

NORTHEAST SOUTH DAKOTA HEAD START PROGRAM, INC.
200 S Harrison St #1, Aberdeen, SD 57401 (605-229-4506)
2019-2020 FAMILY/CHILD ENROLLMENT APPLICATION

Applicant 1	First	MI	Last	Birthday:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient <input type="checkbox"/> Primary Language	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient <input type="checkbox"/> Primary Language
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No		Private Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Dental Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor: City/State:
Dentist: City/State:					
Diagnosed Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain Disability:		IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Allergy <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain Food Allergy:

Applicant 2	First	MI	Last	Birthday:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient <input type="checkbox"/> Primary Language	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient <input type="checkbox"/> Primary Language
Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No		Private Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Dental Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor: City/State:
Dentist: City/State:					
Diagnosed Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain Disability:		IEP <input type="checkbox"/> Yes <input type="checkbox"/> No	Food Allergy <input type="checkbox"/> Yes <input type="checkbox"/> No	Please Explain Food Allergy:

Primary Adult	First	MI	Last	Birthday:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient
Highest Grade Completed <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's <input type="checkbox"/> HS Diploma <input type="checkbox"/> Some College <input type="checkbox"/> <Grade 9 <input type="checkbox"/> GED <input type="checkbox"/> No Schooling	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> In School		Child's Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support Email Address: _____

Secondary Adult	First	MI	Last	Birthday:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient
Highest Grade Completed <input type="checkbox"/> Associate's <input type="checkbox"/> Grade 10 <input type="checkbox"/> Bachelor's <input type="checkbox"/> Grade 11 <input type="checkbox"/> Master's <input type="checkbox"/> HS Diploma <input type="checkbox"/> Some College <input type="checkbox"/> <Grade 9 <input type="checkbox"/> GED <input type="checkbox"/> No Schooling	Employment Status <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> In School		Child's Relationship <input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	Custody <input type="checkbox"/> Yes <input type="checkbox"/> No	Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support Email Address: _____

Other Family Members Supported by the Income of the Parent(s) or Guardian(s)

Adult/Child	First	MI	Last	Birthdate	Gender

General Information

Living Address	City	State	Zip Code	County
----------------	------	-------	----------	--------

Mailing Address (If Different)	City	State	Zip Code
--------------------------------	------	-------	----------

Phone Numbers	Opt in for Text Messages	Primary	Secondary	Notes:
Cell- ()	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Cell- ()	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	
Home- ()		<input type="checkbox"/>	<input type="checkbox"/>	
Work- ()		<input type="checkbox"/>	<input type="checkbox"/>	Work Place: _____

Number in the household: _____ Number in the family supported by the Parent(s) / Guardian(s) income: _____

Parental Status <input type="checkbox"/> One <input type="checkbox"/> Two	Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language at Home:	Requested Location <input type="checkbox"/> Center _____ <input type="checkbox"/> Home Base _____
---	---	---	----------------------------------	--

Day Care Name: _____ Address: _____ Phone Number: _____

In the event the Parent(s)/Guardian(s) cannot be reached by telephone concerning the Health/Safety of a child(ren), the emergency contact person will be notified to assist in the Health/Safety of the child(ren).

Emergency Contacts (Other than Parent(s)/Guardian(s))

Contact 1	Name:	Relationship to Child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to
	Cell Phone:	Home Phone:	
Contact 2	Name:	Relationship to Child:	<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Release Child to
	Cell Phone:	Home Phone:	

Family Information

TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	SNAP <input type="checkbox"/> Yes <input type="checkbox"/> No	SSI <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No Please Refer to WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	Foster Child <input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred <input type="checkbox"/> Yes <input type="checkbox"/> No Referral Agency: _____
---	---	--	--	---	---	---

This Section to be Filled Out With the Parent/Guardian and Head Start Staff				
Family Member	Annual Amount	Type ¹	Desc. ²	Verif. ³

1. Type Codes ERN–Earned SUB–Subsidized		2. Description Codes PEN–Pension SSI–SSI SS–Social Security		3. Verification Codes CS–Check Stub W2–W-2 EL–Employer Letter TAN–TANF TAX-1040 Tax Form CPA – Letter from Accountant	
Income Check List: <input type="checkbox"/> W-2 <input type="checkbox"/> 1040 Income Tax <input type="checkbox"/> Recent Pay Stubs <input type="checkbox"/> Certified Public Accountant <input type="checkbox"/> Unemployment Statement <input type="checkbox"/> Court Ordered Child Support <input type="checkbox"/> Financial Aid Grant/Scholarships <input type="checkbox"/> Disability Documentation <input type="checkbox"/> SSI Documentation <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> TANF Documentation <input type="checkbox"/> Foster Care Documentation <input type="checkbox"/> Written Statement/Third Party Statement		Income Notes:			
<p><u>If family has ZERO income, please explain how family is meeting their basic needs.</u></p> <hr/> <hr/> <hr/>					

The NESD Head Start Program, Inc. does not discriminate on the basis of race, color, national origin, age or disability in admission or access to, or treatment of employment in its programs and activities. The Section 504 Coordinator is the Human Resource/Technology Manager.

I certify that all information I have provided is true and correct, and that all income is reported. I understand that this information is being given to determine eligibility and will be verified for accuracy. If any part is false, my participation with the Northeast South Dakota Head Start Program may be terminated. I understand that the information I provided in this application will be held in strict confidence.

I understand that completing this application does not guarantee my child's enrollment into the program

Parent/Guardian Signature _____ Date _____

How did you hear about us? ☐ Newspaper ☐ Radio ☐ Friends/Family ☐ Social Media ☐ Flyers ☐ Other _____

In-Person Interview_____ **Telephone Interview**_____

Please state the reason an in-person interview was not possible_____

Staff Signature _____ **Date** _____

____ Yes, I give permission to NESDHS to release family information to the Preschool Partnership Program to determine eligibility of a POSSIBLE REDUCED SCHOLARSHIP at a Huron preschool.



200 South Harrison Street #1
Aberdeen, South Dakota 57401
P: 605.229.4506 F: 605.226.0196

General Release of Information

Child's Name: _____ DOB: _____ Site: _____

Parent/Guardian: _____

Telephone: (home) _____ Ext. _____ (work) _____ Ext. _____

Address: Street/City/State/Zip: _____

I hereby request and authorize the below named agency to engage in verbal and/or written communication with and release records to the Northeast South Dakota Head Start Program, Inc., regarding the information checked below and any relative information regarding my child.

I understand that the purpose of releasing this information is to help staff better understand my child's strengths and needs and to help both agencies in order to facilitate transitions, follow-up and consistency in providing services to my child and our family.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Developmental Screening (i.e. DIAL, Battelle, etc.) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Evaluation Results – Special Education Assessments | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> IEP | |

Agencies:

<u>Agencies:</u>	<u>Address /Street/City/State/Zip</u>	<u>Phone Number</u>

Providers Please send a copy of your findings to the above address or fax number.

(Parent/Guardian Signature)

(Date)

This Release of Information is intended to follow all rules set forth by applicable IDEA, FERPA and HIPPA laws. Granting of this consent is voluntary on the part of the parent and may be revoked at any time. If revoked, that revocation is not retroactive and therefore it does not apply to an action that occurred before the consent was revoked. This release is in effect for one year from the date of the signature. It is understood a photocopy of this form will also serve as authorization.

Revised 12/18



Northeast South Dakota Head Start Program, Inc.
200 South Harrison Street #1, Aberdeen, SD 57401 (605-229-4506)



Application Documents

Copies of the following documents are needed to complete your child's application for the Northeast South Dakota Head Start Program:

Income Verification:

- | | |
|--|--|
| <input type="checkbox"/> Income Tax 1040 – front page only | <input type="checkbox"/> Court Ordered Child Support |
| <input type="checkbox"/> W-2 Forms | <input type="checkbox"/> Social Security/Disability |
| <input type="checkbox"/> 2 or More Recent Pay Stubs | <input type="checkbox"/> Unemployment Statement |
| <input type="checkbox"/> Foster/Kinship Documentation | <input type="checkbox"/> Employer Verification |
| <input type="checkbox"/> Zero Income Verification | <input type="checkbox"/> TANF or SSI |
| <input type="checkbox"/> Other Income _____ | |

- ☐ Guardianship Documentation, if applicable
- ☐ Current Immunization Record
- ☐ Signed General Release of Information
- ☐ Referral Letter, if applicable

Should you have any questions, please contact the Family Services Coordinator in your area or the Aberdeen Head Start office. Thank you for the interest in our program!