



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)
- Pay stubs
- Child support payment information
- TANF (child only), SNAP or SSI payment verification
- Financial aid (award letter for school)
- Disability payments
- Other

_____ **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	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<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	Insurance #	Medicaid Eligibility	Medicaid #	Doctor/Medical Home		
				<input type="checkbox"/> Not Eligible				
				<input type="checkbox"/> On Medicaid				
				<input type="checkbox"/> Potentially				
Dental Coverage		Dental Coverage #		Dentist/Dental Home				

Primary Adult								
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<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	Check all that apply:		
<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"/> Lives with Family		
<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"/> Provides Financial Support		
<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		<input type="checkbox"/> Teen Parent		
<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"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other				
	<input type="checkbox"/> Master's					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	SSN	Alt ID
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<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	Check all that apply:		
<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"/> Lives with Family		
<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"/> Provides Financial Support		
<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		<input type="checkbox"/> Teen Parent		
<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"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other				
	<input type="checkbox"/> Master's					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	SSN	
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<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	SSN	
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency		
<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							
Family Living Address							
Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County	
Family Mailing Address							
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) + n2ime		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	
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note	
	\$		\$				
	\$		\$				
	\$		\$				
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	
Contact 3					<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	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 food stamps (SNAP)? 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

If you answer YES to any of the following questions, please explain.

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

Explain: _____

2. Have there been any major changes in you or your child's life in the last six months?

Yes No

Explain: _____

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

Yes No

Explain: _____

4. Is there a family history of substance abuse or domestic violence?

Yes No

Explain: _____

5. Are you enrolled in the SD2 Parenting Class?

Yes No

6. Do you or your family need assistance with community resources?

Yes No

Explain: _____

7. Please list any community resources you currently work with: (Medicaid, Housing, WIC, SNAP, etc.).

Yes No

Explain: _____

8. Are you in school and/or employed full-time?

Yes No

9. 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.

Child's Name

Date of Birth

Parent/Guardian Signature

Date

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

Child's Name

Date of Birth

Parent/Guardian Signature

Date

Staff Signature

Date

