

- ☐ 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 2023-2024 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	
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		ETHNICITY: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No <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			
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) <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		EMAIL ADDRESS: _____	
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: _____		ETHNICITY: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No Lives in the household: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		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	
MILITARY STATUS: <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) <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		EMAIL ADDRESS: _____	
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: _____		ETHNICITY: Hispanic/Latino Origin <input type="checkbox"/> Yes <input type="checkbox"/> No Lives in the household: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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		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	
MILITARY STATUS: <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				
		____/____/____	____/____/____	<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) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> N/A</div> <div style="width: 50%;"><input type="checkbox"/> Food Stamps/SNAP</div> <div style="width: 50%;"><input type="checkbox"/> TANF</div> <div style="width: 50%;"><input type="checkbox"/> Supplemental Security Income (SSI)</div> <div style="width: 50%;"><input type="checkbox"/> WIC</div> <div style="width: 50%;"><input type="checkbox"/> Child Welfare Services (open case)</div> <div style="width: 50%;"><input type="checkbox"/> Other:</div> </div>	
		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 childcare 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.