Oahe Child Development Center, Inc.

2307 E. Capitol Avenue
Pierre, South Dakota 57501

Phone: (605) 224-6603
Fax #: (605) 224-0850

Please keep this cover letter for future reference concerning who to call in case of questions or concerns.

Thank you for your interest in the Early Head Start program. Oahe Child Development Center Early Head Start program is a FREE program to all eligible children and families. To be eligible for Early Head Start services, children must be age and income eligible. We are also able to accept a small number of families who are over income. Please complete the enclosed application and return it as soon as possible.

This application cannot be processed without income verification!

When returning your completed application your income will need to be confirmed with our Family Service Specialist. In order to verify income please bring a 1040 Tax Statement, pay stubs, W-2 forms, proof of SNAP, TANF, or SSI, and/or proof of child support.

Each child must have proof of age. Upon acceptance into the program a copy of a state issued Birth Certificate is recommended to provide proof of age.

Once your application has been returned and income has been verified, you or your child will be placed on a waiting list. Once we have an opening, we will match you with a home visitor and notify you. Our EHS year runs from August to August.

Please return application to:

Hannah Carda
Family Service Specialist
Oahe Child Development Center

If you have any questions about your application, eligibility, placement of your child on the waitlist or any other concerns call Hannah at 605-224-6603.

Oahe Child Development Center

Expectant Mother Application

2307 E. Capitol Pierre, SD 57501
Phone: 605-224-6603 Fax: 605-224-0850

PLEASE COMPLETE ALL AREAS OF THIS APPLICATION.

OFFICE USE ONLY   Date Received: _____

ENCODED _____

Applicant Information

_____
First Name   MI   Last Name

Date of Birth:
_____ / _____ / _____

Applicant's Due Date:
_____ / _____ / _____

Living Address

Street:

Town/City: State: Zip Code:

County:

Mailing Address - If different than living address

Street/PO Box:

Town/City: State: Zip Code:

School District:

Applicant lives with*: (check all that apply)*
☐ Mother   ☐ Stepfather
☐ Father   ☐ Stepmother
☐ Foster Parent   ☐ Spouse
☐ Grandparent(s) ☐ Other (Specify)
                  _____

Language(s) spoken in your home?
Primary: _____

Secondary: _____
How well do you speak English?
_____

***Race Key at Bottom of page

	Race		Check one	
Applicant		Hispanic?	Y	N
Secondary Adult		Hispanic?	Y	N

Applicant Contact Information

Home/Cell _____

Work: _____

Other: _____

E-mail: _____

Secondary Adult

First Name   Middle Name   Last Name

Address:

Date of Birth: Relationship to Applicant:

Telephone Number Information:
Home/Cell: _____ Work: _____

E-mail: _____

Please list all OTHER persons living in the home

First Name	Last Name	Date of Birth	Relationship to Applicant	Race

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Applicant Employment and Education

Employment:
☐ Full time ☐ Part time ☐ Seasonal ☐ Unemployed
Employer Name: _____
Are you in job training?   ☐ Yes ☐ No
Are you attending school?   ☐ Yes ☐ No
If yes, Where? _____
Are you active in any branch of the United States Military?
                                    ☐ Yes ☐ No
Are you a **Veteran** of the United States Military?
                                    ☐ Yes ☐ No
Highest level of education completed:
☐ 9th or less   ☐ 10th   ☐ 11th   ☐ HS Graduate
☐ Some College   ☐ BS/BA   ☐ Associate's Degree
☐ 2 yr college   ☐ Master's ☐ Advanced ☐ Vocational
☐ Doctorate   ☐ Other _____

Secondary Adult Employment and Education

Employment:
☐ Full time ☐ Part time ☐ Seasonal ☐ Unemployed
Employer Name: _____
Are you in job training?   ☐ Yes ☐ No
Are you attending school?   ☐ Yes ☐ No
If yes, Where? _____
Are you active in any branch of the United States Military?
                                    ☐ Yes ☐ No
Are you a **Veteran** of the United States Military?
                                    ☐ Yes ☐ No
Highest level of education completed:
☐ 9th or less   ☐ 10th   ☐ 11th   ☐ HS Graduate
☐ Some College   ☐ BS/BA   ☐ Associate's Degree
☐ 2 yr college   ☐ Master's ☐ Advanced ☐ Vocational
☐ Doctorate   ☐ Other _____

***Race Key: American Indian (AI), Asian (AS), Black or African American (B), Native Hawaiian (NH), White (W), Biracial / Multi-Racial (MR), Other (O)

Family Resources Information

Does your family receive any of the following types of services or financial assistance?
(Please indicate all that apply):

☐ SNAP (Food Stamps) ☐ Foster Care/Adoption subsidy ☐ Indian Health Services
☐ WIC ☐ Unemployment Insurance ☐ Child Support/Alimony
☐ Public Assistance – TANF ☐ Supplemental Security Income (SSI) ☐ Financial Aid/Student Loans

Is your family currently in crisis? ☐No ☐Yes *If yes, please explain: _____*
_____
_____
_____

Are there any other concerns or family situations that we should be aware of to help meet your needs?
(Such as a recent divorce, parental health, recent move, counseling, parent absent due to incarceration or active military duty, etc.)?

☐ No *If yes, please explain: _____*
☐ Yes _____
_____

How Did You Hear About Us:	Were You Referred by Another Agency:
☐ OCDC Website	☐ Child Welfare Agency
☐ Newspaper	☐ Health care provider/dentist
☐ TV/Radio announcement	☐ WIC Office/County Health
☐ Facebook /Social Media	☐ Public School/EC Program
☐ Personal Contact	☐ Other _____

Health Care Coverage Information:

☐ CHIP/Medicaid ☐ Indian Health Services ☐ Tri-Care ☐ Private Health Insurance ☐ No Medical Coverage

Special Needs/Services:

☐No ☐Yes

Do you have any special needs?   If yes, please describe: _____
_____
_____

BEFORE ACCEPTANCE INTO OUR PROGRAM, INCOME MUST BE VERIFIED BY AUTHORIZED OCDC STAFF

The statements and information on this application are true and accurate to the best of my knowledge.

_____

Applicant Signature   Date   Signature   Date