



# HEAD START

BUILDING AMERICAS FUTURE



Dear Parents or Legal Guardians:

Thank you for your interest in applying to Head Start! Attached you will find application materials. The entire application, PLUS the required information must be complete in order for us to process your child's application. **Please refer to the checklist on THIS page to see what is required.** Only completed applications can be processed. Head Start is a FREE program. Children with challenges or disabilities welcome!

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## INCOME VERIFICATION

(Please note that all family income must be reported. If your family is receiving TANF benefits or SSI benefits, you will be automatically eligible for Head Start services, BUT, you must still report all income. Foster families are also automatically eligible.)

Examples of acceptable verification would be:

- 1040 tax return from prior year*
- Check stubs (past 3 months)*
- W-2 forms*
- Unemployment verification*
- Child Support verification*
- University GRANT verification*

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## IMMUNIZATION RECORD

(If you need assistance in locating this information, please contact us!)

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## PROOF OF BIRTH

Acceptable forms of birth proof are:

- Hospital copy of birth certificate*
- Certified copy of birth certificate*
- Copy of Passport*
- Copy of Medicaid Card*

If you have any questions, please call Head Start at 587-4486. The entire staff at Head Start is looking forward to working with your family!

## Application for Enrollment

HRDC-Head Start  
32 S. Tracy Avenue  
Bozeman, MT 59715  
Phone: 406-587-4486 Fax: 406-585-3538



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**Child's Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

Living Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Sex: MALE FEMALE Language Spoken at Home \_\_\_\_\_

Race: White Asian Black Pacific Islander Hispanic Native Other: \_\_\_\_\_

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**Mother or Legal Guardian** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

Living Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Lives with Child? \_\_\_ YES \_\_\_ NO Highest grade completed in school \_\_\_\_\_

Employment: Full time Part time Unemployed Retired/Disabled Attends a college or training program

Race: White Asian Black Pacific Islander Hispanic Native Other: \_\_\_\_\_

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**Father or Legal Guardian** \_\_\_\_\_ **Birth Date** \_\_\_\_\_

Living Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Lives with Child? \_\_\_ YES \_\_\_ NO Highest grade completed in school \_\_\_\_\_

Employment: Full time Part time Unemployed Retired/Disabled Attends a college or training program

Race: White Asian Black Pacific Islander Hispanic Native Other: \_\_\_\_\_

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**Adults: (Please list all adults who are living in this home OTHER than parents)**

Adult 1: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Birth Date \_\_\_\_\_

Adult 2: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Birth Date \_\_\_\_\_

Adult 3: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Birth Date \_\_\_\_\_

Adult 3: \_\_\_\_\_ Relationship to child \_\_\_\_\_ Birth Date \_\_\_\_\_

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**Children: (Please list all OTHER children living in the home. DO NOT include the Head Start child.)**

Child 1: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male Female  
Child 2: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male Female  
Child 3: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male Female  
Child 4: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male Female  
Child 5: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male Female  
Child 6: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex: Male Female

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**Please mark the classroom you would like your child to attend. Head Start is no longer able to provide transportation, please keep this in mind when choosing a classroom.**

Bozeman  Belgrade  Livingston  Gallatin Gateway (AM only)  
 AM  AM  AM  
 PM  PM  PM (if available)

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**What is the parental status in the home?** Single Two-parent Foster Grandparent Legal guardian

**Do you receive State Paid Child Care Assistance for any child in this household?**  YES  NO

**Are you receiving TANF or Supplemental Security Income (SSI)?**  YES  NO

If yes, please provide documentation.

**Was this child referred to our program?**  YES  NO If yes, by whom? \_\_\_\_\_

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**Child's Physician** \_\_\_\_\_ **Child's Dentist** \_\_\_\_\_

**Does your child have health insurance?**  YES  NO **Does your child have dental insurance?**  YES  NO

**If your child is without insurance, have you applied for Medicaid or CHIP?**  YES  NO

If no, may we assist you in applying for Medicaid or CHIP?  YES  NO

**Does your child have a disability?**  YES  NO  Suspected If yes, Explain \_\_\_\_\_

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**Does this child have and Individualized Education Plan (IEP)?**  YES  NO

**Please indicate any of the following services your child is receiving:**

Occupational Therapy/Physical Therapy  Speech/Language  Hearing  Vision  Developmental  
 Other (Please specify) \_\_\_\_\_

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**Have you previously been involved with a Head Start program?**  YES  NO

If yes, please explain. \_\_\_\_\_

**Where did you hear about Head Start?** Radio T.V. Friend Poster Newspaper Other: \_\_\_\_\_

**Does your child take naps?**  YES  NO If yes, when? \_\_\_\_\_

**What are your child's strengths?** \_\_\_\_\_

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**What are your child's challenges/concerns?** \_\_\_\_\_

Is there any additional information about your child that you would like us to know? \_\_\_\_\_

I, the parent or legal guardian of the above named child, certify that the information provided here is true. If any part is false, my participation in the HRDC Head Start program may be terminated. I also understand the information I have provided will be shared with the Montana DPHHS. (Necessary for Head Start to receive funding.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Income Sheet**

Please provide the following information about your family's income. This information is needed to determine if your family is income-eligible. **IF ANYONE IN YOUR FAMILY RECEIVES TANF OR SSI BENEFITS, YOUR CHILD IS ELIGIBLE FOR OUR PROGRAM, ALTHOUGH ALL FAMILY INCOME STILL NEEDS TO BE VERIFIED.**

<b>FAMILY MEMBER</b>	<b>GROSS INCOME (BEFORE TAXES)</b>	<b>HOW OFTEN? (MONTHLY, WEEKLY, ETC)</b>	<b>WHERE? (EMPLOYER, TANF, SSI, EDUCATIONAL GRANTS, CHILD SUPPORT, ETC)</b>	<b>EMPLOYMENT STATUS (FULL TIME, PART TIME, UNEMPLOYED, SEASONAL, STUDENT)</b>

**PLEASE PROVIDE ANY OF THE FOLLOWING INCOME DOCUMENTATION WITH THIS APPLICATION TO VERIFY YOUR FAMILY'S INCOME.**

\_\_\_ W-2/TAX RETURN \_\_\_ CHECK STUBS \_\_\_ STUDENT GRANT AWARD LETTER  
\_\_\_ TANF STATEMENT \_\_\_ SSI STATEMENT \_\_\_ UNEMPLOYMENT STATEMENT

**PLEASE COMPLETE THIS SECTION IF YOU HAVE NO CASH INCOME AT THIS TIME.....**

I verify that I have NO cash income at this time. \_\_\_\_\_ (please initial) Please list who pays for the following:

Housing \_\_\_\_\_

Food \_\_\_\_\_

Utilities \_\_\_\_\_

**PLEASE READ AND SIGN BELOW**

I, the parent or legal guardian of the above named child, certify that the information provided here is true. If any part of is false, my participation in the HRDC Head Start Program may be terminated. I also understand that the information I have provided will be shared with the Montana Department of Public Health and Human Services. (Necessary for Head Start to continue receiving funding.)

NAME \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY.

TOTAL FAMILY INCOME: \$ \_\_\_\_\_ FOR THE PERIOD OF \_\_\_\_\_.

I certify that I have examined the above income documentation and have determined this child is: ( ) income eligible ( ) over the income guidelines

HEAD START STAFF SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_