

Community Action Partnership Head Start Application
Head Start Preschool 107 3rd Ave / Early Head Start 338 SE 1st St
Dickinson, ND 58601
Phone: (701) 227-3010 Fax: (701) 225-1968

Applying for: Head Start Preschool Early Head Start Early Head Start Expectant Family
 (ages 3-5) (ages 0-3) Due Date _____

Program Option: Dickinson Center Base Hettinger County Center Base Home Base

Physical Address				
Street	City	State	Zip	County

Mailing Address – only if different than above				
Street/PO Box	City	State	Zip	County

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 (please specify)	<hr/>	

Do Guardianship or Safety Plan Services apply to your family? Yes No

What is your primary language at home? _____

What language(s) are you most comfortable communicating in? _____

Housing Status

Owner Renter Homeless Other (please specify) _____

Please mark any of the following services that your family receives:

SNAP (Food Stamps) Child Care Assistance TANF WIC Child Support
 Foster Care Subsidy SSDI (Social Security Disability) Parent Aide/Intensive In Home HUD/VASH
 Public Housing Assistance Counseling LIHEAP (Energy Assistance) Pension/Retirement
 SSI (Supplemental Security Income) Unemployment Benefits Adoption Subsidy
 VA Benefits/Services Worker's Compensation

Head of Household

First Name	Last Name	Birthdate	Gender

Phone # _____ Email: _____

Race/Ethnicity

American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Middle Eastern/North African Native Hawaiian/Pacific Islander White

Multiracial/Multiethnic: please mark all that apply

American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Middle Eastern/North African Native Hawaiian/Pacific Islander White

Education – Highest Grade Completed

0-8th Grade 9-12th Non Grad High School Grad GED Associates Bachelors/Advanced

Are you currently attending school/college or a training program: Yes No

Current Employment Status

Full Time Part Time Unemployed less than 6 months Unemployed more than 6 months

Unemployed (not currently looking for work) Seasonal Retired Disabled

Health Insurance Information

Medicaid Medicaid Expansion Through Job NOT through Job Indian Health Services

Other (please specify) _____ No Insurance

Military Status

Are you on active duty with the United States Military? Yes No

Are you a veteran of the United States Military? Yes No

Other parent/guardian LIVING in the home

First Name	Last Name	Birthdate	Gender
Phone # _____		Email: _____	

Race/Ethnicity

American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Middle Eastern/North African Native Hawaiian/Pacific Islander White

Multiracial/Multiethnic: please mark all that apply

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Health Insurance Information

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Other (please specify) _____ No Insurance

Military Status

Are you on active duty with the United States Military? Yes No

Are you a veteran of the United States Military? Yes No

Head Start Preschool/Early Head Start Child Information

First Name	Last Name	Birthdate	Gender

Race/Ethnicity

American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Middle Eastern/North African Native Hawaiian/Pacific Islander White

Multiracial/Multiethnic: **please mark all that apply**

American Indian/Alaskan Native Asian Black/African American Hispanic/Latino

Middle Eastern/North African Native Hawaiian/Pacific Islander White

Health Insurance Information

Medicaid: MA # _____

Covered Under Parent/Guardian

Indian Health Services

North Dakota Children's Health Insurance Program (CHIP)

Other (please specify) _____

No Insurance

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

Yes No

Examples: KIDS Program, Occupational Therapy, Physical Therapy, Behavioral Therapy, Counseling etc.

If yes, where does this child go for these services? _____

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

First Name				Last Name		
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name				Last Name		
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name				Last Name		
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name				Last Name		
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name				Last Name		
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name				Last Name		
Birthdate	Gender	Race/Ethnicity	Type of Insurance	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No

Please share with us how you learned about our program (i.e 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

Biological/Adoptive/Stepparents Grandparents Relatives other than Grandparents

Foster Parents Other, specify _____

Single Parent

Biological/Adoptive/Stepparents Grandparents Relatives other than Grandparents

Foster Parents Other, specify _____