

Oglala Lakota College Head Start/Early Head Start Program P.O. Box 490 Phone (605) 455-6114 Fax (605) 455-6116



Prenatal Application

What is Head Start/Early Head Start?

Head Start and Early Head Start are comprehensive child development programs which serve children from prenatal 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.

What is Oglala Lakota College Head Start Program?

Our goal is to provide a full range of services to meet the needs of mothers from prenatal to postpartum care and their families. The comprehensive care provided from cognitive, emotional, physical, nutritional, mental health and Lakota language and cultural development of the expectant families.

How to apply for Head Start/Early Head Start?

Please read this eligibility application carefully and fill it out completely.

What Happens Next?

When we receive your enrollment application, it will be reviewed and you will be contacted if we need more information. You will receive additional documents to fill out to complete the registration process when our family service worker contacts you to set up an appointment.

Checklist

These documents are required within thirty days of enrollment.

Completed Enrollment Application (required for determining eligibility)
Family's Proof of Income (required for determining eligibility)
Dental Examination
Physical Examination
Copy of Medical Insurance
Adult Health History
Parental Permission to Participate (in program screenings)
Program Request Form
Program Release Form
WIC Release Form
Circle of Smiles Registration





Oglala Lakota College Head Start/Early Head Start Program P.O. Box 490 Kyle, S.D. 57752



Prenatal Enrollment Information

Center Applying for: ☐ Kyle EHS ☐ Manderson EHS ☐ Oglala EHS ☐ Porcupine EHS ☐ Pine Ridge EHS	Date Intake/Application Completed://(Office Use Only)		
ELIGIBLE PRENATAL DEMOGRAPHICS:			
First: Middle:	Legal Last Name:		
DOB:/	Ethnicity:		
Gender (Circle): Male / Female Language (Check): English \[\] 1 st / \[\] 2 nd L	akota		
Marital Status (Check One Below): Role in Household (Check One Below):			
☐ Single ☐ Married ☐ Mother/Mother Figure ☐ No Longer a Family Member			
☐ Separated ☐ Divorced ☐ Father/Father Figure	Family Member Residing at Different Address		
Living Address: Maili	ng Address:		
City: State: Zip Code:	Mobile Phone:		
#1 Home Phone: #2 Home Phone:	Work Phone:		
Occupation (Check One Box Below):			
☐ Employed Full-time/In-school Part-time ☐ School Full-time ☐ Unemployed ☐ N/A Occupation Start Date:/			
☐ In-school Full-time/Employed Part-time ☐ Employed ☐ Other ☐ In Job Training Program			
Education (Check Highest Level of Education Completed):			
Elementary (Check One) – \square 4 th Grade \square 5 th Grade \square 6 th Grade \square 7 th Grade			
High School (Check One) – 9 th Grade 10 th Grade 11 th Grade 12 th Grade 11 th	Grade – No Diploma		
Degree (Check One) – AA BS MA PHD Some College – No	Diploma		
ADULT INFORMATION:			
Concerns about your overall health and development? Tyes No – Describe concerns:			
Applicant currently pregnant? Yes No – Due Date:/ Person is a teen mother? Yes No			
Teen mother dropped out of school? Teen No – Reason:			
Are you willing to purse educational opportunities? Yes No – If YES, what assistance would you need in order to purse these goals? (Specify)			
FAMILY INFORMATION:			
Are you Head of Household? Yes No Family Type? Foster Parent Single Parent (Mother Figure Only) Two Parent Family			
Family Housing Type (Check One Below):			
☐ Apartment ☐ House ☐ BIA School Housing ☐ Mobile Home/Trailer ☐ OSLA Housing ☐ Community Shelter ☐ Other			
Housing payment type (Check One Box): Own Housing Rent Housing Make No Payment for Housing Other			
Length of time at current address (Check One Box): 1-2 Years 6-12 Months Less than 6 Months More Than 2 Years			
During the enrollment year was the family homeless? Yes No Family acquired housing during enrollment year? Yes No			
Family currently has means of transportation: Yes No	Oo you need transportation to appointments? Yes No		
Transportation Used (Circle One Below): # of Adu	Its in Family? (Check) – 1/ \Bigsim 2 / \Bigsim 3 / \Bigsim 4 / \Bigsim 5 / \Bigsim 5+		
Private Vehicle (car,truck,van) – Primary Secondary # of Adu	Its Contributing to the Income? (Check) $- \Box 1/\Box 2/\Box 3/\Box 3+ \Box 3+ $		
Friend's or Relative's Vehicle – Primary Secondary # of Chil	dren in Family? (Check) $ \square$ 1 $/$ \square 2 $/$ \square 3 $/$ \square 4 $/$ \square 5 $/$ \square		
Other - Primary Secondary			
Referral Source (Check One Below): 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 Received (Check All Boxes Below That Apply): Supplemental Security Income (SSI) Foster Care/Adoption Subsidy WIC			
☐ Medical Financial Assistance (i.e., Medicaid/Medicare) ☐ Child Support/Alimony ☐ No Services Received			
☐ Supplemental Nutrition Assistance Program (SNAP) aka Food Stamps			
Are you currently receiving service through TANF, or have you in the past year? (Circle): Yes / No Are you currently a foster parent of the child wishing to enroll in Head Start/Early Head Start? (Circle): Yes / No			
Are you currently receiving SSI or have been in the past year? (Circle): Yes / No			
 I declare under penalty of perjury that the information provided is true and correct to the best of my knowledge. 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.			
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.			
Applicant Signature Date			

$Assurance\ of\ Confidentiality:$

The information on this form is being requested on a voluntary basis. The information that you provide will help us to deliver or direct services most appropriate for your family's needs. Some of the information may be used to help plan national program initiatives If you prefer not to provide some of the information, it will not affect the services we try to deliver. However, some information is required for eligibility determination. All information will be held in strict confidence.