



Missoula Early Head Start

No Cost Early Childhood Programs Ages 0-3

2018-2019 Application

Child's Name _____ /___/___ M / F
 or Prenatal Mother (first) (last) Date of Birth Circle

Child's Name _____ /___/___ M / F
 or Prenatal Mother (first) (last) Date of Birth Circle

Parent/Guardian _____ /___/___ M / F
 (first) (last) Date of Birth Circle

Parent/Guardian _____ /___/___ M / F
 (first) (last) Date of Birth Circle

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 always knows how to contact you.

Name & Relationship _____ Phone: _____

_____ Street City State Zip

Please check income and benefits your family receives:		
INCOME:	<input type="checkbox"/> Public Assistance/TANF	<input type="checkbox"/> SSI (Parent/Child)
	<input type="checkbox"/> Unemployment	<input type="checkbox"/> Workers Comp
	<input type="checkbox"/> Foster/Adoption Subsidy	<input type="checkbox"/> Grants/Scholarships
	<input type="checkbox"/> Other Cash Assistance	<input type="checkbox"/> Child Support /Alimony
BENEFITS:	<input type="checkbox"/> WIC	<input type="checkbox"/> SNAP
	<input type="checkbox"/> Healthy MT Kids Plus	<input type="checkbox"/> Energy Assistance
	<input type="checkbox"/> Healthy MT Kids CHIP	<input type="checkbox"/> Tribal
	<input type="checkbox"/> Financial Aid	<input type="checkbox"/> Housing Assistance
	<input type="checkbox"/> Best Beginnings Scholarship	

This information is true and accurately reflects our family situation.

/ _____
 Parent/Guardian Signature Date

/ _____
 Parent/Guardian Signature Date

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

Home Based ____ Center* ____ Either Center*/ Home Based ____

Are you employed full time? ____ School full time? ____ Other _____

Prenatal ____ Due Date _____ First time parent? ____ Teen parent? ____ "High Risk"? ____

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

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 • 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 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 1/18	
Number in Family	Yearly Income
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740

For each additional family member add \$4,180.
Federal Register 1/2018.

Head Start Staff will complete below -

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

**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. **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.