my HiSET. Date to co 	omplete is			_
 I will be required to obtain my Driv 	ver's License. Date	Signed		_
I will participate in the 6 week Mer	ntoring classes that	are offered by the DH	IRD. Reason/	Explain
Date Signed				
 I understand that if I do not comply days with the possibility of eviction 				tioned for 90
I have been informed of and un information as listed above. M Individual Self-Sufficiency Pla	ly signature als	• •	=	
PARTICIPANT SIGNATURE		<u> </u>	DATE	_
CASE MANAGER/DESIGNEE of DHRD		I	DATE	- .
Case Notes:				
				-
	,			-
				-