



**Missoula Early Head Start  
No Cost Early Childhood Programs Ages 0-3  
2015-2016 Application**

**Child's Name** \_\_\_\_\_ /\_\_\_/\_\_\_ **M / E**  
or Prenatal Mother (first) (last) Date of Birth Circle

**Child's Name** \_\_\_\_\_ /\_\_\_/\_\_\_ **M / E**  
or Prenatal Mother (first) (last) Date of Birth Circle

Parent/Guardian \_\_\_\_\_ /\_\_\_/\_\_\_  
(first) (last) Date of Birth

Parent/Guardian \_\_\_\_\_ /\_\_\_/\_\_\_  
(first) (last) Date of Birth

Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (if different): \_\_\_\_\_  
City State Zip

Phone \_\_\_\_\_ Text > Yes No Phone (message/work) \_\_\_\_\_  
Circle

Email \_\_\_\_\_ Language spoken at home \_\_\_\_\_

Are you a foster parent or legal guardian for the child you are enrolling? \_\_\_\_\_  
Caseworker name/phone #

How many *children* are in your family? \_\_\_\_\_ How many are under age 5? \_\_\_\_\_

Who told you about Head Start? \_\_\_\_\_  
Person or Organization

Does your child have a diagnosed disability?  
Describe: \_\_\_\_\_

Do you have any special concerns about your child (health, development, behavior, etc)?  
\_\_\_\_\_

Please list a relative/friend who does not live with you and knows how to contact you:  
Name/Relationship \_\_\_\_\_ Phone: \_\_\_\_\_

Please check income and benefits your family receives:

<b>INCOME:</b>	<input type="checkbox"/> Public Assistance/TANF	<input type="checkbox"/> SSI (Parent/Child)	<input type="checkbox"/> Child Support /Alimony
	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Workers Comp	<input type="checkbox"/> Military Income
	<input type="checkbox"/> Foster/Adoption Subsidy	<input type="checkbox"/> Grants/Scholarships	<input type="checkbox"/> Other Cash Assistance
<b>BENEFITS:</b>	<input type="checkbox"/> WIC	<input type="checkbox"/> SNAP	<input type="checkbox"/> Financial Aid
	<input type="checkbox"/> Medicaid/Medicare	<input type="checkbox"/> Energy Assistance	<input type="checkbox"/> Housing Assistance
	<input type="checkbox"/> WORC / WEX	<input type="checkbox"/> Tribal	<input type="checkbox"/> State-Paid Childcare/Scholarship

The information provided is true and accurately reflects our family situation.

☐ \_\_\_\_\_ /\_\_\_\_\_  
**Parent/Guardian Signature Date**

☐ \_\_\_\_\_ /\_\_\_\_\_  
**Parent/Guardian Signature Date**

I am applying for:

**Early Head Start Center & Home Based Option / Ages 0 – 3**

(check) Home Based \_\_\_\_\_ Center\* \_\_\_\_\_ Either Center\*/ Home Based \_\_\_\_\_

Are you employed full time? \_\_\_\_\_ School full time? \_\_\_\_\_ Other \_\_\_\_\_

\* Required for Center: Employed at least 30+ hours per week / comparable school hours. Center hours 8AM – 3PM Monday – Friday.

Prenatal \_\_\_\_\_ Are you a teen parent? \_\_\_\_\_ First time parent? \_\_\_\_\_ "High Risk"? \_\_\_\_\_  
Due Date \_\_\_\_\_

Enrollment is based on priority points & number of slots available. Being eligible does not guarantee enrollment.

In addition to this application you will also need:

**1. Your child's Birth Certificate and /or Immunization Record**

- SSN not required.

**2. Your Proof of Income** For the past 12 months or calendar year →

Or Proof of • Current TANF • SSI/D • Foster Status  
Or Statement of Homelessness or -0- Income

- IRS1040 or W-2 Forms
- 12 months of paystubs/pay envelopes
- Child Support
- Student loan documents
- Award Letter

Below dotted line Head Start Staff will complete.

Income Verification / Prior 12 Months	
\$	1040 Taxes / W2 (201__)
\$	Pay Stubs / Employer Statement
\$	Child Support / Alimony
\$	Unemployment Compensation
\$	Grants and Scholarships
\$	Military income / Veterans benefits
\$	Tribal income or Other
	TANF / SSID / Foster Care
	Statement of Homeless or -0- income
	<b>TOTAL</b>

Income Guidelines 1/14	
Number in Family	Yearly Income
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570

Add \$4,160 for each added family member. 1/15

**Non-Discriminatory Clause:** U.S. federal law prohibits Ravalli Head Start from discriminating on the basis of race, sex, age, color, national origin, or disabilities in provision of services and employment.

I have seen this child's:

Birth Certificate     Immunization Records     Proof of Income     Proof of Pregnancy\*

\* Prenatal Mother

This child - or prenatal mother - is eligible to participate in the Missoula Early Head Start program.

\_\_\_\_\_  
Staff signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Missoula Early Head Start  
2121 39<sup>th</sup> St.**

**Missoula, Montana 59803**

**Phone: 406.251.9410 ext 323 Fax: 406.251.9403 or [www.ravalliheadstart.org](http://www.ravalliheadstart.org)**

**Confidentiality Statement:** All information shared with Ravalli Head Start, Inc. will be kept strictly confidential, unless a release is authorized in writing. **Non-Discriminatory Clause:** U.S. federal law prohibits Ravalli Head Start from discriminating on the basis of race, sex, age, color, national origin, or disabilities in provision of services and employment.

