



**Lower Sioux Indian Community
Early Head Start and Preschool
Application for Enrollment
Center-Based and Home-Based Program**



Documents needed to complete this application:

Child's Birth Certificate, Child's Immunization Record, Certificate of Degree Indian Blood, Verification of Parent's/Guardian's Income.

1. Pick up or print off an application
2. Read the application carefully, 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 child's CDIB/Enrollment number (preferred) OR the parent's CDIB and include it with your application (Lower Sioux members can contact enrollment at the government center).
5. Make a copy of the child's birth certificate (state certified preferred,) a county, city or hospital birth certificate and include it with your application
6. Send a copy of the child's most recent immunization record with the application
7. Include the parent's income verification forms with the application. Documents that can be used include:
 - Temporary Assistance for Needy Families Documentation
 - SSI Documentation (Parent/Child)
 - Social Security Benefit (Parent/Child)
 - 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)
8. Review application and make sure it is signed and dated
9. 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

***Note:** Parents have dual custody, with no support being paid to either parent, will also need to supply both parents' income verifications. The "family members list" from both homes will also be needed to determine eligibility. However, if child support is paid to either parent, then only the income of the parent receiving support will be required along with the child support documents.

Parent Check List for All Documents Needed

- | | |
|---|---|
| <input type="checkbox"/> Application is Signed and Dated | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> CDIB of Child or Parent (if applicable) | <input type="checkbox"/> Up to Date Immunization Record |
| <input type="checkbox"/> Income or Documentation of No Income | <input type="checkbox"/> Review application for completion |

Applicant & Family Member Information

Applicant						
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	
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 adaptations to the school environment?				
Yes No		Yes (specify) _____ Will require: _____				
No						
If American Indian/Alaska Native, what tribe?		Does child have a CDIB?		Does parent have a CDIB?		
		Yes		Yes		
		No		No		
Primary 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			
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		
College Deg/Train Cert				Other		
Email Address:						

Secondary 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			
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		
College 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 adaptations 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	
Temporary Assistance for Needy Families <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	
Program Option: <input type="checkbox"/> Center-Based Option <input type="checkbox"/> Home-Based Option <input type="checkbox"/> Expectant Families	

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 CHILD applying for EHS Services-

- Potential or Suspected Disability
- Serious Child Health Problem

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 Child 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

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.

Parent/Guardian Signature _____ **Date** _____

**Lower Sioux Indian Community Early Head Start
and Preschool**

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 _____

Parent/Guardian Signature _____ Date _____

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

Parent/Guardian Name _____

Parent/Guardian Name _____

Child's Name _____ **Date** _____

PARENT/GUARDIAN 1:

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, Temporary Assistance for Needy Families, 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.

Parent/Guardian Signature _____ **Date** _____

PARENT/GUARDIAN 2 (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, Temporary Assistance for Needy Families, 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.

Parent/Guardian Signature _____ **Date** _____