



Oglala Lakota College  
 Head Start/Early Head Start Program  
 P.O. Box 490  
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## 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.

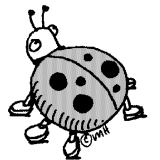
### What Happens Next?

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





### 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Gender (Circle): Male / Female Language (Check): English  1<sup>st</sup> /  2<sup>nd</sup> Lakota  1<sup>st</sup> /  2<sup>nd</sup> Spanish  1<sup>st</sup> /  2<sup>nd</sup> Other

**Marital Status (Check One Below):**  Single  Married  Separated  Divorced

**Role in Household (Check One Below):**  Mother/Mother Figure  No Longer a Family Member  
 Father/Father Figure  Family Member Residing at Different Address

Living Address: \_\_\_\_\_ Mailing 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) –  4<sup>th</sup> Grade  5<sup>th</sup> Grade  6<sup>th</sup> Grade  7<sup>th</sup> Grade  8<sup>th</sup> Grade Education Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 High School (Check One) –  9<sup>th</sup> Grade  10<sup>th</sup> Grade  11<sup>th</sup> Grade  12<sup>th</sup> Grade – No Diploma  High School Diploma or Equivalent  
 Degree (Check One) –  AA  BS  MA  PHD  Some College – No Diploma  Other  CDA

**ADULT INFORMATION:**

Concerns about your overall health and development?  Yes  No – Describe concerns: \_\_\_\_\_

Applicant currently pregnant?  Yes  No – Due Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Person is a teen mother?  Yes  No

Teen mother dropped out of school?  Yes  No – Reason: \_\_\_\_\_

Are you willing to pursue educational opportunities?  Yes  No – If YES, what assistance would you need in order to pursue 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 Do you need transportation to appointments?  Yes  No

**Transportation Used (Circle One Below):**  
 Private Vehicle (car, truck, van) –  Primary  Secondary  
 Friend's or Relative's Vehicle –  Primary  Secondary  
 Other –  Primary  Secondary

# of Adults in Family? (Check) – 1 /  2 /  3 /  4 /  5 /  5+

# of Adults Contributing to the Income? (Check) –  1 /  2 /  2+

# of Children in Family? (Check) –  1 /  2 /  3 /  4 /  5 /

**Referral Source (Check One Below):**  Child Welfare Agency  Hospital/Health Clinic  Self Referral  Friends/Family  Outreach/Recruitment

