



## 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 CDIB/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:
  - TANF Documentation
  - SSI 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 Nikki Berry at (507)-697-8260*

### Parent Check List for All Documents Needed

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

## Applicant & Family Member Information

| Applicant- Expectant Mother                   |                                |   |                       |   |   |                            |
|---|--------------------------------|---|-----------------------|---|---|----------------------------|
| First   | Middle                         | Last  | Suffix                | Nickname  | Birthday  | Gender                     |
|   |                                |   |                       |   |   | Male<br>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<br>On Medicaid<br>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? |                                | Parent have a CDIB?   |                       |   |   |                            |
|   |                                | will require _____  |                       |   |   |                            |
| 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: _____                          |                                |   |                       |   |   |                            |
| Expectant Father/Partner                      |                                |   |                       |   |   |                            |
| First   | Middle                         | Last  | Suffix                | Nickname  | Birthday  | Gender                     |
|   |                                |   |                       |   |   | Male<br>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   |   |                            |
|   |                                |   |                       |   |   | Male<br>Female             |
| Email Address: _____                          |                                |   |                       |   |   |                            |

## Applicant & Family Member Information (cont'd)

Supported by Parent/Guardian.

| Other Adult          |                                |          |                     |                             |                            |                |
|----------------------|--------------------------------|----------|---------------------|-----------------------------|----------------------------|----------------|
| First                | Middle                         | Last     | Suffix              | Nickname                    | Birthday                   | Gender         |
|                      |                                |          |                     |                             |                            | Male<br>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<br>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<br>(check one) |     | Primary Language<br>at Home |      | Homeless<br>Family | Active Duty<br>Military | Referred by<br>Child Welfare<br>Agency | Receiving Food<br>Stamps? | WIC         |
| One                            | Two |                             |      | Yes<br>No          | Yes<br>No               | Yes<br>No                              | Yes<br>No                 | Yes<br>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:   |
|  |   |
|  |   |
| <b>Primary Parent/Guardian:</b><br>Paid Weekly<br>Paid Bi-Weekly<br>Paid Bi-Monthly<br>Paid Monthly<br>_____<br>Paid Annually<br>Other:  | <b>Secondary Parent/Guardian:</b><br>Paid Weekly<br>Paid Bi-Weekly<br>Paid Bi-Monthly<br>Paid Monthly<br>_____<br>Paid Annually<br>Other: |
| Income Notes   |   |
|  |   |
| <b>Do you receive Child Support?</b><br><input type="checkbox"/> Yes (If yes, please attach court documents showing monthly amount or 12 month DHS print-out)<br><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 EXPECTANT 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** \_\_\_\_\_