



<b>Family Resources Information</b>													
<p><i>Does your family receive any of the following types of services or financial assistance? (Please indicate all that apply):</i></p>													
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> CHIPS/Medicaid</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Foster Care/Adoption subsidy</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Indian Health Services</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> SNAP (Food Stamps)</td> <td style="border: none;"><input type="checkbox"/> Unemployment Insurance</td> <td style="border: none;"><input type="checkbox"/> Child Support/Alimony</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> WIC</td> <td style="border: none;"><input type="checkbox"/> Supplemental Security Income (SSI)</td> <td style="border: none;"><input type="checkbox"/> Financial Aid/Student Loans</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Public Assistance – TANF</td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> CHIPS/Medicaid	<input type="checkbox"/> Foster Care/Adoption subsidy	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Child Support/Alimony	<input type="checkbox"/> WIC	<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Financial Aid/Student Loans	<input type="checkbox"/> Public Assistance – TANF		
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<p><i>Is your family currently in crisis?</i>    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <i>If yes, please explain:</i> _____          _____          _____</p>													
<p><i>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.)?</i></p> <p><input type="checkbox"/> No    <i>If yes, please explain:</i> _____  <input type="checkbox"/> Yes    _____          _____</p>													
How Did You Hear About Us:	Were You Referred by Another Agency:												
<input type="checkbox"/> OCDC Website <input type="checkbox"/> Newspaper <input type="checkbox"/> TV/Radio announcement <input type="checkbox"/> Facebook /Social Media <input type="checkbox"/> Personal Contact	<input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Health care provider/dentist <input type="checkbox"/> WIC Office/County Health <input type="checkbox"/> Public School/EC Program <input type="checkbox"/> Other _____												
Health Care Coverage Information:													
<input type="checkbox"/> CHIP/Medicaid <input type="checkbox"/> Indian Health Services <input type="checkbox"/> Tri-Care <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> No Medical Coverage													
Special Needs/Services:													
<p>Do you have any special needs?    <input type="checkbox"/> No    <input type="checkbox"/> Yes    <i>If yes, please describe:</i> _____          _____          _____</p>													

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

<b>The statements and information on this application are true and accurate to the best of my knowledge.</b>			
Applicant Signature	Date	Signature	Date



# Oahe Child Development Center, Inc.

P.O. Box 907  
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 Head Start / Early Head Start program. Oahe Child Development Center Head Start Early Head Start program is a FREE program to all eligible children and families. To be eligible for Head Start and 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.

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 and/or proof of child support.

**This application cannot be processed without income verification!**

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. We will start accepting income eligible children in the middle of May. Over income families will be notified starting the third week in July. If you do not receive notification during this time you or your child will remain on the wait list until an opening occurs. During the school year all applications will be reviewed at the time of an opening.

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

Please return application to:

Cindy Malsam  
Family Service Specialist  
Oahe Child Development Center  
P.O. Box 907 Pierre, SD 57501

