



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		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: (check all that apply) <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? _____		<table border="1"><thead><tr><th>Race</th><th>***Race Key</th></tr></thead><tbody><tr><td>Applicant</td><td></td></tr><tr><td>Secondary Adult</td><td></td></tr></tbody></table>	Race	***Race Key	Applicant		Secondary Adult	
Race	***Race Key									
Applicant										
Secondary Adult										
***Race Key: American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, White, Multiracial and/or Multiethnic, or Unspecified										
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 person(s) 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"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> Master's <input type="checkbox"/> Training Certificate <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"/> GED <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> College or Advanced Training <input type="checkbox"/> Master's <input type="checkbox"/> Training Certificate <input type="checkbox"/> Doctorate <input type="checkbox"/> Other _____								

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"/> SNAP (Food Stamps) | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> WIC | <input type="checkbox"/> None Listed |
| <input type="checkbox"/> Public Assistance – TANF | |

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

This institution is an equal opportunity provider