



Oahe Child Development Center

Child Application

Early Head Start / Head Start

PO Box 907 - 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: _____
EHS: _____	HS: _____
ENCODED _____	County _____

Applicant Information (Child)

First Name _____ MI _____ Last Name _____	Date of Birth: _____ / _____ / _____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Has the applicant been enrolled in a Head Start/Early Head Start program before? _____ If so, where? _____ When? _____
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Living Address Mailing 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"/> Step Father <input type="checkbox"/> Father <input type="checkbox"/> Step Mother <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Other Relative <input type="checkbox"/> Other (specify) _____	Language(s) spoken in the child's home? Primary: _____ Secondary: _____ How well does the applicant speak English? _____	***Race Key at Bottom of page <table border="1"> <tr> <th></th> <th>Race</th> <th></th> <th>Circle one</th> </tr> <tr> <td>Applicant</td> <td></td> <td>Hispanic?</td> <td>Yes No</td> </tr> <tr> <td>Primary Guardian</td> <td></td> <td>Hispanic?</td> <td>Yes No</td> </tr> <tr> <td>Secondary Guardian</td> <td></td> <td>Hispanic?</td> <td>Yes No</td> </tr> </table>		Race		Circle one	Applicant		Hispanic?	Yes No	Primary Guardian		Hispanic?	Yes No	Secondary Guardian		Hispanic?	Yes No
	Race		Circle one															
Applicant		Hispanic?	Yes No															
Primary Guardian		Hispanic?	Yes No															
Secondary Guardian		Hispanic?	Yes No															

Primary Parent/Guardian Secondary Parent/Guardian

First Name _____ Middle Name _____ Last Name _____ Date of Birth: _____ Relationship to Child: _____ Telephone Number Information: Home/Cell _____ Work: _____ Other: _____ E-mail: _____	First Name _____ Middle Name _____ Last Name _____ Address: _____ Date of Birth: _____ Relationship to Child _____ Telephone Number Information: Home/Cell: _____ Work: _____ E-mail: _____
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Please list all OTHER persons living in the home

First Name	Last Name	Date of Birth	Relationship to Child	Race

Primary Parent/Guardian Employment and Education Secondary Parent/Guardian 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 attending school/job training? <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 attending school/job training? <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 _____
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***Race Key: American Indian (AI), Asian (AS), Black or African American (B), Native Hawaiian (NH), White (W), Biracial / Multi-Racial (MR), Other (O)

Does your family receive, (or is certified for), daycare assistance? **No** **Yes**

Typical Work Schedule (if applicable) of Primary Parent/Guardian	Typical Work Schedule (if applicable) of Secondary Parent/Guardian

Option Information **Please note these options are only for Center Based Children ages 3-5 in the Pierre Center**

Please check the option(s) you would like to enroll your child in. We only have a certain number of slots for each option and cannot guarantee any enrollment slot.

- ½ day class Monday-Thursday
- Full day class Monday-Thursday & generally the 2nd and 4th Fridays of the month
- After school program that operates 3:00pm-5:15pm Monday-Thursday & generally the 2nd and 4th Fridays of the month

Family Resources Information

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

- | | | |
|---|---|--|
| <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 | | |

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

If yes, please explain: _____

No Yes

Custodial Information:

- Joint Custody – Both biological parents Joint Custody – other: Explain _____
- Sole Custody Physical Custody: explain who has legal custody _____

<p><i>Is there a protection or restraining order regarding the child?</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please explain and provide us with a copy</p>	<p><i>Are there special visitation orders we should be aware of?</i></p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes, please explain and provide us with a copy</p> <p><input type="checkbox"/> Foster Care/Custody of State of South Dakota</p> <p>Caseworker: _____ Phone: _____</p>
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Additional Information:

<p><i>Is anyone in your household currently pregnant?</i></p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p><i>If yes, would you like information or an application about the Early Head Start Services for expectant families?</i></p> <p><input type="checkbox"/> Application <input type="checkbox"/> Information</p> <p><input type="checkbox"/> Both <input type="checkbox"/> No thank you</p>
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How Did You Hear About Us:

- | | |
|---|---|
| <ul style="list-style-type: none"> <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 | <p>Were You Referred by Another Agency:</p> <ul style="list-style-type: none"> <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:

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

Special Needs/Services:

Does the applicant have any special needs? No Yes If yes, please describe: _____

Is the applicant receiving any special services or currently on an IEP (Individual Education Plan) or IFSP (Individual Family Service Plan)? (Examples: medical, speech therapy, physical therapy, occupational therapy, counseling, etc.)

No

Yes If yes, please describe and provide name and address of service provider: _____

Provider: _____ Phone: _____ Address: _____

BEFORE ACCEPTANCE INTO OUR PROGRAM, INCOME MUST BE VERIFIED BY AUTHORIZED OCDC STAFF
Head Start Performance Standards require your child to have up-to-date "well child" AND dental exams.

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

Parent/Guardian	Date	Parent/Guardian	Date
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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

