Central Montana Head Start

If you have a child that is 3 or 4 years of age by September 10th of the current enrollment year you may qualify for our Head Start Program.

- **Part day Program/Full Day Program**

The Part Day program for 3 year olds in Lewistown operates 4 days a week for 3 ½ hour sessions AM or PM. Full day classes are offered in all program areas, for 4 year olds. The focus of the program is on kindergarten readiness. Families also receive home visits and family conferences. **Transportation is not available.** The program operates August through May.

Application Instructions

Please fill out this application completely. It contains important information that is used to determine your child's eligibility for Head Start services. If you need help in completing the application, or have any questions, please call us at (406) 535-7751.

THE FOLLOWING INFORMATION MAY BE HELPFUL AS YOU ARE COMPLETING THE APPLICATION

- **General Information (Page 1):** We must be able to reach you in order to enroll your child. If you move or change your phone number after completing this application, it is your responsibility to notify Head Start. You must provide proof of your child's date of birth with one of the following types of documents: Birth Certificate, hospital documentation, etc. Current physical and dental exams, as well as proof of insurance, are necessary health requirements of our program.
- **Family Size (Page 2):** Please list all people in the household who are supported by the family income.
- **Income and Eligibility (Page 3):** If your family is current recipient of TANF benefits from DPHHS is receiving Supplemental Security Income (SSI), or is providing foster care for the child you are applying for, you automatically qualify for Head Start. You do not need proof of income, but you must provide documentation that your family is currently receiving TANF, SSI or providing care for a foster child. If you are currently homeless, you are automatically eligible for Head Start and do not need to provide documentation of income. Further documentation may be required.
- **Priority (Page 4):** Please fill out this page carefully – information you provide in this section will help us prioritize your child's placement on the waiting list.
- **Signature (Page 4):** This affirmation must be signed and dated. Only a parent or legal guardian may sign this application. If a parent or guardian intentionally falsifies documents or other eligibility information, their child will no longer be eligible for the program.

Once you have completed the application, please provide proof of your child's date of birth and proof of your family income and mail or bring your application to:

Central Montana Head Start

25 Meadow Lark Lane

Lewistown, MT 59457

What happens next?
You will be contacted, either by phone or mail, regarding the status of your application.

Central Montana Head Start

Lewistown Center
25 Meadowlark Lane
Lewistown, MT 59457
(406) 535-7751 Fax: (406) 535-7752

Harlowton Center
304 East Division
Harlowton, MT 59036
(406) 632-4382

Roundup Center
204 7th Avenue West
Roundup, MT 59072
(406) 323-3655

Please fill in the form completely and accurately. All information will be kept confidential. It will be used to help us determine if your family is eligible for Head Start services and to prioritize your placement. If you have any questions about this application, or need any help in completing it, please call us at (406)535-7751. We will be glad to help!

For Child Applicant:

Child's Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Sex: ☐ Male ☐ Female

What language does your child speak most fluently? ☐ English ☐ Spanish ☐ Other: _____

What other language does your child speak? ☐ English ☐ Spanish ☐ Other: _____

Parent or Guardian Information (The person signing the application should complete this section.)

Parent or Guardian's Name: _____

Date of Birth: _____ Relationship to Child: _____

Home: _____ _____ _____
(Address) (City) (State/ZIP)

Mail (if different): _____ _____ _____
(Address) (City) (State/ZIP)

Telephone: _____ _____ _____
(Primary) (Cell) (Work)

E-mail Address: _____ May we text you? ☐ Yes ☐ No

In what language do you prefer to communicate? ☐ English ☐ Spanish ☐ Other _____

Other Parent or Guardian Information

Parent or Guardian's Name: _____

Date of Birth: _____ Relationship to Child: _____

Home: _____ _____ _____
(Address) (City) (State/ZIP)

Mail (if different): _____ _____ _____
(Address) (City) (State/ZIP)

Telephone: _____ _____ _____
(Primary) (Cell) (Work)

E-mail Address: _____ May we text you? ☐ Yes ☐ No

In what language do you prefer to communicate? ☐ English ☐ Spanish ☐ Other _____

Family Size and Income

By law, Central Montana Head Start may provide services only to families: 1) with a family income at or below the Federal Poverty Guidelines; 2) who are receiving certain forms of public assistance; 3) who are applying on behalf of a foster child; 4) who are currently homeless. Central Montana Head Start may also serve a limited number of families with special needs who would not otherwise qualify for the program.

Family Size

In order to determine if your income is at or below the Federal Poverty Guidelines, we must know how many people are living in you household, as well as your family income. For our purposes, a family is "all persons living in the same household who are: 1) supported by the income of the parent(s) or guardian(s) of the child enrolling in the program and 2) related to the parent(s) or guardian(s) by blood, marriage, or adoption."

Please list all the people in the household, including the child being applied for, who are supported by the family income.

Race:	**Employment Status:**
B = Black/African American **W** = White	**FS/U** = Full time student/Unemployed
N = American Indian/Alaskan Native **A** = Asian	**F** = Full Time Employment
P = Pacific Islander **H** = Hispanic	**P/PS** = Part time work/ Part time student
BM = Biracial/Multiracial	**P** = Part time employment **S** = Seasonal Employment
Ethnicity: (Please Check one)	**U** = Unemployed **T** = Training
☐ Hispanic or Latino Origin ☐ Non-Hispanic/Non-Latino	**F/PS** = Full time work/Part time student
	F/FS = Full time work/Full time Student
	R = Retired **D** = Disabled

Education years: G09 = Grade 9 or less **G10** = Grade 10 **G11 =** Grade 11 **G12** = Grade 12 – but did not graduate
HSG = High School Graduate **GED** = GED **COL** = Some college or Associates Degree **B** = Bachelor's Degree or Higher

♦ Please list *all* family members and persons living in your home including the applicant.

Last Name (Please Print)	First Name	Relationship to Child	Date of Birth	Sex	Race	Education	Employment
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			
				M F			

Automatic Eligibility

Is your family **currently** receiving TANF Benefits? ☐ Yes ☐ No

Are you or anyone in your family **currently** receiving Supplemental Security Income (SSI)? ☐ Yes ☐ No

Is this application for a foster child placed with you through the State of Montana? ☐ Yes ☐ No

Is your family **currently** homeless? ☐ Yes ☐ No

If you answered "Yes" to any of the above, you are automatically income eligible for Head Start services. You will be asked to provide verification(s). Please attach copies with application. Go to the next page.

Family Income

Income *(see definitions below)* must include total income of all family members of the family listed above for either the past twelve months or for the previous calendar year, whichever more accurately reflects your family's **current** situation.

I HAVE ENCLOSED ONE OR MORE OF THE FOLLOWING REQUIRED DOCUMENTS FOR INCOME VERIFICATION

☐ Pay stubs for the relevant time period ☐ Individual Income Tax Form 1040 for the preceding year

☐ W-2 Form for the preceding year ☐ Written Statement From Employer / Pay Envelopes

I HAVE ENCLOSED ONE OF THE FOLLOWING ADDITIONAL TYPES OF INCOME VERIFICATION

☐ Official printout from Unemployment Office showing work & wage history and/or unemployment Insurance Compensation

☐ Child Support Information/Alimony ☐ Self-declaration (homeless/zero income) Verify with 3rd party if possible

☐ Social Security/TANF Documentation ☐ Financial Aid Award Letter

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HEAD START PROGRAM DEFINITION OF INCOME: Income means total cash receipts before taxes from all sources, with certain exceptions. Income includes: 1) money, wages or salary before deductions; 2) net income from non-farm self-employment; 3) social security or railroad retirement; 4) unemployment compensation, strike benefits, worker's compensation, veterans benefits, or public assistance; 5) training stipends; 6) alimony, child support, military family allotments, other regular support from absent family member or someone not living in the household; 7) private pensions, government pensions including military retirement, insurance or annuity payments; 8) college scholarships, grants, fellowships, assistantships; 9) dividends, interest, net rental income, net royalties, receipts from estates or trusts; 10) net gambling or lottery winnings.

Other Information

Are you **currently** receiving assistance from any other agency? (Please check all that apply)

☐ Energy Assistance/LIEAP ☐ Food Stamps/SNAP ☐ Subsidized Housing/Section 8

Is your child **currently** receiving medical or dental coverage through Healthy Montana Kids (HMK)? ☐ Yes ☐ No

Are you a joint custody family? Joint custody means care and support is shared between both parents who are residing in separate households? ☐ Yes ☐ No Do you have a parenting plan? ☐ Yes ☐ No

Do you have a Temporary Restraining Order (TRO), Parenting Plan, or court papers regarding custody? ☐ Yes ☐ No

Priority

The following information will be used to prioritize your placement

Please check all that apply.

Family factors and/or Concerns

Please indicate any factors that apply.

- ☐ No referral
- ☐ Referral from other Agency/Professional
- ☐ Family health problems/disability
- ☐ Family in transition
- ☐ Previous Head Start family
- ☐ Mental Health – Child and/or Parent/Guardian
- ☐ Biological Mother below age 18 when child was born
- ☐ Single parent home
- ☐ Grandparent or Kinship care
- ☐ Education level – 8th grade level or lower

Diagnosed Disabilities

To provide the best placement for your child, please indicate any disabilities that have been diagnosed for which your child is receiving Early Childhood Special Education Services.

- ☐ Autism
- ☐ Communication disorder/speech or language
- ☐ Developmental delay
- ☐ Emotional/behavior disorder
- ☐ Occupational/physical therapy

Family Circumstances

Please indicate any issues which have occurred to your child's immediate family.

- ☐ Child abuse or neglect (has work with) DFS
- ☐ Death in the family
- ☐ Divorce
- ☐ Domestic violence
- ☐ Substance abuse
- ☐ Incarceration of a parent or guardian
- ☐ Parental development disability
- ☐ Parent, guardian or child needs interpreter
- ☐ Need a medical or dental provider
- ☐ Emergency/crisis situation
- ☐ No transportation
- ☐ Significant medical bills, and/or not receiving insurance
- ☐ Military deployment
- ☐ Sibling with documented disability

Affirmation

Under penalty of perjury, I affirm that I am the parent or legal guardian of the child applying for Head Start, and that, to the best of my knowledge, all of the information that I have provided is complete and correct. I understand that if I deliberately misrepresent my family circumstances, my family may not be eligible for further services.

Parent or Guardian Signature Date