



**Lower Sioux Indian Community Early Head Start
Application for Enrollment
EXPECTANT FAMILIES PROGRAM**



*Documents needed to complete this application:
Certificate of Degree Indian Blood, Verification of Applicant's Income.*

1. Pick up or print off an application
2. Read the application carefully, and do not send original documents other than the application
3. Complete all of the application sections that apply to your family's circumstances.
4. If you are a LSIC member/of American Indian Descent, make a copy of the Certificate of Degree of Indian Blood/Enrollment number (preferred). (Lower Sioux members can contact enrollment at the government center).
5. Include the parent's income verification forms with the application. Documents that can be used include:
 - Temporary Assistance for Needy Families Documentation
 - Supplemental Security Income Documentation
 - Social Security Benefit
 - 1040s
 - W-2 Forms
 - Pay Stubs
 - *Foster Care Reimbursement (or placement papers)
 - Unemployment Benefits ~~Document~~
 - Written Statements from Employer
 - Alimony Payment Documentation
 - Child Support Documentation (**See Note below if you have dual custody*)
 - Document of no family income (*form attached at back of application*)
6. Review application and make sure it is signed and dated
7. If you are homeless, please contact the office at the number below for further details. (see homeless definition- last page)

Return application and required documents to your local center or mail to:

Lower Sioux Government Center

If you have questions or need assistance in completing the application, please call Mariah Wabasha at (507)-697-8255

Parent Check List for All Documents Needed

- | | |
|--|---|
| <input type="checkbox"/> Application is Signed and Dated | <input type="checkbox"/> CDIB (if applicable) |
| <input type="checkbox"/> Income or Documentation of No Income | <input type="checkbox"/> Review application for completion |

Applicant & Family Member Information

Applicant- Expectant Mother							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
						Male Female	
Race		Hispanic	Primary Language	Other Language	Other Language Proficiency		
Asian	American Indian/ Alaska Native	Yes	English		Poor		
Black	Hawaiian/Pacific Islander	No	Spanish		Moderate		
White	Multi-Racial		Other		Proficient		
Other: _____							
Primary Health Coverage			Other Health Coverage		Medicaid		
					Not Eligible On Medicaid Potentially Eligible		
Expected Due Date/Circle Trimester				Does expectant mother have a disability or mental health condition?			
Date _____ Trimester: First Second Third				Yes (specify) _____			
Have you received any prenatal care?		Do you have/had children in Early Head Start/Head Start previously?					
Yes No		Yes No					
If American Indian/Alaska Native, what tribe?			Does Parent have a CDIB?				
Expectant Father/Partner							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
						Male Female	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
Asian	American Indian/ Alaska Native	Yes	None		Poor		
Black	Hawaiian/Pacific Islander	No	Little		Moderate		
White	Multi-Racial		Moderate		Proficient		
Other: _____			Proficient				
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply	
Associate's	Col/Adv Train	Full Time	Full Time & Training	Natural/Adopted/Step	Yes	Lives with Family	
Bachelor's	Grade 11	Part Time	Part Time & Training	Grandchild	No	Provides Financial Support	
Master's	HS Graduate	Seasonal	Training or School	Niece/Nephew		Teen Parent	
GED		Unemployed	Retired or Disabled	Foster			
Col Deg/Train Cert				Other			
Email Address: _____							

Secondary Adult							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	
						Female	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency		
Asian	American Indian/ Alaska Native	Yes	None		Poor		
Black	Hawaiian/Pacific Islander	No	Little		Moderate		
White	Multi-Racial		Moderate		Proficient		
Other: _____			Proficient				
Highest Grade Completed		Employment Status		Child's Relationship	Custody	Check all that apply	
Associate's	Col/Adv Train	Full Time	Full Time & Training	Natural/Adopted/Step	Yes	Lives with Family	
Bachelor's	Grade 11	Part Time	Part Time & Training	Grandchild	No	Provides Financial Support	
Master's	HS Graduate	Seasonal	Training or School	Niece/Nephew		Teen Parent	
GED		Unemployed	Retired or Disabled	Foster			
Col Deg/Train Cert				Other			
Email Address: _____							

Applicant & Family Member Information (cont'd)

Supported by Parent/Guardian.

Other Adult						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
						Male Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
Asian	American Indian/ Alaska Native	Yes	None		Poor	
Black	Hawaiian/Pacific Islander	No	Little		Moderate	
White	Multi-Racial		Moderate		Proficient	
Other: _____			Proficient			
Child's Relationship		Custody		Check all that apply		
Natural/Adopted/Step		Yes		Lives with Family		
Grandchild		No		Provides Financial Support		
Niece/Nephew				Teen Parent		
Foster				If teen parent, subsidized?		
Other				Yes No		
Email Address:						

Additional Child (Applicant)*						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
						Male Female
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
Asian	American Indian/ Alaska Native	Yes	None		Poor	
	Tribe: _____	No	Little		Moderate	
Black	Hawaiian/Pacific Islander		Moderate		Proficient	
White	Multi-Racial		Proficient			
Other: _____						
Primary Health Coverage		Other Health Coverage			Medicaid	
					Not Eligible	
					On Medicaid	
					Potentially Eligible	
Does child have a disability?				Currently receiving or application in process for Child Care Assistance?		
Yes (specify) _____				Yes No		
No						
Does child have an IFSP through Help Me Grow?		Accommodations or adaption's to the school environment?				
Yes No		Yes (specify) _____				
No						
If American Indian/Alaska Native, what tribe?		Does child have a CDIB?		Does parent have a CDIB?		
		Yes		Yes		
		No		No		

Additional Adults and/or Children (Non-Applicants)*			
Name (First, Middle, Last)	Birthdate	Gender	Relation

Family Information, Income & Contacts

Family Information									
Living Address		Address Line 2		Zip	City		State		
Mailing Address (if different)		Address Line 2		Zip	City		State		
Phone Numbers		Type (check one)							
		Cell	Home	Work	Txt Msg	Mom	Dad	Other _____	
		Cell	Home	Work	Txt Msg	Mom	Dad	Other _____	
		Cell	Home	Work	Txt Msg	Mom	Dad	Other _____	
		Cell	Home	Work	Txt Msg	Mom	Dad	Other _____	
Parental Status (check one)		Primary Language at Home		Homeless Family	Active Duty Military	Referred by Child Welfare Agency		Receiving Food Stamps?	WIC
One	Two			Yes No	Yes No	Yes No	Yes No	Yes No	
Preferred Center									

Family Income (Please list all income received) *Income documents required	
TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	Supplemental Security Income <input type="checkbox"/> Yes <input type="checkbox"/> No
Family Member:	Employer:
Primary Parent/Guardian: Paid Weekly Paid Bi-Weekly Paid Bi-Monthly Paid Monthly _____ Paid Annually Other:	Secondary Parent/Guardian: Paid Weekly Paid Bi-Weekly Paid Bi-Monthly Paid Monthly _____ Paid Annually Other:
Income Notes	
Do you receive Child Support? <input type="checkbox"/> Yes (If yes, please attach court documents showing monthly amount or 12 month DHS print-out) <input type="checkbox"/> No	

Family Risk Factors

The more information you share with us, the more we can determine the need for services.

Please check the following boxes that relate to the EXPRECTANT MOTHER applying for EHS Services-

The next questions include topics that are more sensitive. Please share as much information as you are comfortable giving. Has anyone in your household been effected by any of the following in the last 12months-

- Voluntary Placement for Protective Services
- Substance Abuse
- Domestic Violence
- Incarceration or Probation/Parole
- NAS/FAS

All information in this application is kept confidential!

Are other community agencies providing services to you or anyone else living in your house? Yes No
If yes, please list below.

AGENCY	PERSON'S NAME

What's Next?

Once you have submitted the application, we will be in contact with you to go over the information. We will need to further communicate with you as we process the application and determine your eligibility and possible placement in our program so please notify us if your contact information changes.

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Applicant Signature _____ **Date** _____

**Lower Sioux Indian Community Early Head Start
RESIDENCY QUESTIONNAIRE**

Please answer the questions below that best describes your living situation. The purpose of the information is to ensure your rights under the McKinney Vento Law.

Do you or your family live in any of these situations? (Check all that apply)

- In my own home
- In apartment
- Section 8 Housing
- Military Housing
- In a shelter (family shelter, domestic violence, youth or temporary housing)
- In a motel, hotel, or weekly rate housing
- With friends or relatives because you cannot find or afford housing or lost housing
- On the street, in a tent, in a car or van, or campgrounds without running water or electricity
- Temporary foster care placement
- With friends or relatives because you are an unaccompanied youth
- None of the above describes my present living situation. If so, describe _____

Applicant Signature _____ Date _____

**Lower Sioux Indian Community Early Head Start
DECLARATION OF NO FAMILY INCOME**

Applicant Name _____

Expectant Father/Secondary Adult Name _____

Date _____

APPLICANT:

I, _____, am not employed by any person or business. My family has no current source of income from wages, salary, unemployment, strike benefits, worker's compensation, TANF, Social Security, training stipend, alimony or child support. I do not receive military allotments, scholarship living allowances, gambling or lottery winnings or any other regular income from outside sources.

Previous Employment _____ Date employment ended _____

The reason that I have no income is as follows: _____

I certify that the information gained above is complete and accurate to the best of my knowledge.

Applicant Signature _____ **Date** _____

Expectant Father/Secondary Adult Name (If Applicable):

I, _____, am not employed by any person or business. My family has no current source of income from wages, salary, unemployment, strike benefits, worker's compensation, TANF, Social Security, training stipend, alimony or child support. I do not receive military allotments, scholarship living allowances, gambling or lottery winnings or any other regular income from outside sources.

Previous Employment _____ Date employment ended _____

The reason that I have no income is as follows: _____

I certify that the information gained above is complete and accurate to the best of my knowledge.

Expectant Father/Secondary Adult Name
Signature _____ **Date** _____