



Lewistown Center:

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

Roundup Center:

204 7th Ave West
Roundup, MT 59072
Phone Number: (406)323-3655
Fax Number: (406)-323-4255

Harlowton Center:

419 B Ave NE
Harlowton MT 59036
Phone Number: (406)632-4382
Fax Number: (406)632-5648

CMHS Mission:

Central Montana Head Start is an early learning center that empowers the whole child and family through health, education, and self-sufficiency.

"This institution is an equal opportunity provider and employer."

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.

- ❖ Head Start is a full day program operating 8:00am-3:00pm, August through May.

The focus of the Head Start program is on kindergarten readiness. Families also receive home visits and family conferences. **Transportation is not available.**

Application Instructions

Please fill out this application completely. It contains important information that is used to determine your child's eligibility for Head Start service. If you need help in completing the application, or have any questions, please call or come in to your local center.

***The following information may be helpful as you are completing the Application**

- ❖ **General information (page 1):** If you move or change your phone number after completing this application, it is your responsibility to notify Head Start. Please provide proof of your child's date of birth with one of the following types of documents: Birth Certificate, hospital documentation, insurance card, and immunization record
- ❖ **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 a current recipient of TANF benefits from DPHHS, SNAP benefits, receiving Supplemental Security Income (SSI), or providing foster care for the child you are applying for you do not need to provide income documentation. However, please provide current documentation of the benefits you are receiving or proof of foster care. If you are currently homeless, or have zero income, you 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 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.** You can either mail or bring your application to:

Lewistown Center

(406)535-7751
25 Meadowlark Lane
Lewistown MT 59457

Roundup Center

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

Harlowton Center

(406)632-4382
419 B Ave NE
Harlowton MT 59036

What happens next?

You will be contacted, either by phone or mail, regarding the status of your application

Central Montana Head Start Child Application

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. We are happy to help!

For Child Applicant:

Child's Name: (First): _____ (Middle): _____ (Last): _____

Date of Birth: _____ 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: _____

Address: _____ (City) _____ (State/Zip) _____

Mail (if different): _____ (City) _____ (State/Zip) _____

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

E-Mail Address: _____

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: _____

Address: _____ (City) _____ (State/Zip) _____

Mail (if different): _____ (City) _____ (State/Zip) _____

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

E-Mail Address: _____

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 a child 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 your 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.”

<p>Race: B= Black/African American W= White N= American Indian A= Asian P= Native Hawaiian/ Other Pacific Islander H= Hispanic/Latino BM= Biracial/Multiracial (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ other Pacific Islander <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White U= Unspecified Ethnicity: Hispanic or Latino Non-Hispanic or Non-Latino</p>	<p>Education: 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 A= Associates Degree B= Bachelor's Degree M= Master's Degree</p>	<p>Employment Status: (Put all that apply) U= Unemployed F= Full Time Employment P= Part Time Employment FS= Full Time Student PS= Part Time Student S= Seasonal Employment R= Retired D= Disabled</p> <p>Example: FS/P Means that you are a full time student, but have part time employment</p>
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❖ Please list ALL family members and persons living in your home including the applicant.

[illegible]

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
- Are you or anyone in your family **currently** receiving SNAP benefits? ☐ 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.

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.

- | | |
|---|---|
| <input type="checkbox"/> Pay Stubs for the relevant time period | <input type="checkbox"/> Individual Income Tax Form 1040 for the preceding year |
| <input type="checkbox"/> W-2 form for the preceding year | <input type="checkbox"/> Written Statement From Employer/Pay Envelopes |

I have ENCLOSED one of the following additional types of income verification

- ☐ Official printout from the unemployment office showing work and wage history and/or Unemployment Insurance Compensation
- ☐ Self-declaration (homeless/zero income) Verify with 3rd party if possible.
- ☐ Child Support Information/ Alimony
- ☐ Social Security/TANF/SNAP Documentation
- ☐ Financial Aid Award/ Pell Grant Letter

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? (Check all that apply)

- ☐ Energy Assistance/ LIEAP ☐ Subsidized Housing/ Section 8 ☐ WIC

Is your child **currently** receiving medical or dental coverage through Healthy Montana Kids or Healthy Montana Kids Plus? ☐ Yes ☐ No **If yes, which program?** ☐ Healthy Montana Kids ☐ Healthy Montana Kids **Plus**

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.

- | | |
|---|--|
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Mental Health- child and/ or Parent/Guardian |
| <input type="checkbox"/> Referral from other Agency/ Professional | <input type="checkbox"/> Biological Mother below age 18 when child was born |
| <input type="checkbox"/> Child of a Head Start Staff | <input type="checkbox"/> Single Parent home |
| <input type="checkbox"/> Family health problems/disability | <input type="checkbox"/> Family in transition |
| <input type="checkbox"/> Grandparent or Kinship care | <input type="checkbox"/> Education level- 8 th grade level or lower |
| <input type="checkbox"/> Previous head start family | |
-

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.

- | | |
|--|---|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Emotional/ behavior disorder |
| <input type="checkbox"/> Speech or language disorder | <input type="checkbox"/> Occupational/ physical therapy |
| <input type="checkbox"/> Development delay | <input type="checkbox"/> My child has a current IEP/IFSP |
-

Current Family Circumstances

- | | |
|---|--|
| <input type="checkbox"/> Child abuse or neglect (has work with DFS) | <input type="checkbox"/> Parent, guardian or child needs interpreter |
| <input type="checkbox"/> Death in the family | <input type="checkbox"/> Need a medical or dental provider |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Emergency / crisis situation |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> No Transportation |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Significant medical bills and not receiving insurance |
| <input type="checkbox"/> Incarceration of a parent or guardian | <input type="checkbox"/> Military deployment |
| <input type="checkbox"/> Parental development disability | <input type="checkbox"/> 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