



**1020 Cook Avenue  
Billings, MT 59102  
Phone: 406-259-2007  
Fax: 406-259-4901**

## **Application Checklist YFEHS**

Please complete the attached application and gather the information listed below.

When you are ready to submit your application,  
please make sure all supporting documents are included and return to:

YFEHS - 1020 Cook Avenue,  
Billings, MT 59102.

\_\_\_\_\_ **Proof of Income**

- Gross wages (W2 OR tax return preferred) OR pay stubs
- Child support payment information
- Financial aid (award letter for school)
- Disability payments
- Other

**OR**

- TANF (child only), SNAP or SSI verification
- Homeless verification
- Foster care placement letter

\_\_\_\_\_ **Birth Certificate or Proof of Birth Date** (Child)

\_\_\_\_\_ **Proof of Residency** (utility bill, rent receipt or mail)

\_\_\_\_\_ **Legal Documents** (custody, parenting plans, placement letters, orders of protection, etc.)

**\*Our Enrollment is limited.** *We do not have space to accept every family who applies for Early Head Start. Please complete and return your paperwork as soon as possible to increase the chance that your child will be accepted.*

*\*The YFEHS program is open to all eligible persons, regardless of race, color, national origin, disability, familial status, sex, religion, creed, marital status, age, sexual orientation, or gender identity.*

**Application Received:**

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_

# Applicant & Family Member Information

Applicant						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency		Other Language
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient
Primary Health Coverage		Other Coverage		Medicaid Eligibility		* <u>Doctor/Medical Home</u>
				<input type="checkbox"/> Not Eligible		
				<input type="checkbox"/> On Medicaid		
				<input type="checkbox"/> Potentially		
Dental Coverage						* <u>Dentist/Dental Home</u>

Primary Adult						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency		Other Language
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship		Custody
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		Check all that apply:
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		<input type="checkbox"/> Lives with Family
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Provides Financial Support
	<input type="checkbox"/> Master's					<input type="checkbox"/> Teen Parent
						If teen parent, subsidized?
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address: \_\_\_\_\_

Secondary or Other Adult						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency		Other Language
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Child's Relationship		Custody
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step		<input type="checkbox"/> Yes
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild		<input type="checkbox"/> No
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative		Check all that apply:
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster		<input type="checkbox"/> Lives with Family
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other		<input type="checkbox"/> Provides Financial Support
	<input type="checkbox"/> Master's					<input type="checkbox"/> Teen Parent
						If teen parent, subsidized?
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Email Address: \_\_\_\_\_

Additional Child (Non-Applicant) *						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency		Other Language
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

Additional Child (Non-Applicant) *						
First	Middle	Last	Suffix	Nickname	Birthday	Gender
Race		Hispanic		English Proficiency		Other Language
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Little			<input type="checkbox"/> Little
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Moderate			<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> None			<input type="checkbox"/> None
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Proficient			<input type="checkbox"/> Proficient

\* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Applicant Name: \_\_\_\_\_ Birthday \_\_\_\_\_

### Family Information, Income & Contacts

Family Information							
<b>Family Living Address</b>							
Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County	
<b>Family Mailing Address</b>							
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)	Type (check one)			Note (extension or best time to call)	Opt In for Text Messages		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC
<input type="checkbox"/> One <input type="checkbox"/> Two		<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 <input type="checkbox"/> No

Family Income							
Income Verified by	Verification Date			TANF Status	SSI		
Family Member	Amount	(for example, week/month/year)	Amount	Description (for example, SSI, Child Support)	Verification (for example, W2, check stub)	None	
Income Notes							

Emergency Contacts							
Contact 1	Name	Relationship		Emergency Contact		Release To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Address	ZIP		City		State	
Contact 2	Phone Number 1	Phone Number 2		Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			
	Name	Relationship		Emergency Contact		Release To	
				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Contact 3	Address	ZIP		City		State	
	Phone Number 1	Phone Number 2		Phone Number 3			
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			

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 \_\_\_\_\_



## Application for Enrollment

### Birth and Early Childhood History:

Were there any complications or difficulties with the pregnancy?  Yes  No

If yes, please explain: \_\_\_\_\_

Did your child need any special medical help at birth?  Yes  No

If yes, please explain: \_\_\_\_\_

Was your child premature?  Yes  No How many weeks? \_\_\_\_\_

Did your child have any birth defects?  Yes  No

If yes, please explain: \_\_\_\_\_

### Child's Developmental History:

Do you have any concerns about your child's development?  Yes  No

If yes, which area of development?

Overall Development

Vision

Health

Speech/Language

Hearing

Behavior

Other: \_\_\_\_\_

Does your child have any disabilities that have been diagnosed by a physician or specialist?

Yes  No

If yes, please explain: \_\_\_\_\_

Has your child ever received any of the following services?

Early Childhood Intervention (ECI)

Speech Therapy

Support and Techniques for Empowering People (STEP)

Physical Therapy

Occupational Therapy

Other: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has your child had any extensive health, developmental, speech or hearing tests done?  Yes  No

When: \_\_\_\_\_ Where: \_\_\_\_\_

By: \_\_\_\_\_ Why: \_\_\_\_\_

Does your child have an IFSP (Individual Family Service Plan)?

Yes  No

***\* If yes, our program will need a copy of the plan.***



## **Application for Enrollment**

### **Nutrition Information:**

Do you have any concerns about your child's eating habits?  Yes  No

If yes, what are your concerns? \_\_\_\_\_

How is your child's appetite? \_\_\_\_\_

Are there any foods your child will not eat? \_\_\_\_\_

Are there any foods your child cannot eat for religious or cultural reasons?  Yes  No

If yes, what are the foods? \_\_\_\_\_

Does your child have intolerance to any food or foods?  Yes  No

If yes, what food/foods? \_\_\_\_\_

Does the family receive assistance for childcare (HRDC Best Beginnings Scholarship)?  Yes  No

Does the family work with WIC?  Yes  No

Does the family receive SNAP?  Yes  No

Does the family receive child-only TANF?  Yes  No

Does the family receive SSI?  Yes  No

Does the family receive housing assistance/Public Housing?  Yes  No

Were you referred to the program by a child welfare agency?  Yes  No



## Application for Enrollment

Has your child, any other family member or household member been diagnosed with a mental illness?  Yes  No

Explain: \_\_\_\_\_

Have there been any major changes in you or your child's life in the last six months?  Yes  No

Explain: \_\_\_\_\_

Are there any legal issues such as Orders of Protection, name changes, custody concerns, etc.?

Yes  No

Explain: \_\_\_\_\_

Is there a family history of substance abuse?  Yes  No

Explain: \_\_\_\_\_

Is there a family history of domestic violence?  Yes  No

Is either parent incarcerated?  Yes  No

Are you enrolled in the SD2 Parenting Class?  Yes  No

Do you or your family need assistance with community resources?  Yes  No

Explain: \_\_\_\_\_

Are you in school and/or employed full-time?  Yes  No

Do either parent have a documented disability?  Yes  No

Explain: \_\_\_\_\_

**CERTIFICATION: I have carefully reviewed the documents and information I have provided and I certify that this information is true and correct. If any part is false, my participation in this agency's programs may be terminated. I also understand that the information in this application will be held in strict confidence with the agency.**

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*This institution (Young Families Early Head Start) is an equal opportunity provider**



**Application for Enrollment**

**Self-Identification for Homeless and Mobile Families**

**Please answer the question below, indicating what best describes your living situation. The purpose of this information is to ensure the rights of your children and youth under the McKinney Vento law.**

Do you or your family live in any of these situations? (Check all that apply)

- In a shelter (family shelter, domestic violence, youth, or temporary housing)
- In a motel, hotel, or weekly rate housing
- Double up with friends or relatives because you cannot find or afford housing
- In an abandoned building, other inadequate accommodation or in a car
- On the street
- In temporary foster care placement (including kinship placement)
- Lack a regular, fixed, or adequate nighttime residence
- With friends or relatives because you are a youth without the accompaniment of your parents or guardians
  
- Yes, I/we are currently living in one of these situations. A staff member should talk to us about what rights we have.
  
- Not applicable

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Child's Name Date of Birth

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Parent/Guardian Signature Date

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Staff Signature Date

