



UPDATE UPDATE UPDATE UPDATE UPDATE

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT CHILDCARE BLOCK GRANT PROGRAM REQUIREMENTS AND 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. This program will also be providing families 10 hours per week not less than 3 months while job searching.
- **Updated Applications must be resubmitted yearly for services.**
- ◆ **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 to the CCBG Program Manager. **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.** **Also, the program will provide three months of "Graduated Phase-out" of Childcare Assistance to families who, at redetermination, exceed the income threshold due to employment.**
- ◆ **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 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 Workshops:** Year round, we offer one childcare improvement/parent workshop. These workshops 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 Josee @ (406) 675-2700 ext. 1229 or 1309.**

DHRD CHILDCARE

UPDATE UPDATE UPDATE UPDATE UPDATE

It is the parent's responsibility to update **before** current authorization expires & if there are **ANY** household changes (income, household members, address, hours worked, school, childcare provider). Attach any change verification (most recent check stub, welfare benefit, etc). Students are required to update on a quarterly/semester basis providing both class schedule & financial aid verification.

FY2026

Parents MUST update 2 weeks prior to the expiration date on their current authorization

NAME: _____ Phone: _____ Email: _____			Update change:
Address: _____ City: _____			<input type="checkbox"/> Renewal <input type="checkbox"/> Household
			<input type="checkbox"/> Provider change
			<input type="checkbox"/> Change in Employment
			<input type="checkbox"/> Other _____

List the names of **ALL** persons residing in your home at the time of update:

Name	Age	Occupation	Name	Age	Occupation
1. _____			5. _____		
2. _____			6. _____		
3. _____			7. _____		
4. _____			8. _____		

Employer/s (self): _____	Hourly wage: _____
How many hours per week you will be working: _____	Work schedule: _____
Employer (Spouse or other household adult): _____	Hourly wage: _____
How many hours per week you will be working: _____	Work schedule: _____

(Attach income verification for all persons working and/or receiving assistance)





Are you or any adult household member in school? (If yes--you must attach a class schedule & financial aid printout for each student): _____

Childcare Provider's Name: _____

Name of child(ren) in care: _____	Days of the week: _____	Hours of care: _____
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Date started childcare: _____

Please review and initial below:

-  Remember you **MUST** report all address changes, telephone number changes, & family household changes (# of people residing with you) & all income changes (increase or decrease). _____ (initial)
-  Each quarter/semester students must update financial aid, class schedule, work-study, AFDC & all other income. _____(initial)
-  Co-pays are paid monthly to your provider. If funds are short & childcare bills are delayed, you could be responsible for the total bill. _____ (initial)
-  You are allowed 30 minutes before class/work & after class/work for childcare. _____ (initial)

ATTACH INCOME AND/OR TRAINING VERIFICATION – Your application will be returned if it is not attached – No childcare will be authorized until your application is complete.

*This application is for childcare services while the applicant(s) is working and /or attending a training program. Childcare services will be subsidized so long as the applicant(s) continually works/attends training programs, & as long as funds are available and family co-payments are current.

APPLICANTS: I hereby affirm that the statements included in this application are accurate, complete & true to the best of my knowledge. I understand that I must reapply & be determined eligible for childcare assistance as often as my status changes or as requested. I agree to notify the CSKT Tribal Child Care Block Grant office of **any changes in income, number of persons in the household or any change in work/training status** because these changes may affect my eligibility.

Participant Signature

Date

Childcare Block Grant Staff

Date

FOR OFFICE USE:

Date Received: _____ Date Approved: _____

Priority #: 98-P-_____ F-_____ Income Level: \$ _____ %

Co-Pay: \$ _____

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: _____

DEPARTMENT OF HUMAN RESOURCES DEVELOPMENT

CHILD CARE BLOCK GRANT **FY26**

PO Box 278
Pablo MT 59855
406-675-2700 Ext 1229
Fax: 406-226-2591

WORK VERIFICATION

ALL PERSON 18 YEARS & OLDER MUST COMPLETE A FORM

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

EMPLOYER: 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.

EMPLOYEE NAME: _____

1. What date did/does the employment start? _____ Hourly rate: _____
Month Day Year
2. What is this employee's **GROSS** salary or wages per pay month? _____
3. Does this employee have any company paid flexible daycare benefits that can be taken in cash?
Yes _____ No _____ Explain: _____, If yes, please give amount \$ _____ per month.
4. Does this employee receive tips? Yes _____ No _____
If yes, please give approximate \$ _____ per month
5. Does this employee work overtime? Yes _____ No _____
If yes what is the monthly rate? _____ per month
6. Does this employee receive non-cash benefits as part of their pay; for example a housing allowance or apartment?
If yes, please indicate the monthly cash value: \$ _____

7. Please complete the following work schedule:

SUN MON TUES WED THURS FRI SAT

Start Time: _____

End Time: _____

If schedule varies, what is the average number of hours per week? _____

PLEASE READ AND SIGN: I declare by signing this statement line that the information on this form is TRUE and CORRECT to the best of MT knowledge, and that I have the authority to make such verification on behalf of this organization.
I understand that because the Childcare Block Grant is a Federally funded program, the penalty for providing false information shall not be more than \$10,000.00 and/or not more than five (5) years imprisonment.
I certify that this information is true and correct to the best of my knowledge and that I have the authority to make such verification on behalf for this organization.

Supervisor Signature: _____ Date: _____

Title: _____ Phone Number: _____

Employer: _____ Address: _____