



# Community Action Partnership Head Start Application

107 3<sup>rd</sup> Ave SE

Dickinson, ND 58601

phone: (701)227-3010 or 1-877-546-9420 fax: (701)225-1968



**Applying for:**  Head Start Preschool (ages 3 – 5)  Early Head Start (ages 0 - 3)  Early Head Start (expectant family)

Due date \_\_\_\_\_

**Program option:**  Dickinson Center Base  Hettinger County Center Base  Home Base

### Physical Address Information

Street	City	State	Zip	County
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### Mailing Address - only if different than above

Street	City	State	Zip	County
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### Which of the following best describes your family:

<input type="checkbox"/> Two Parent	<input type="checkbox"/> Female Single Parent	<input type="checkbox"/> Male Single Parent	<input type="checkbox"/> Couple
<input type="checkbox"/> Dual Custody	<input type="checkbox"/> Foster Family	<input type="checkbox"/> Other – _____	

What is your primary language at home?

What language(s) are you comfortable communicating in?

### Housing Status

<input type="checkbox"/> Owner	<input type="checkbox"/> Renter	<input type="checkbox"/> Homeless	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown
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### Please mark any of the following services that your family receives:

<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> Child Care Assistance	<input type="checkbox"/> TANF	<input type="checkbox"/> WIC	<input type="checkbox"/> Child Support
<input type="checkbox"/> Foster Care Subsidy	<input type="checkbox"/> SSDI (Social Security Disability Benefits)	<input type="checkbox"/> Parent Aide	<input type="checkbox"/> HUD/VASH	<input type="checkbox"/> Public Housing Assistance
<input type="checkbox"/> Counseling	<input type="checkbox"/> Energy Assistance (LIHEAP)	<input type="checkbox"/> SSI (Supplemental Security Income)		<input type="checkbox"/> Pension/ Retirement
<input type="checkbox"/> Unemployment	<input type="checkbox"/> Adoption/Guardianship Subsidy	<input type="checkbox"/> Worker's Compensation		<input type="checkbox"/> VA Services/Benefits

# Head of Household

First Name		Last Name		Birth Date	
Home #			Cell #		
Email:					
Race/Ethnicity					
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Mixed Race/ Bi-Racial
<input type="checkbox"/> Other (please specify) _____					
Are you of Hispanic/Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education – highest grade completed					
<input type="checkbox"/> 0-8 <sup>th</sup> grade	<input type="checkbox"/> 9-12 <sup>th</sup> Non-Graduate	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> GED	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors or Advanced Degree
Are you currently attending school or training program <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current Employment Status					
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Seasonal	
<input type="checkbox"/> Unemployed less than 6 months		<input type="checkbox"/> Unemployed more than 6 months		<input type="checkbox"/> Unemployed (Not currently searching for work)	
<input type="checkbox"/> Disabled		<input type="checkbox"/> Retired			
Health Insurance					
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Private (through job/work)		<input type="checkbox"/> Private (NOT through job/work)	
<input type="checkbox"/> Indian Health Services		<input type="checkbox"/> None	<input type="checkbox"/> Other _____		
Military Status					
Are you on active duty with the United States Military?			Are you a veteran of the United States Military?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Other parent/guardian LIVING in the home

First Name	Last Name			Birth Date	
Home #			Cell #		
Email:					
Race/Ethnicity					
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Native Hawaiian Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Mixed Race/ Bi-Racial
<input type="checkbox"/> Other (please specify) _____					
Are you of Hispanic/Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Education – highest grade completed					
<input type="checkbox"/> 0-8 <sup>th</sup> grade	<input type="checkbox"/> 9-12 <sup>th</sup> Non-Graduate	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> GED	<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Bachelors or Advanced Degree
Are you currently attending school or training program <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current Employment Status					
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time		<input type="checkbox"/> Seasonal	
<input type="checkbox"/> Unemployed less than 6 months		<input type="checkbox"/> Unemployed more than 6 months		<input type="checkbox"/> Unemployed (Not currently searching for work)	
<input type="checkbox"/> Disabled		<input type="checkbox"/> Retired			
Health Insurance					
<input type="checkbox"/> Medicaid		<input type="checkbox"/> Private (through job/work)		<input type="checkbox"/> Private (NOT through job/work)	
<input type="checkbox"/> Indian Health Services		<input type="checkbox"/> None	<input type="checkbox"/> Other _____		
Military Status					
Are you on active duty with the United States Military?			Are you a veteran of the United States Military?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

# Head Start/Early Head Start Child Information

First	Last	Birth Date	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/ African American	<input type="checkbox"/> Native Hawaiian Pacific Islander
			<input type="checkbox"/> White
<input type="checkbox"/> Mixed Race/ Bi-Racial			
<input type="checkbox"/> Other (please specify) _____			
Is this child of Hispanic/Latino Origin? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Health Information			
What type of health insurance does this child have?			
<input type="checkbox"/> Medicaid    MA # _____		<input type="checkbox"/> Private (through job/work)	
<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Healthy Steps	<input type="checkbox"/> Private (not through job/work)	
<input type="checkbox"/> Other please specify: _____		<input type="checkbox"/> Pending	<input type="checkbox"/> None

Has this child ever been involved with a program that addresses developmental/special needs?

*Examples: KIDS Program, Early Intervention, OT, PT, Speech, etc.*

Yes     No

If yes, where did you go to get these services: \_\_\_\_\_

**Please list any other members living in the home that are not already listed.**

Name	Birth Date	Gender	Race	Type of Insurance	Hispanic	Disabled	Veteran
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please share with us how you learned about our program (Ex: radio, friend/family, other agency, flyer, other school, staff, etc).

The information provided by me to establish my eligibility is true and accurate to the best of my knowledge.

\_\_\_\_\_ I consent to the independent verification of the information by the authorized agent of the agency or its government funding source.

\_\_\_\_\_ I consent to the review of my files by the authorized agent of the agency or its governing funding source.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

Family is best described as:

Two Parent:	<input type="checkbox"/> biological, adoptive, stepparents	<input type="checkbox"/> grandparents	<input type="checkbox"/> relatives other than grandparents	<input type="checkbox"/> foster parents (not relatives)	
<input type="checkbox"/> other specify _____					

Single Parent:	<input type="checkbox"/> mother biological, adoptive, stepmother	<input type="checkbox"/> father biological, adoptive, stepfather	<input type="checkbox"/> grandparent	<input type="checkbox"/> relative other than grandparent	<input type="checkbox"/> foster parent (not relative)
<input type="checkbox"/> other specify _____					