



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 can be contacted in case of an emergency.

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
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"/> Child Support /Alimony
		<input type="checkbox"/> Military Income (Active/Retired)
		<input type="checkbox"/> Other Cash Assistance
		<input type="checkbox"/> Financial Aid
		<input type="checkbox"/> Housing Assistance
		<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

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.

To enroll your child you will need **this application plus** -

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

2. Your Proof of Income For the past 12 months or calendar year → 1040 or W2 or Paystubs for 12 mo
Or *Proof of* • Current TANF • SSI • Foster Status • Statement of Homelessness or -0- Income

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 over 6 add \$4,320. Federal Register 2/2018.

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.

 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