

- New
 Re-enrollment

Date received: ___/___/___ Date Entered ___/___/___

Completed by: _____



BUTTE HEAD START
 1000 S. Arizona St., Butte, MT 59701
 Phone: 406-723-4078
 Fax: 406-723-5620



Head Start/Action Inc. 2019-2020 ENROLLMENT APPLICATION

CHILD APPLICANT			
FIRST NAME: _____ MI: _____ LAST NAME: _____			DOB: ___/___/___
SSN: _____		FOSTER CHILD: <input type="checkbox"/> Yes <input type="checkbox"/> No	ETHNICITY: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No
RACE: (check one) <input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____	HEALTH INSURANCE: (check one) <input type="checkbox"/> HMK Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> HMK PLUS (CHIPS) <input type="checkbox"/> No Insurance

FAMILY INFORMATION		
LIVING ADDRESS: Address: _____ City: _____ State _____ Zip _____		PARENTAL STATUS: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent
MAILING ADDRESS: Address: _____ City: _____ State _____ Zip _____		HOMELESS: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shelter <input type="checkbox"/> Park <input type="checkbox"/> Vehicle <input type="checkbox"/> Motel/Hotel
Has your child been identified by a PROFESSIONAL as having a disability or special need? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please explain: _____		HOUSING: <input type="checkbox"/> Own <input type="checkbox"/> Public Housing <input type="checkbox"/> Rent <input type="checkbox"/> Live with relative/friend
SERVICES YOUR FAMILY RECEIVES: (Check all that apply) <input type="checkbox"/> N/A <input type="checkbox"/> Food Stamps/SNAP <input type="checkbox"/> TANF <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> WIC <input type="checkbox"/> Child Welfare Services (open case) <input type="checkbox"/> Other: _____		Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Primary Home Language: _____ Secondary Home Language: _____

PRIMARY ADULT			
FIRST NAME: _____ MI: _____ LAST NAME: _____			DOB: ___/___/___
SOCIAL SECURITY NUMBER: _____		HOME PHONE: (____) _____ CELL PHONE: (____) _____	
RACE: (check one) <input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Black or African American		<input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____	
		ETHNICITY: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No	Lives in the household: <input type="checkbox"/> Yes <input type="checkbox"/> No
RELATIONSHIP TO CHILD: (check one) <input type="checkbox"/> Biological Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Grandparent/Relative <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other: _____		EMPLOYMENT STATUS: (check one) <input type="checkbox"/> Full-Time Work (35 hrs/wk or more) <input type="checkbox"/> Part-Time Work (Under 35 hrs/wk) <input type="checkbox"/> Unemployed (Short-Term 6 months or less) <input type="checkbox"/> Unemployed (Long-Term more than 6 months) <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Training or in school <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Stay at home parent	
HIGHEST SCHOOLING COMPLETED: (check one) <input type="checkbox"/> Grade 10 or less <input type="checkbox"/> Grade 11 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Training Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree			MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Veteran

Yes No I consent to pictures and videos being taken of my child at Head Start to be used in newspapers, brochures, TV and bulletin boards for public relations. **(Photos and identification tags are necessary for education and safety purposes.)**

Is your son or daughter potty trained? Yes No Working on it

Does your child receive speech and language services? Yes No or do you suspect a speech problem? Yes

Is your child receiving any mental health services? Yes No

Transportation is not a requirement or available in all locations. If available, will you be needing bus services for your child? Yes No

Living Address _____ Day Care _____

SECONDARY ADULT

FIRST NAME: _____ MI: _____ LAST NAME: _____ DOB: ____/____/____		<input type="checkbox"/> Male <input type="checkbox"/> Female
SOCIAL SECURITY NUMBER: _____		HOME PHONE: (____) _____ CELL PHONE: (____) _____
RACE: (check one) <input type="checkbox"/> American Indian or Alaskan Indian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> Other: _____		EMAIL ADDRESS: _____
RELATIONSHIP TO CHILD: (check one) <input type="checkbox"/> Biological Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent/Relative <input type="checkbox"/> Other: _____		ETHNICITY: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No
HIGHEST SCHOOLING COMPLETED: (check one) <input type="checkbox"/> Grade 10 or less <input type="checkbox"/> High School Graduate <input type="checkbox"/> Training Certificate <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> GED <input type="checkbox"/> Associate Degree <input type="checkbox"/> Master's Degree		Lives in the household: <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT STATUS: (check one) <input type="checkbox"/> Full-Time Work (35 hrs/wk or more) <input type="checkbox"/> Self-Employed <input type="checkbox"/> Part-Time Work (Under 35 hrs/wk) <input type="checkbox"/> Seasonal Employee <input type="checkbox"/> Unemployed (Short-Term 6 months or less) <input type="checkbox"/> Training or in school <input type="checkbox"/> Unemployed (Long-Term more than 6 months) <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Stay at home parent		MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Veteran

OTHER FAMILY MEMBERS SUPPORTED BY GUARDIAN'S INCOME

FIRST, MIDDLE INITIAL & LAST NAME	RELATIONSHIP TO APPLYING CHILD	DATE OF BIRTH	SSN	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> American / Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> American / Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> American / Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> American / Alaskan Indian <input type="checkbox"/> Asian <input type="checkbox"/> Bi-Racial/Multi-Racial <input type="checkbox"/> Black / African American <input type="checkbox"/> Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other				Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No

Of Adults in The Family: _____ **# Of Children in The Family:** _____ **Total Yearly Income: \$** _____

TANF: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly			SUPPLEMENTAL SECURITY INCOME: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Family Member	Gross Amount	Per (for example: week, month)	Annual Amount	Verification: (for example: W2, check stub)	Description (for example: Wages, Child Support, Unemployment, Scholarships/Grants)
	\$		\$		
	\$		\$		
	\$		\$		

PLEASE READ, SIGN AND DATE YOUR APPLICATION

I understand that the information in this application will be held in strict confidence within the agency. I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in disenrollment my child from Head Start and could have serious legal consequences for me. Action Inc. Head Start does not discriminate based on race, color, national origin, sex, disability, age, reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

PARENT/GUARDIAN SIGNATURE: _____	DATE: _____
HEAD START STAFF SIGNATURE: _____	DATE: _____