



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.**

<i>OFFICE USE ONLY</i>	Date Received: _____
ENCODED _____	

Applicant Information

First Name _____ MI _____ Last Name _____	Date of Birth: ____ / ____ / ____	Applicant's Due Date: ____ / ____ / ____
---	---	--

Living Address Mailing Address - If different than living address

Street: _____	Street/PO Box: _____
Town/City: _____ State: _____ Zip Code: _____	Town/City: _____ State: _____ Zip Code: _____
County: _____	School District: _____

Applicant lives with: <i>(check all that apply)</i> <input type="checkbox"/> Mother <input type="checkbox"/> Stepfather <input type="checkbox"/> Father <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other (Specify) _____	Language(s) spoken in your home? Primary: _____ Secondary: _____ How well do you speak English? _____	***Race Key at Bottom of page			
		Applicant	Race	Hispanic?	Check one Y N
		Secondary Adult	Race	Hispanic?	Y N

Applicant Contact Information Secondary Adult

Home/Cell: _____	First Name _____ Middle Name _____ Last Name _____
Work: _____	Address: _____
Other: _____	Date of Birth: _____ Relationship to Applicant: _____
E-mail: _____	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

Applicant Employment and Education Secondary Adult Employment and Education

Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed Employer Name: _____ Are you in job training? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? _____ Are you active in any branch of the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran of the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest level of education completed: <input type="checkbox"/> 9th or less <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some College <input type="checkbox"/> BS/BA <input type="checkbox"/> Associate's Degree <input type="checkbox"/> 2 yr college <input type="checkbox"/> Master's <input type="checkbox"/> Advanced <input type="checkbox"/> Vocational <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____	Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed Employer Name: _____ Are you in job training? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you attending school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where? _____ Are you active in any branch of the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Veteran of the United States Military? <input type="checkbox"/> Yes <input type="checkbox"/> No Highest level of education completed: <input type="checkbox"/> 9th or less <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> HS Graduate <input type="checkbox"/> Some College <input type="checkbox"/> BS/BA <input type="checkbox"/> Associate's Degree <input type="checkbox"/> 2 yr college <input type="checkbox"/> Master's <input type="checkbox"/> Advanced <input type="checkbox"/> Vocational <input type="checkbox"/> Doctorate <input type="checkbox"/> 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)
- WIC
- Public Assistance – TANF
- Foster Care/Adoption subsidy
- Unemployment Insurance
- Supplemental Security Income (SSI)
- Indian Health Services
- Child Support/Alimony
- 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:

- OCDC Website
- Newspaper
- TV/Radio announcement
- Facebook /Social Media
- Personal Contact

Were You Referred by Another Agency:

- Child Welfare Agency
- Health care provider/dentist
- WIC Office/County Health
- Public School/EC Program
- Other _____

Health Care Coverage Information:

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

Special Needs/Services:

Do you have any special needs? No Yes 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