**Applicant 1**

 **First** **M**   **Last** **Birthday: Female Male**

**Race**

 Asian American Indian/Alaska Native **Hispanic English Proficiency Other Language** **Other Language Proficiency**

 Black Hawaiian/Pacific Islander Yes None Moderate None Moderate

 White Multi-Racial No Little Proficient Little Proficient

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary Language Primary Language

 **Medicaid**  **Private Health Insurance** **Dental Insurance** **Doctor:** **Dentist:**

 Yes No Yes No Yes No

 **City/State**: **City/State**:

**Diagnosed Disability Please Explain Disability: IEP Food Allergy Please Explain Food Allergy:**

 Yes No Yes No Yes No





















**Applicant 2**

**First M Last Birthday: Female Male**

**Race**

 Asian American Indian/Alaska Native **Hispanic English Proficiency Other Language Other Language Proficiency**

 Black Hawaiian/Pacific Islander Yes None Moderate None Moderate

 White Multi-Racial No Little Proficient Little Proficient

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Primary Language Primary Language

 **Medicaid Private Health Insurance Dental Insurance Doctor: Dentist:**

 Yes No Yes No Yes No

 **City/State: City/State:**

**Diagnosed Disability Please Explain Disability: IEP Food Allergy Please Explain Food Allergy:**

 Yes No Yes No Yes No



















**Primary Adult**

 **First Last Birthday: Female Male**

**Race**

 Asian American Indian/Alaska Native **Hispanic** **English Proficiency Other Language Other Language Proficiency**

 Black Hawaiian/Pacific Islander Yes None Moderate None Moderate

 White Multi-Racial No Little Proficient Little Proficient

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Highest Grade Completed** **Employment Status Child’s Relationship Custody Check all that apply:**

 Associate’s Grade 10 Full-Time Biological/Adopted/Step Yes Lives with Family

 Bachelor’s Grade 11 Part-Time Grandchild No Provides Financial Support

 Master’s HS Diploma Seasonal Other Relative

 Some College <Grade 9 Unemployed Foster **Email Address:**

 GED No Schooling Retired or Disabled Other \_\_\_\_\_\_\_\_\_\_\_\_\_

 In School

























 **First Last Birthday: Female Male**

**Race**

 Asian American Indian/Alaska Native **Hispanic English Proficiency Other Language Other Language Proficiency**

 Black Hawaiian/Pacific Islander Yes None Moderate None Moderate

 White Multi-Racial No Little Proficient Little Proficient

 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Highest Grade Completed Employment Status Child’s Relationship Custody Check all that apply:**

 Associate’s Grade 10 Full-Time Biological/Adopted/Step Yes Lives with Family

 Bachelor’s Grade 11 Part-Time Grandchild No Provides Financial Support

 Master’s HS Diploma Seasonal Other Relative

 Some College <Grade 9 Unemployed Foster **Email Address:**

 GED No Schooling Retired or Disabled Other \_\_\_\_\_\_\_\_\_\_\_\_\_

 In School

**Secondary Adult**

























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| --- |
| **Other Family Members Supported by the Income of the Parent(s) or Guardian(s)** |
| Adult/Child |  First M Last | Birthdate |  Gender |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
| **General Information** |
| **Living Address** City State Zip Code | County |
| **Mailing Address (If Different)** City State Zip Code |
| **Phone Numbers** |  **Opt in for Text Primary** **Messages** | **Secondary** | **Notes:** |
| Cell- ( ) |   Yes  No □ | □ |  |
| Cell- ( ) |   Yes No □ | □ |  |
| Home- ( ) |  □ | □ |  |
| Work- ( ) |  □ | □ | Work Place: |
| **Number in the household: \_\_\_\_\_\_ Number in the family supported by the Parent(s) / Guardian(s) income: \_\_\_\_** |
| **Parental Status** One  Two |  **Active Duty Military**  **Military Veteran**  Yes  No  Yes  No | **Primary Language at Home:** | **Requested Location**  Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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: |   Emergency Contact  Release Child to |
| Cell Phone: | Home Phone: |
|  Contact 2 | Name: | Relationship to Child: |  Emergency Contact  Release Child to |
| Cell Phone: | Home Phone: |
| Family Information |
| **TANF** Yes  No | **SNAP**  Yes  No  |  **SSI**  **WIC Foster Child Homeless Referred** YesYes No Yes No Yes No Yes NoNo  **Refer to WIC Referral Agency:**  Yes No  |

|  |
| --- |
|   |
| Family Member | Annual Amount | Type1 | Desc.2 | Verif.3 |
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| --- | --- | --- |
| **1. Type Codes****ERN**–Earned **PA-**Public Assistance **FC**-Foster Care  **H-**Homeless  **ZI-**Zero Income | **2. Description Codes****PEN**–Pension **SNAP**  **SSI TANF** | **3. Verification Codes****CS**–Check Stub **W2**–W-2 **EL**–Employer Letter  **DOC-**Document**TAN**–TANF **TAX**-1040 Tax Form  **CPA** – Letter from Accountant |
| **Income Check List:**\_\_\_W-2\_\_\_1040 Income Tax\_\_\_Recent Pay Stubs\_\_\_Certified Public Accountant\_\_\_SSI Documentation\_\_\_SNAP Documentation \_\_\_TANF Documentation\_\_\_Foster Care Documentation\_\_\_Written Statement/Third Party Statement\_\_\_Birth Certificate \_\_\_Other  | **Income Notes:** |
| **If family has ZERO income, please explain how family is meeting their basic needs.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**

**In-Person Interview\_\_\_\_\_\_ Telephone Interview\_\_\_\_\_\_ Birth Certificate Attached \_\_\_\_\_\_**

Please state the reason an in-person interview was not possible*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Staff Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

