



**Missoula Early Head Start
No Cost Early Childhood Programs Ages 0-3
2016-2017 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? Yes No Does s/he have an IFSP/IEP? Yes No
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:

- | | | | |
|------------------|--|--|--|
| INCOME: | <input type="checkbox"/> 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 |
| BENEFITS: | <input type="checkbox"/> WIC | <input type="checkbox"/> SNAP | <input type="checkbox"/> Financial Aid |
| | <input type="checkbox"/> Healthy MT Kids Plus | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Housing Assistance |
| | <input type="checkbox"/> Healthy MT Kids (BCBS) | <input type="checkbox"/> Tribal | <input type="checkbox"/> Best Beginnings 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

Income Guidelines 1/16	
Number in Family	Yearly Income
1	\$11,880
2	\$16,020
3	\$20,160
4	\$24,300
5	\$28,440
6	\$32,580

Add \$4,160 for each added 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.



Below dotted line Head Start Staff will complete.

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 39th St.**

Missoula, Montana 59803

Phone: 406.251.9410 ext 323 Fax: 406.251.9403 or 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.

F:/ERSEA/16.17/Eligibility/Application/Rev2.16