Wounspe Oaye Tokahe
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Student Application 2018-2019

What is Head Start/Early Head Start?

Head Start and Early Head Start are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs, and have the overall goal of increasing the social competence of young children in either low-income and homeless families or both. Social competence means the child's everyday effectiveness in dealing with either his or her present environment and later responsibilities in school and life. Social competence takes into account the interrelatedness of social, emotional, cognitive, and physical development.

What is Oglala Lakota College Head Start/Early Head Start?

Our goal is to provide a full range of services to meet the needs of Lakota children from prenatal-5 and their families addressing cognitive, emotional, physical, nutritional, mental health, and Lakota language and culture development of the children and the development needs of families.

Who is eligible to participate?

All prenatal mothers and children from birth to age five, whose families meet federal requirements for eligibility, are encouraged to apply for the Wounspe Oaye Tokahe program.

How does my family apply?

Please read this eligibility application carefully and fill it out completely. It contains important information that is used to determine if your child is eligible for Head Start/Early Head Start services based on the federal requirements. OLC selection criteria is located on page 3 of the attached eligibility application.

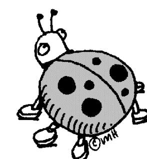
Checklist

These documents must be submitted with the attached eligibility application.

- ☐ Completed Eligibility Application (required for determining eligibility)
- ☐ Family's Proof of Income (required for determining eligibility)
- ☐ Immunization Record *(current for age as required by SD school immunization law 13-28-7.1)*
- ☐ Guardianship/Custody Papers(if applicable)
- ☐ IFSP/IEP Documentation (if applicable)

What Happens Next?

When we receive your eligibility application, it will be reviewed, once your family has been determined eligible you will be contacted to schedule an interview to complete the registration process.



Wounspe Oaye Tokahe
Head Start/Early Head Start Program

Date Intake/Application Completed ___________________
(Office Use Only)

Eligibility Application

Center Applying for: ___________________________________

ELIGIBLE CHILD DEMOGRAPHICS:

First: ____________________________ Middle: _________ Legal Last Name: ____________________________
DOB: ______ /______ /______ Race: __________________ Ethnicity: __________________________
Living Address: ______________________________ Mailing Address: __________________________________
City: ___________________________________State: _____ Zip Code: ___________ Phone: _______________
Gender: Male ☐ Female ☐ Language: English ☐ Lakota ☐ Spanish ☐ Other ☐ ________________
Concerns about child's overall health and development: Yes ☐ No ☐
Describe concerns: ____
Concerns expressed by: Family Member ☐ Medical Provider ☐ Other Person or Agency ☐ _______________

CHILD EVALUATION/DISABILITIES INFORMATION

Has your child ever received early intervention services from an outside agency?	☐Yes ☐No	If Yes, Please state where:
Has your child ever received an evaluation because of concerns of overall health and developmental delay?	☐Yes ☐No	If Yes, Please explain and state where evaluation was completed at:
Is your child currently receiving services to address any special needs or disabilities that he/she might have?	☐Yes ☐No	If Yes, Please state where:
Is your child currently on an IEP (individual Education Plan) or IFSP (Individual Family Service Plan)	☐Yes ☐No	If Yes, Please attach a copy of the IEP or IFSP:

CUSTODY INFORMATION

Please Note: If you answer YES to these questions below, we will need a copy of the court order for our file.

Who has legal custody of this child?	Are there visitation/protection orders we should be aware of?

FAMILY MEMBERS DEMOGRAPHICS:

Primary Parent/Guardian Email address:____
First: ___________________________ Middle Initial: _____ Last Name: ______________________________
DOB: ____ /____ /____ Relationship to Child: ______________________ Race: ______________________
Gender: Male ☐ Female ☐ Marital Status: Single ☐ Separated ☐ Married ☐ Divorced ☐
Language: English ☐ Lakota ☐ Spanish ☐ Other ☐ ___________________________________
Living Address: ___________________________ Mailing Address: ____________________________________
City: ________________________________State: _____ Zip Code: _______________
Home Phone: _________________ Cell Phone: _________________ Work Phone: _________________
Occupation/Education:
☐ Employed Full-time/In-school Part-time ☐ School Full-time ☐ Unemployed
☐ In-school Full-time/Employed Part-time ☐ Employed ☐ Other ☐ In Job Training Program
Level of Education: ______________________________ Degree:_________________________________

Secondary Parent/Guardian

First: ___________________________ Middle Initial: _____ Last Name: ________________________________

DOB: ____ /____ /____ Relationship to Child: ________________________ Race: ________________________

Gender: Male ☐ Female ☐ Marital Status: Single ☐ Separated ☐ Married ☐ Divorced ☐

Language: English ☐ Lakota ☐ Spanish ☐ Other ☐ _______________________________________

Living Address: ____________________________ Mailing Address: ____________________________________

City: ____________________________State: _____ Zip Code: ________________

Home Phone: __________________ Cell Phone: __________________ Work Phone: __________________

Occupation/Education:

☐ Employed Full-time/In-school Part-time ☐ School Full-time ☐ Unemployed ☐ N/A

☐ In-school Full-time/Employed Part-time ☐ Employed ☐ Other ☐ In Job Training Program

Level of Education: _________________________________ Degree:___________________________________

FAMILY INFORMATION:

Family Type:

☐Two Parent Family ☐ Single Parent (Mother Figure Only) ☐ Single Parent (Father Figure Only) ☐Foster Family

# of Adults in Family? ____# of Adults Contributing to Family Income? _____ # of Children in Family? _____

Family Housing Type:☐ Apartment ☐ Community Shelter ☐ House ☐ Other_____________________

☐ BIA School Housing ☐ Mobile Home/Trailer ☐ OSLA Housing

Housing Payment Type: ☐ Own Housing ☐ Rent Housing ☐ Make No Payment for Housing ☐ Other

Length of Time at Current Address: ☐ More Than 2 Years ☐ 1-2 Years ☐ 6-12 Months ☐ Less than 6 Months

During the enrollment year was the Family homeless: ☐Yes ☐ No

Family Currently has Means of Transportation: ☐Yes ☐ No

Referral source:

☐ Child Welfare Agency ☐ Hospital/Health Clinic ☐ Self-Referral ☐ Friends/Family ☐ Outreach/Recruitment

ABOUT YOUR INCOME:

This is required information: Please fill out completely and attach copies (not originals) *of forms that provide proof of your income. Proof of income can be presented through W-2 forms, Individual Tax Form 1040, pay stub/pay envelopes, current public assistance receipt (*notice of Action forms*) Written employers statement, Social Security, and/or forms that verify income from other sources (*child support, etc*).*

Types of Services or Financial Assistance Currently Receiving or Received in the past 12 months :

☐ Supplemental Security Income (SSI) ☐ Child Support/Alimony

☐ Foster Care/Adoption Subsidy ☐ WIC

☐ Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps ☐ TANF

☐ Medical Financial Assistance (i.e., Medicaid/Medicare) ☐ No Services Received

1. I declare under penalty of perjury that the information provided is true and correct to the best of my knowledge.
2. I will notify the agency immediately if there is any change in my income, family size, residence, employment, or reason for needing child development services.
3. I understand that the information about my eligibility may be reviewed by representatives of the State of South Dakota, The Federal Government, independent auditors, or others as necessary for the administration of the program.
4. I understand that I will receive a notice of approval or disapproval of my eligibility application.
5. I understand that this certification is not complete until all documentation is submitted and this form has been reviewed, signed, dated by an agency representative and signed and dated by me.
6. I understand there is additional paperwork for me to fill out if my child is approved for Head Start/Early Head Start.
7. Under the South Dakota Privacy Act (Section 504 of the Rehabilitation Act, 29 U.S.C. § 794d), you have the right to know that the information you provide on your application for agency programming is classified and cannot be disclosed without your permission. The information you provide on this application is used to determine eligibility, and to provide program assistance, if applicable.
8. I give permission to Wounspe Oaye Tokahe Oglala Lakota College Head Start/Early Head Start Program, to verify my income and any materials related to my eligibility and supply a copy of this application to other Human Service programs that require this information. To the best of my knowledge the information I have given is accurate and true.

____ ______ /______ /______
Parent/Guardian Signature Date

____ ______ /______ /______
Wounspe Oaye Tokahe Staff Signature Date

Oglala Lakota College
Head Start/Early Head Start Program
CACFP Enrollment Form

Please complete and sign this form and return it to ______________________________ no later than _______.

Our agency participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement for the meals served to your child(ren). The Federal regulations for the CACFP require us to collect and update this information on an annual basis for all of our enrolled children. This information is used to confirm your child(ren)'s current enrollment in the center and thus in the CACFP. All information is confidential and will be shared with appropriate personnel and state/federal staff as needed. **Note**: The indication of racial and ethnic background is optional and will not affect eligibility for the Program. This information is used for reporting purposes only. By providing this information you will assist us in assuring that this program is administered in a nondiscriminatory manner. If racial / ethnic background is not reported, a visual identification of the child's race and ethnicity will be made.

Full Name(s) of Enrolled Child(ren)	*** Race/ Ethnicity**	**Date of Birth**	**Normal Hours In Care**		
			8:30 to 3:30	**M T W T F**	**B L PM**
			8:30 to 3:30	**M T W T F**	**B L PM**
			8:30 to 3:30	**M T W T F**	**B L PM**
			8:30 to 3:30	**M T W T F**	**B L PM**
			8:30 to 3:30	**M T W T F**	**B L PM**

* **Race:** Hispanic or Latino **Ethnicity:** American Indian or Alaskan Native / Asian / Black or African American / Native Hawaiian or other Pacific Islander / White
** B = Breakfast L = Lunch PM = PM Snack

Special needs or instructions (i.e. allergies): ____

Parent/Guardian's Name: ____________________________________ Phone Number: _____________

Home Address: ____________________________ City: ____________ State: ______ Zip: __________

Mother's Employer: ____ Phone Number: _____________

Father's Employer: ____ Phone Number: _____________

Family Doctor: ______________________ In Emergency Call: _________________________________

Parent Signature: ____ **Date:** ___________

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

Office use Only: Enrollment Date: ________ Update Date: ________ Dismissal Date: ______________

Staff Use Only

Applicant's Name_____________________________________