Prenatal Application

What is Head Start/Early Head Start?
Head Start and Early Head Start are comprehensive child development programs which serve children from prenatal to age 5, pregnant women, and their families. They are child-focused programs, and have the overall goal of increasing the social competence of young children in either low-income and homeless families or both.

What is Oglala Lakota College Head Start Program?
Our goal is to provide a full range of services to meet the needs of mothers from prenatal to postpartum care and their families. The comprehensive care provided from cognitive, emotional, physical, nutritional, mental health and Lakota language and cultural development of the expectant families.

How to apply for Head Start/Early Head Start?

Please read this eligibility application carefully and fill it out completely.

What Happens Next?

When we receive your enrollment application, it will be reviewed and you will be contacted if we need more information. You will receive additional documents to fill out to complete the registration process when our family service worker contacts you to set up an appointment.

Checklist

These documents are required within thirty days of enrollment.

- Completed Enrollment Application (required for determining eligibility)
- Family’s Proof of Income (required for determining eligibility)
- Dental Examination
- Physical Examination
- Copy of Medical Insurance
- Adult Health History
- Parental Permission to Participate (in program screenings)
- Program Request Form
- Program Release Form
- WIC Release Form
- Circle of Smiles Registration
**Prenatal Enrollment Information**

**Center Applying for:**
- Kyle EHS
- Manderson EHS
- Oglala EHS
- Porcupine EHS
- Pine Ridge EHS

**Date Intake/Application Completed:** __/__/____

### ELIGIBLE PRENATAL DEMOGRAPHICS:

<table>
<thead>
<tr>
<th>First:</th>
<th>Middle:</th>
<th>Legal Last Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DOB:</th>
<th>SSN:</th>
<th>Race:</th>
<th>Ethnicity:</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>______</td>
<td>____________</td>
<td>__________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender (Circle): Male / Female</th>
<th>Language (Check): English □ 1st / □ 2nd □ Lakota □ 1st / □ 2nd □ Spanish □ 1st / □ 2nd □ Other □</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Marital Status (Check One Below):</th>
<th>Role in Household (Check One Below):</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Single</td>
<td>□ Mother/Mother Figure □ No Longer a Family Member</td>
</tr>
<tr>
<td>□ Married</td>
<td>□ Father/Father Figure □ Family Member Residing at Different Address</td>
</tr>
<tr>
<td>□ Separated</td>
<td>□</td>
</tr>
<tr>
<td>□ Divorced</td>
<td>□</td>
</tr>
</tbody>
</table>

**Living Address:** _____________________________________________

**City:** ______________________________________  **State:** _____  **Zip Code:** ________________  **Mobile Phone:** ____________________

#1 Home Phone: ____________________  #2 Home Phone: ____________________  Work Phone: ____________________

**Occupation (Check One Box Below):**
- □ Employed Full-time/In-school Part-time
- □ School Full-time
- □ Unemployed
- □ N/A

**In-school Full-time/Employed Part-time:** □

**Education (Check Highest Level of Education Completed):**
- □ Elementary □ High School
- □ AA □ BS □ MA □ PHD

**ADULT INFORMATION:**

Concerns about your overall health and development? □ Yes □ No – Describe concerns: __________________________________________________

Applicant currently pregnant? □ Yes □ No – Due Date: ______ /______ /______

Person is a teen mother? □ Yes □ No

Teen mother dropped out of school? □ Yes □ No – Reason: ______________________________________________________________________

Are you willing to pursue educational opportunities? □ Yes □ No – If YES, what assistance would you need in order to pursue these goals? (Specify) __________________________________________________

**FAMILY INFORMATION:**

Are you Head of Household? □ Yes □ No  Family Type? □ Foster Parent □ Single Parent (Mother Figure Only) □ Two Parent Family

**Family Housing Type (Check One Below):**
- □ Apartment
- □ House
- □ BIA School Housing
- □ Mobile Home/Trailer
- □ OSLA Housing
- □ Community Shelter
- □ Other

**Housing payment type (Check One Box):**
- □ Own Housing
- □ Rent Housing
- □ Make No Payment for Housing
- □ Other

**Length of time at current address (Check One Box):**
- □ 1-2 Years
- □ 6-12 Months
- □ Less than 6 Months
- □ More Than 2 Years

During the enrollment year was the family homeless? □ Yes □ No  Family acquired housing during enrollment year? □ Yes □ No

Family currently has means of transportation? □ Yes □ No  Do you need transportation to appointments? □ Yes □ No

**Transportation Used (Circle One Below):**
- Private Vehicle (car, truck, van) – □ Primary □ Secondary
- Friend’s or Relative’s Vehicle – □ Primary □ Secondary
- Other – □ Primary □ Secondary

**Referral Source (Check One Below):**
- □ Child Welfare Agency
- □ Hospital/Health Clinic
- □ Self Referral
- □ Friends/Family
- □ Outreach/Recruitment
ABOUT YOUR INCOME:

This is required information: Please fill out completely and attach copies (not originals) of forms that provide proof of your income. Proof of income can be presented through W-2 forms, Individual Tax Form 1040, pay stub/pay envelopes, current public assistance receipt (notice of Action forms) Written employers statement, Social Security, and/or forms that verify income from other sources (child support, etc).

Types of Services or Financial Assistance Received (Check All Boxes Below That Apply):

☐ Supplemental Security Income (SSI) ☐ Foster Care/Adoption Subsidy ☐ WIC
☐ Medical Financial Assistance (i.e., Medicaid/Medicare) ☐ Child Support/Alimony ☐ No Services Received
☐ Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps

Are you currently receiving service through TANF, or have you in the past year? (Circle): Yes / No
Are you currently a foster parent of the child wishing to enroll in Head Start/Early Head Start? (Circle): Yes / No
Are you currently receiving SSI or have been in the past year? (Circle): Yes / No

1. I declare under penalty of perjury that the information provided is true and correct to the best of my knowledge.
2. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing child development services.
3. I understand that the information about my eligibility may be reviewed by representatives of the State of South Dakota, The Federal Government, independent auditors, or others as necessary for the administration of the program.
4. I understand that I will receive a notice of approval or disapproval of my eligibility application.
5. I understand that this certification is not complete until all documentation is submitted and this form has been reviewed, signed, dated by an agency representative and signed and dated by me.
6. I understand there is additional paperwork for me to fill out if my child is approved for Head Start/Early Head Start.

___________________________________________________              ______ /______ /______
Applicant Signature                                                                                    Date

Assurance of Confidentiality:

The information on this form is being requested on a voluntary basis. The information that you provide will help us to deliver or direct services most appropriate for your family’s needs. Some of the information may be used to help plan national program initiatives If you prefer not to provide some of the information, it will not affect the services we try to deliver. However, some information is required for eligibility determination. All information will be held in strict confidence.