



Ravalli Early Head Start & Ravalli Head Start

No Cost Early Childhood Programs Ages 0-5

2015-2016

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

Address: _____

Street	City	State	Zip
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Mailing Address (if different): _____

	City	State	Zip
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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? Yes No
 Describe: _____

Do you have any special concerns about your child (health, development, behavior, etc)? Yes No
 Describe: _____

Please list a relative/friend who does not live with you and knows how to contact you. This person would also have permission to pick your child up from Head Start.

Name/Relationship _____ Phone: _____

Please check income and benefits your family receives:

INCOME:	<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 (Active/Retired)
	<input type="checkbox"/> Foster/Adoption Subsidy	<input type="checkbox"/> Grants/Scholarships	<input type="checkbox"/> Other Cash Assistance
BENEFITS:	<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.

<input style="vertical-align: middle; margin-right: 5px;" type="checkbox"/> _____ / _____ Parent/Guardian Signature Date	<input style="vertical-align: middle; margin-right: 5px;" type="checkbox"/> _____ / _____ Parent/Guardian Signature Date
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I am applying for:

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

(check) Home Based _____ Either Center*/ Home Based _____ Center* _____

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 _____

Ages 3 - 5 / Head Start Pre-school

<u>Hamilton Center</u>	<u>Stevensville Center</u>
Morning _____ Bus Service? _____	Morning _____ Bus Service? _____
8:30 – 12:30	8:45 – 12:45
Mid-Morning _____ Bus Service? _____	
9:45 – 1:45	

Bus Service is for outlying areas only/ no bus service in Hamilton. All classes are held Monday – Thursday.

In addition to this application you will also need -

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

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

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

- SSN not required.
- IRS1040 or W-2 Forms
- 12 months of paystubs/pay envelopes
- Child Support documentation
- Student loan documents
- Award letter(s)

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 / SSI / Foster Care
	Statement of Homeless or -0- income
	TOTAL

Income Guidelines 1/15	
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 additional family member.

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 Ravalli Early/Head Start program.

Staff signature	Title	Date
Ravalli Early Head Start 103 South 9 th St. Suite 106 Hamilton MT 59840 406.363.7412 ext 222 FAX: 406.363.7287	Ravalli Head Start 585 E Third St. Stevensville MT 59870 406.777.5563 www.ravalliheadstart.org	Ravalli Head Start 81 Kurtz Lane Hamilton MT 59840 406.363.1217 ext 614 FAX: 406.363.1627