

- New
 Re-enrollment

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

Completed by: _____



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



Action Inc. Head Start 2021-2022 ENROLLMENT APPLICATION

CHILD APPLICANT			
FIRST NAME: _____ MI: _____ LAST NAME: _____			DOB: ___/___/___
			<input type="checkbox"/> Male <input type="checkbox"/> Female
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)		HEALTH INSURANCE: (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: <input type="checkbox"/> HMK Medicaid <input type="checkbox"/> Private Insurance <input type="checkbox"/> HMK PLUS (CHIPS) <input type="checkbox"/> No Insurance	
PRIMARY 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)		EMAIL ADDRESS: _____	
<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)		EMPLOYMENT STATUS: (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:		<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)			MILITARY STATUS:
<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			<input type="checkbox"/> Active <input type="checkbox"/> Veteran
SECONDARY ADULT			
LIVING ADDRESS (if different from the family):			
Address: _____ City: _____ State _____ Zip _____			
FIRST NAME: _____ MI: _____ LAST NAME: _____			DOB: ___/___/___
			<input type="checkbox"/> Male <input type="checkbox"/> Female
SOCIAL SECURITY NUMBER: ___/___/___		HOME PHONE: (____) _____ CELL PHONE: (____) _____	
RACE: (check one)		EMAIL ADDRESS: _____	
<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)		EMPLOYMENT STATUS: (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:		<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)			MILITARY STATUS:
<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			<input type="checkbox"/> Active <input type="checkbox"/> Veteran
<input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Working on it			
Does your child receive speech and language services? <input type="checkbox"/> Yes <input type="checkbox"/> No or do you suspect a speech problem? <input type="checkbox"/> Yes			
Is your child receiving any mental health services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Transportation is not a requirement or available in all locations. If available, will you be needing bus services for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Living Address _____		Day Care _____	

OTHER FAMILY MEMBERS SUPPORTED BY GUARDIAN'S INCOME				
FIRST, MIDDLE INITIAL & LAST NAME	RELATIONSHIP TO APPLYING CHILD	DATE OF BIRTH	SOCIAL SECURITY NUMBER:	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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No				
# Of Adults in The Family:		# Of Children in The Family:		
FAMILY INFORMATION				
LIVING ADDRESS: Address: _____ City: _____ State _____ Zip _____		PARENTAL STATUS: <input type="checkbox"/> One Parent <input type="checkbox"/> Two Parent		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
MAILING ADDRESS: Address: _____ City: _____ State _____ Zip _____		Does the child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No		HOUSING: <input type="checkbox"/> Own <input type="checkbox"/> Public Housing <input type="checkbox"/> Rent <input type="checkbox"/> Live with relative/friend
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: _____		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:		Primary Home Language: _____ Secondary Home Language: _____

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)
	\$		\$		
	\$		\$		
	\$		\$		
				Total Yearly Income: \$	

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 of 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:

WHAT YOU WILL NEED WITH YOUR HEAD START APPLICATION

1. Your tax forms, or W2 forms, or check stubs from the past 12 months, or a letter from your employer stating gross wages for the past 12 months and Proof of TANF, SSI, Child Support or any school-related grants, if you receive them.



2. Your child's immunization record, even if it's not complete.



3. Your child's birth certificate.



Your child's medical, dental and immunization records can be FAXED to 406-723-5620.

You will also be asked for:

- Any custody papers/parenting plan regarding your child.
- Name, address and phone number of child care provider.
- Name, address and phone number of your emergency and release-to-contacts.
- A copy of your child's IEP (Plan for services in school) or IFSP (Plan for services with Family Outreach), if he/she receives services.