



# Action for Eastern Montana Head Start Application



Action for Eastern Montana Head Start is now taking applications to serve preschool aged children. These services are free to eligible families. Action for Eastern Montana Head Start is designed to meet the special needs and strengths of each child and family. The program focuses on helping families in the following areas:

- \*Parent education and support
- \*Child development and early childhood education
- \*Child health, safety, and wellness
- \*Nutrition services
- \*Connecting with other services to meet family needs
- \*Mental health and disability services

**Please include a copy of the following documents with your application:**

- 1. INCOME VERIFICATION** (W-2 form, check stub, a letter from your employer, TANF history, copy of tax return, unemployment, SSI, etc.)
- 2. BIRTH CERTIFICATE**
- 3. IMMUNIZATION RECORD**
- 4. SOCIAL SECURITY CARD**

Please feel free to call if you have any questions!

## **MILES CITY**

1608 N. Merriam  
Miles City, MT 59301  
(406) 234-5223  
(406) 234-6522 fax

## **MALTA**

164 S. 10<sup>th</sup> St W.  
Malta, MT 59538  
(406) 654-2005  
(406) 654-2849 fax

## **GLENDIVE**

120 Colorado Blvd  
Glendive, MT 59330  
(406) 377-3009  
(406) 377-3010 fax

## **GLASGOW**

839 1<sup>st</sup> Ave South Suite 3  
Glasgow, MT 59230  
(406) 228-2404  
(406) 228-2405 fax

***We look forward to serving your  
child and family!***

Head Start participates in the Child and Adult Food Care Program (CACFP), United States Department of Agriculture (USDA) is an Equal Opportunity Provider and Employer.



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## Enrolling Child's Information

Child's First Name: \_\_\_\_\_ Child's Legal Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Child's Street Address: \_\_\_\_\_

Child's Mailing Address: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Ethnicity:  Hispanic  Non Hispanic

Race (check all that apply)  White  Black  Hispanic/Latino  American Indian  Asian/Pacific  Other

Gender:  Female  Male Is this child a foster child?  Yes  No

Child is living with:  Parent  Grandparent  Relative  Other (Specify) \_\_\_\_\_

Does your child have any allergies?  Yes  No If yes, what type? \_\_\_\_\_

Do you have any developmental or behavioral concerns regarding your child?  Yes  No If yes, please explain: \_\_\_\_\_

Is your child receiving services with DEAP or Hi-Line Home Programs?  Yes  No If yes, please explain \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP)?  Yes (If yes, please provide a copy)  No

Does your child have an Individualized Family Service Plan (IFSP)?  Yes (If yes, please provide a copy)  No

Child Insurance Provider:  None  Healthy Montana Kids  Healthy Montana Kids +  Private  Indian Health Service (IHS)

## Parent/Guardian Information

Parent/Guardian Residing in Home: \_\_\_\_\_  
First M.I. Last

Relationship to child: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last grade completed \_\_\_\_\_  
Month Day Year

Telephones - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Daytime: \_\_\_\_\_

Are you employed?  Yes  No  Fulltime  Part Time  Seasonal  Job Training Program  Attending School/Student

Employer Name: \_\_\_\_\_

Parent/Guardian Residing in Home: \_\_\_\_\_  
First M.I. Last

Relationship to child: \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Last grade completed \_\_\_\_\_  
Month Day Year

Telephones - Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Daytime: \_\_\_\_\_

Are you employed?  Yes  No  Fulltime  Part Time  Seasonal  Job Training Program  Attending School/Student

Employer Name: \_\_\_\_\_

**Household Information**

Please list all other persons living in the home that are not listed on previous page.

First Name	Last Name	Birthdate	Relationship to Child	Sex	Social Security Number
				M F	
				M F	
				M F	
				M F	
				M F	
				M F	

**Financial Information**

Number of Adults in Home? \_\_\_\_\_ Number of Adults Contributing to Income? \_\_\_\_\_ Number of Children in Home? \_\_\_\_\_

Is your family homeless?  Yes  No Are you living with others on a temporary basis?  Yes  No  
If yes, please explain \_\_\_\_\_

Is anyone in your household receiveing TANF?  Yes  No SSI?  Yes  No

If your income is \$0, please explain your current circumstances: \_\_\_\_\_

**Head Start Information**

Please keep us informed if you move, or change your phone number, so we are able to contact you when there is an opening.

How did you find out about our services? \_\_\_\_\_

I have read and understand this application. I certify that the above information, including financial, is to the best of my knowledge, true and complete.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Gross Annual Income \_\_\_\_\_ Date Verified \_\_\_\_\_  
Verification:  1040 Tax Statement  W-2 Statement  Pay Stub  Income Declaration  
 Public Assistance Form  SSI  
Birthdate Verified DOB \_\_\_\_\_  3  4  
Ranking Points \_\_\_\_\_  
Income Eligible  Yes  No  
TANF, SSI, Foster Care, or Homeless Eligible  Yes  No  
Center Name \_\_\_\_\_  
Date Application was Received \_\_\_\_\_ Completed \_\_\_\_\_  
Staff Signature \_\_\_\_\_