



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

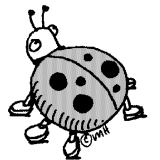
What Happens Next?

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 1st / 2nd Lakota 1st / 2nd Spanish 1st / 2nd 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) – 4th Grade 5th Grade 6th Grade 7th Grade 8th Grade Education Start Date: ____/____/____
 High School (Check One) – 9th Grade 10th Grade 11th Grade 12th 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

