



Child Development Programs  
Head Start, Early Head Start, Child Care

Thank you for your interest in Mayville State University Child Development Programs. Our program offers Head Start, Early Head Start, Early Head Start/Child Care Partnership, Pre-K and Child Care services to children and their families across our services which includes Traill, Steele, Griggs, Nelson, Grand Forks, Cass and Walsh counties. We pride ourselves in providing quality early childhood education to children ages birth to 5 years of age.

**Head Start (HS)** provides a comprehensive child development 9 month program for children ages 3 to 5 and their families based on the family's income and child's age. Within our programs, we offer center-based care, at no charge (8:30-3:30pm), which supports all areas of a child's development, comprehensive developmental screenings, and family involvement support.

**Early Head Start (EHS)** provides early continuous, intensive and comprehensive child development and family support services on a year-round basis to families with children ages 0-3 and pregnant women based on the family's income and child's age. Within our programs, we offer center-based care, at no charge (8:30-3:00pm) and home-based services, which supports all areas of a child's development, comprehensive developmental screenings, and family involvement support.

Quality **Child Care (CC)** is the first step to school success. MSU CDP offers an integrated classroom approach. Our staff recognizes parents as their child's first teacher and understands and implement early childhood standards. They provide individualized opportunities to match your child's many interest and abilities. Child care is offered to families at a **monthly monetary charge** for children ages 6 weeks-12 years. No income is required or needed when applying to receive child care services.

An **Early Head Start/Child Care Partnership (EHS/CCP)** grant was awarded to the MSU CDP by the federal government. With this grant the MSU CDP will partner with existing child care facilities to help ensure quality care for children ages 0-3. The children and families enrolled in the EHS/CCP will receive the same support offered from EHS in accordance to federal regulations.

Below is a list of each of our locations and the program offered at the site. Location preferences are located on the first page of the application.

Site	Head Start	Early Head Start	Child Care	EHS/CCP
Mayville	X	X	X	
Portland	X	X	X	X
Hillsboro Armory	X	X	X	
HPK (Elementary School)	X			X
Central Valley	X		X	
Grand Forks (UND)		X		X
Grand Forks (SFB/Community)		X		X
Home-based services		X		
YMCA South (Fargo, ND)				X
YMCA West Fargo (West Fargo, ND)				X
ABC Daycare (Minto ND)				X
Buxton Daycare (Buxton ND)				X
CHEERS (Hillsboro & Mayville)			X	

## 2017-2018 How to Apply for Mayville State University Child Development Programs

To ensure we are meeting your family's early child hood needs, please follow the steps below.

### Step 1:

Complete application entirely and ensure all areas needing signature are complete.

- If you are an expecting mother, please ensure you include your due date which is located within the Primary & Secondary Adult sections, you do not have to complete the Child Information section.

### Step 2:

Does your family meet the yearly gross (before taxes) income guidelines, which are based on the 2016 Federal Poverty Guidelines? See the table below:

- *If your family IS within the income guidelines*, please proceed to Step 3.
- *If your family is NOT within the income guidelines*, please proceed to Step 4.

Number in Family	2017 Federal Poverty Guidelines	130% of Poverty Guidelines (Maximum allowed)
1	\$12,060	\$15,678
2	\$16,240	\$21,112
3	\$20,420	\$26,546
4	\$24,600	\$31,980
5	\$28,780	\$37,414
6	\$32,960	\$42,848
7	\$37,140	\$48,282
8	\$41,320	\$53,716

**\*\*Add \$4,160 for each additional family member**

### Step 3:

If your family falls within the above stated income guidelines, you will are required to submit ONE of the following documents to verify income from the previous year. Applications are incomplete unless income has been submitted:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Income Tax Form (1040) | <input type="checkbox"/> Pay stubs (12 consecutive months) | <input type="checkbox"/> Foster Care documentation  |
| <input type="checkbox"/> W2                     | <input type="checkbox"/> Letter from Employer              | <input type="checkbox"/> TANF/SSI documentation     |
| <input type="checkbox"/> Disabilities Benefits  | <input type="checkbox"/> Self-employment verification      | <input type="checkbox"/> Unemployment Benefits      |
| <input type="checkbox"/> Child Support          | <input type="checkbox"/> Pell Grants Scholarships          | <input type="checkbox"/> Signed No Income Statement |

- Enrollment selection for HS, EHS, EHS/CCP are based on income eligibility, child's age and child/family needs, not application submission date.
- Processing includes verifying the families income falls within the federal poverty guidelines or within 130% of these guidelines and children's age from submitted birth certificate. The information provided in the application along with income level and child's age is the scored based on the eligibility selection criteria which looks at the families need such as:

<input type="checkbox"/> Children with disabilities	<input type="checkbox"/> Families receiving TANF	<input type="checkbox"/> Attending College/High School/GED
<input type="checkbox"/> Children in Foster Care	<input type="checkbox"/> Families receiving SSI (Supplemental Security Income)	<input type="checkbox"/> Professional Referral
<input type="checkbox"/> Homeless Families	<input type="checkbox"/> Chronic Health problem	<input type="checkbox"/> Incarcerated Parent
<input type="checkbox"/> Domestic Violence		<input type="checkbox"/> Professional Referral
- Families with the lowest income and highest need will be admitted to the HS, EHS, & EHS/CCP programs first.
- Status of the waiting list – the HS, EHS, EHS/CCP waiting list changes with each processed application, so there is no set number a family is on these waiting list as they are ever changing.
- Incomplete applications will become VOID if income hasn't been submitted within 90 days of receipt of application. Families applying for HS, EHS, EHS/CCP will be required to re-complete the application process.

**Step 4:**

Enclose a copy of your child's certified birth certificate(s) or passport, which is required by MSU CDP and state licensing. If applying for unborn child, birth certificate will be required upon receipt after birth.

- Enrollment selection for child care is based on application submission date. Priority is given to families who are currently enrolled in the program, 60 day priority is given to employees & students of Mayville State University.

**Step 5:**

All necessary documentation along with application needs to be submitted by mail, email or fax to:

Mayville State University Child Development Programs

Attn: Kayla Ness

330 3<sup>rd</sup> St NE

Mayville ND, 58257

Phone: 701.788.4868

Fax: 701.788.4781

Email: [kayla.morehart@mayvillestate.edu](mailto:kayla.morehart@mayvillestate.edu)

**Things to Know:**

- Within 5-7 days of receipt of your application, you will receive an intake phone call to verify we have received your application and all supplemental documentation.
- You will receive a letter or email from the ERSEA Coordinator within 7-10 day of your intake phone call verifying your family's application status.
- Incomplete applications will become VOID 90 days after receipt if verifying documentation isn't received for HS, EHS, and EHS/CCP. For Child Care applicant, birth certificate will be required at time of enrollment.
- Completing an application does not guarantee immediate enrollment in any of the programs, families will be placed on the appropriate waiting list.
- Fall enrollment is determined no later than the end of June of each year. Letters regarding Fall enrollment are sent to all families
- Enrollment is continuous as needed to maintain full enrollment.
- Families applying for HS, EHS, and EHS/CCP will be asked to re-complete the application process if they remain on the waiting list, one year after initial application.
- Application are accepted by MSU CDP throughout the entire school year.
- MSU CDP will utilize texting and emailing for families as stated in the application if permission is granted. If you opt for text message communication, standard text message and data rates apply.
- All email communication will come from [SchoolMessage@childplus.net](mailto:SchoolMessage@childplus.net) and any replies to these emails will be forwarded to Kayla Ness, ERSEA Coordinator at [kayla.morehart@mayvillestate.edu](mailto:kayla.morehart@mayvillestate.edu)



Applying for (check all which apply)		<input type="checkbox"/> Head Start	<input type="checkbox"/> Early Head Start	<input type="checkbox"/> Early Head Start/Child Care Partnership	<input type="checkbox"/> Child Care
<b>Child Information (#1)</b>					
First Name/Middle Initial		Last Name		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Other:		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient		Language spoken in home Primary: Secondary:
Living Address		City		State	Zip Code
Mailing Address (if different from above)		City		State	Zip Code
Location Preference (please indicate your preference based on the locations on the first page) 1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____					
Has your child previously attended any Head Start or Early Head Start programs? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered yes, please name the program: _____					
Has your child been diagnosed by a Health Care Provider with any of the follow conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered yes, please check all that may apply. <input type="checkbox"/> Respiratory (Asthma, etc) <input type="checkbox"/> Swallowing <input type="checkbox"/> Food Allergies (list) <input type="checkbox"/> Other (list) <input type="checkbox"/> Seizures <input type="checkbox"/> Diabetes <input type="checkbox"/> Non-food Allergies (list)					
Do you have any other concerns about your child's health? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered yes, please check all that may apply. <input type="checkbox"/> Feeding &/or Special Diet <input type="checkbox"/> Drug/Alcohol Affected <input type="checkbox"/> Vision <input type="checkbox"/> Food Intolerance (list) <input type="checkbox"/> Hearing <input type="checkbox"/> Mental Health <input type="checkbox"/> Tooth Pain/Decay/Bleeding Gums <input type="checkbox"/> Other (list)					
Does your child have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered yes, what type? <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (list) <input type="checkbox"/> Private Health Insurance			Does your child have dental insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered yes, what type? <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (list) <input type="checkbox"/> Private Health Insurance		
I authorize MSU CDP to access my child's immunizations using the THOR system to check your child's status. <input type="checkbox"/> No <input type="checkbox"/> Yes					
Does your child have an active IEP/IFSP? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered yes, please attached documentation or sign release below. <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Individualized Family Service Plan (IFSP)					
Name of School District/Program _____					
As legal guardian of _____, I give permission to the school district or program listed above to exchange information regarding my children for the purposes of enrollment in the Mayville State University Child Development Programs.					
Parent/Guardian Signature _____				Date _____	
Do you have concerns about your child's development? <input type="checkbox"/> No <input type="checkbox"/> Yes If you answered yes, please check all that may apply. <input type="checkbox"/> Speech/Language (making sounds, delayed talking, hard to understand and/or difficult understanding others) <input type="checkbox"/> Fine Motor (writing, drawing, grasping, and/or dressing) <input type="checkbox"/> Behavior (biting, hitting, tantrums and/or not cooperating) <input type="checkbox"/> Gross Motor (walking, climbing, throwing, lack of eye contact, loss of skills) <input type="checkbox"/> Other concerns: _____					
If applying for Early Head Start, will you be needing wrap around care (before 8:30am and/or after 3:00pm)? This will help the ERSEA Coordinator place your family in the program which best suits your needs. <input type="checkbox"/> No <input type="checkbox"/> Yes					

<b>Child Information (#2)</b>				
First Name/Middle Initial	Last Name	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Other:		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient <input type="checkbox"/> Little	
Living Address		City	State	Zip Code
Mailing Address (if different from above)		City	State	Zip Code
Location Preference <i>(please indicate your preference based on the locations on the first page)</i> 1 <sup>st</sup> Choice _____ 2 <sup>nd</sup> Choice _____				
Has your child previously attended any Head Start or Early Head Start programs? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, please name the program:</i>				
Has your child been diagnosed by a Health Care Provider with any of the follow conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, please check all that may apply.</i> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Respiratory (Asthma, etc)</div> <div><input type="checkbox"/> Swallowing</div> <div><input type="checkbox"/> Food Allergies (list)</div> <div><input type="checkbox"/> Other (list)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Seizures</div> <div><input type="checkbox"/> Diabetes</div> <div><input type="checkbox"/> Non-food Allergies (list)</div> </div>				
Do you have any other concerns about your child's health? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, please check all that may apply.</i> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Feeding &amp;/or Special Diet</div> <div><input type="checkbox"/> Drug/Alcohol Affected</div> <div><input type="checkbox"/> Vision</div> <div><input type="checkbox"/> Food Intolerance (list)</div> </div> <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> Hearing</div> <div><input type="checkbox"/> Mental Health</div> <div><input type="checkbox"/> Tooth Pain/Decay/Bleeding Gums</div> <div><input type="checkbox"/> Other (list)</div> </div>				
Does your child have medical insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, what type?</i> <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (list) <input type="checkbox"/> Private Health Insurance			Does your child have dental insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, what type?</i> <input type="checkbox"/> Medicaid <input type="checkbox"/> Other (list) <input type="checkbox"/> Private Health Insurance	
I authorize MSU CDP to access my child's immunization using the THOR system to check your child's status. <input type="checkbox"/> No <input type="checkbox"/> Yes				
Does your child have an active IEP/IFSP? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, please attached documentation or sign release below.</i> <input type="checkbox"/> Individualized Education Plan (IEP) <input type="checkbox"/> Individualized Family Service Plan (IFSP)				
Name of School District/Program _____				
As legal guardian of _____, I give permission to the school district or program listed above to exchange information regarding my children for the purposes of enrollment in the Mayville State University Child Development Programs.				
Parent/Guardian Signature			Date	
Do you have concerns about your child's development? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If you answered yes, please check all that may apply.</i> <input type="checkbox"/> Speech/Language (making sounds, delayed talking, hard to understand and/or difficult understanding others) <input type="checkbox"/> Fine Motor (writing, drawing, grasping, and/or dressing) <input type="checkbox"/> Behavior (biting, hitting, tantrums and/or not cooperating) <input type="checkbox"/> Gross Motor (waling, climbing, throwing, lack of eye contact, loss of skills) <input type="checkbox"/> Other concerns:				
If applying for Early Head Start, will you be needing wrap around care (before 8:30am and/or after 3:00pm)? This will help the ERSEA Coordinator place your family in the program which best suits your needs. <input type="checkbox"/> No <input type="checkbox"/> Yes				

Primary Adult (main contact)											
Child lives with		<input type="checkbox"/> One parent/guardian <input type="checkbox"/> Two parents/guardians		Child's Relationship		<input type="checkbox"/> Biological/Adoptive Parent <input type="checkbox"/> Step parent <input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		Legal Custody? <input type="checkbox"/> No <input type="checkbox"/> Yes	
First Name/Middle Initial				Last Name				Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race				Hispanic		English Proficiency		Language spoken in home			
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient		Primary: Secondary:			
Living Address (if different from child)				City		State		Zip Code			
Mailing Address (if different from above)				City		State		Zip Code			
Primary Phone						Secondary Phone					
<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work						<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work					
Do you accept texting and email as a form of communication with the program?						<input type="checkbox"/> No <input type="checkbox"/> Yes		If marking yes, the program will utilize this form of communication to keep families informed.			
Email Address						Are you a Teen Parent?		Are you pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes			
						<input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, Due Date?			
Current Employment Status				Paid how often?		Enrolled in School?		Military?		Marital Status	
<input type="checkbox"/> Full time <input type="checkbox"/> Full time & Training <input type="checkbox"/> Part time <input type="checkbox"/> Part time & Training <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed (how long?)				<input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly		<input type="checkbox"/> No <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College		<input type="checkbox"/> No <input type="checkbox"/> Enlisted <input type="checkbox"/> Veteran		<input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Married <input type="checkbox"/> Widow	
Employer:				Paycheck amount?		School:					
Please mark yes if you are currently receiving any of the following. <i>Documentation needs to be submitted to complete application for those specified.</i>											
Homeless?		TANF		SSI (Supplemental Security Income)		Child Support		SNAP (Food Stamps)		WIC	
<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Please go to back page.</b>		<i>Documentation required</i>		<i>Documentation required</i>		<i>Documentation required</i>					
Do you have any concerns for yourself, other family members and/or significant other? (Check all that apply)											
<input type="checkbox"/> Housing <input type="checkbox"/> Disability/Unable to work <input type="checkbox"/> Immigration <input type="checkbox"/> Mental Health Issues (depression, anxiety, PTSD) <input type="checkbox"/> Loss/Grief <input type="checkbox"/> Drug/Alcohol issues <input type="checkbox"/> Legal Issues <input type="checkbox"/> Homelessness (in past 12 months) <input type="checkbox"/> Employment <input type="checkbox"/> Incarcerated Parent <input type="checkbox"/> Family Violence <input type="checkbox"/> Little or no support from Family <input type="checkbox"/> Health <input type="checkbox"/> Past CPS involvement <input type="checkbox"/> Medical Coverage <input type="checkbox"/> Military deployment (current or in last year)											
Secondary Adult											
Lives with child?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Child's Relationship		<input type="checkbox"/> Biological/Adoptive Parent <input type="checkbox"/> Step parent <input type="checkbox"/> Niece/Nephew		<input type="checkbox"/> Foster <input type="checkbox"/> Grandchild <input type="checkbox"/> Other		Legal Custody? <input type="checkbox"/> No <input type="checkbox"/> Yes	
First Name/Middle Initial				Last Name				Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race				Hispanic		English Proficiency		Language spoken in home			
<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> Bi/Multi-Racial <input type="checkbox"/> Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> Proficient		Primary: Secondary:			
Living Address (if different from child)				City		State		Zip Code			

Mailing Address (if different from above)		City		State		Zip Code	
Primary Phone <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Home</span><span><input type="checkbox"/> Cell</span><span><input type="checkbox"/> Work</span></div>				Secondary Phone <div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> Home</span><span><input type="checkbox"/> Cell</span><span><input type="checkbox"/> Work</span></div>			
Do you accept texting and email as a form of communication with the program? <input type="checkbox"/> No <input type="checkbox"/> Yes				If marking yes, the program will utilize this form of communication to keep families informed.			
Email Address				Are you a Teen Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, Due Date?	
Current Employment Status <div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Homemaker Employer:</div>		Paid how often? <div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/> Full time &amp; Training <input type="checkbox"/> Part time &amp; Training <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Unemployed (how long?)</div>		Enrolled in School? <div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly  Paycheck Amount?</div>		Military? <div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/> No <input type="checkbox"/> High School <input type="checkbox"/> GED <input type="checkbox"/> College  Where?</div>	
Marital Status <div style="display: flex; flex-direction: column; gap: 5px;"><input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Married <input type="checkbox"/> Widow</div>							
Please mark yes if you are currently receiving any of the following. <i>Documentation needs to be submitted to complete application for those specified.</i>							
Homeless? <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Please go to back page.</b>		TANF <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Documentation required</i>		SSI (Supplemental Security Income) <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Documentation required</i>		Child Support <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Documentation required</i>	
SNAP (Food Stamps) <input type="checkbox"/> No <input type="checkbox"/> Yes		WIC <input type="checkbox"/> No <input type="checkbox"/> Yes					
Do you have any concerns for yourself, other family members and/or significant other? (Check all that apply)							
<div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 50%;"><input type="checkbox"/> Housing</div> <div style="width: 50%;"><input type="checkbox"/> Disability/Unable to work</div> <div style="width: 50%;"><input type="checkbox"/> Immigration</div> <div style="width: 50%;"><input type="checkbox"/> Mental Health Issues (depression, anxiety, PTSD)</div> <div style="width: 50%;"><input type="checkbox"/> Loss/Greif</div> <div style="width: 50%;"><input type="checkbox"/> Drug/Alcohol issues</div> <div style="width: 50%;"><input type="checkbox"/> Legal Issues</div> <div style="width: 50%;"><input type="checkbox"/> Homelessness (in past 12 months)</div> <div style="width: 50%;"><input type="checkbox"/> Employment</div> <div style="width: 50%;"><input type="checkbox"/> Incarcerated Parent</div> <div style="width: 50%;"><input type="checkbox"/> Family Violence</div> <div style="width: 50%;"><input type="checkbox"/> Little or no support from Family</div> <div style="width: 50%;"><input type="checkbox"/> Health Problem</div> <div style="width: 50%;"><input type="checkbox"/> Past CPS involvement</div> <div style="width: 50%;"><input type="checkbox"/> Medical Coverage</div> <div style="width: 50%;"><input type="checkbox"/> Military deployment (current or in last year)</div> </div>							
<b>Additional Family member who live within the household (do not include applicant, primary or secondary adult)</b>							
Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to child?		<input type="checkbox"/> Brother/Sister <input type="checkbox"/> Step parent <input type="checkbox"/> Aunt/Uncle		<input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	
Race		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Other					
First Name/Middle Initial		Last Name		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to child?		<input type="checkbox"/> Brother/Sister <input type="checkbox"/> Step parent <input type="checkbox"/> Aunt/Uncle		<input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	
Race		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Other					
First Name/Middle Initial		Last Name		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to child?		<input type="checkbox"/> Brother/Sister <input type="checkbox"/> Step parent <input type="checkbox"/> Aunt/Uncle		<input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	
Race		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Other					
First Name/Middle Initial		Last Name		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Lives with child? <input type="checkbox"/> Yes <input type="checkbox"/> No		Relationship to child?		<input type="checkbox"/> Brother/Sister <input type="checkbox"/> Step parent <input type="checkbox"/> Aunt/Uncle		<input type="checkbox"/> Family Friend <input type="checkbox"/> Grandparent <input type="checkbox"/> Other	
Race		<input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Bi/Multi Racial <input type="checkbox"/> Other					
First Name/Middle Initial		Last Name		Date of Birth		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	



*The purpose of Head Start, Early Head Start & Early Head Start/Child Care Partnership is to serve the neediest of the needy families. If you feel the information provided in the above application wasn't enough to explain your current family situation well enough, please explain in the area provided below.*

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#### Parent and/or Legal Guardian Agreement and Certification

I certify that all information provided in this application and supplemental verification documents provided are true, complete and correct and all family income has been reported. I understand that these programs (HS, EHS, EHS/CCP only) are paid for with federal funds and that if any information is false or misleading, my child's participation in the Mayville State University Child Development Program could be terminated.

Parent/Guardian Signature		Date	
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#### Statement of No Income (complete only if claiming no income)

First Name/Middle Initial	Last Name	Date of Birth	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female

*I am signing this letter to declare that I currently do not have any income from any source. My financial support comes from (please describe):*

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I agree to notify the Mayville State University Child Development Programs ERSEA Coordinator about any changes to my income. I understand that by completing, signing and dating this form, I declare I have no household income and that the information I am providing is true, complete and correct. I understand that providing false information may result in denial or termination of services.

Parent/Guardian Signature		Date	
Staff Signature		Date	

Homeless Verification			
Any child marked as homeless on the application, must complete this form.			
Child's First Name/Middle Initial	Last Name	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent and/or Legal Guardian Agreement and Certification			
<i>Subtitle B of the Title VII of the McKinney-Vento Act Homeless Assistance Act of 2001 – Title X, Part C of the No Child Left Behind Act Sec 75 defines "homeless" as individuals who lack a fixed, regular and adequate nighttime residence and:</i>			
Mark <b>ONE</b> statement that best describes your families situation:			
<input type="checkbox"/> (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a s similar reason; are living in motels, hotels, trailer parks or campgrounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;			
<input type="checkbox"/> (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.			
<input type="checkbox"/> (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train station, or similar settings;			
Family circumstance – please explain the circumstances which lead to the homeless situation:			
I certify that all information provided in this application and supplemental verification documents provided are true, complete and correct and all family income has been reported. I understand that these programs (HS, EHS, EHS/CCP only) are paid for with federal funds and that if any information is false or misleading, my child's participation in the Mayville State University Child Development Program could be terminated.			
Parent/Guardian Signature		Date	
Staff Signature		Date	