

# West River Head Start Application



**We accept applications year-round!**  
**Apply online by scanning our QR code!**

We serve children ages 3 to 5 years old. A child is age-eligible on his/her 3<sup>rd</sup> birthday...even during the school year! Kindergarten-age children cannot attend Head Start.



**Submit these documents with your application to determine your child's eligibility.**

## ★ Verification of Income

- Proof of: TANF, SSI, Foster Care, SNAP; OR
- Current pay stubs; OR
- 2025 tax return or W2; OR
- Homeless or No Income (forms are attached)

If your income changes,  
remember to submit  
updated documentation.



## ★ Child's Birth Certificate or official proof of child's date of birth

## ★ Immunization Record



## 2026 Income Guidelines

Persons in Family	100% Poverty Guidelines	130% Poverty Guidelines
<b>2</b>	<b>\$21,640</b>	<b>\$28,132</b>
<b>3</b>	<b>\$27,320</b>	<b>\$35,516</b>
<b>4</b>	<b>\$33,000</b>	<b>\$42,900</b>
<b>5</b>	<b>\$38,680</b>	<b>\$50,284</b>
<b>6</b>	<b>\$44,360</b>	<b>\$57,668</b>
<b>7</b>	<b>\$50,040</b>	<b>\$65,052</b>
<b>8</b>	<b>\$55,720</b>	<b>\$72,436</b>
	<i>For each additional person, add \$5,680.</i>	<i>For each additional person, add \$7,384.</i>

*Head Start is a federally funded program. Eligible families receive priority.*



**Children attend Monday, Tuesday, Thursday, and Friday. ♦ NO SCHOOL ON WEDNESDAY!**

- **Mandan**
  - 8:00 a.m. - 2:00 p.m.
  - 8:00 a.m. - 4:00 p.m. and 7:30 a.m. - 3:30 p.m.
- **Carson** 7:30 a.m. - 3:30 p.m.
- **New Salem** 7:45 a.m. - 3:45 p.m.

**What does it cost?** No charge to the families who participate in Head Start.

**Who do we serve?** We provide services to children who live in Morton, Oliver, and Grant counties with classrooms in Mandan, New Salem, and Carson.



## Our Contact Information



1004 7<sup>th</sup> Street SW  
 Mandan, ND 58554  
 (701) 663-9507  
 Fax (701) 663-9643  
 MAIN OFFICE

210 2<sup>nd</sup> Ave West  
 PO Box 197  
 Carson, ND 58529  
 (701) 622-3505  
 Fax (701) 622-3236

407 N 5<sup>th</sup> Street  
 PO Box 116  
 New Salem, ND 58563  
 Tel (701) 843-8061  
 Fax: call for info



Date Received: \_\_\_\_\_

# West River Head Start Application

**Assurance of confidentiality:** This information is being requested on a voluntary basis. The information will help us determine the services most appropriate to meet your family's needs. Some information may be used to help guide national programming. If you choose not to provide some of the information, it will not affect your child's services. However, some information is required to determine if your child is eligible for the program. All information will be held in strict confidence.

Child to Enroll							
First		Middle	Last		Suffix	Birthday	Gender
							<input type="checkbox"/> Male <input type="checkbox"/> Female
Race			Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None		<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	
Medical 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		
Has the child been identified as having, or is suspected of having, any of the following? <i>Mark all that apply.</i>					<input type="checkbox"/> <i>Parent report indicates no disabilities.</i>		
<input type="checkbox"/> Autism <input type="checkbox"/> Emotional/behavioral disorder <input type="checkbox"/> Health impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Learning disability <input type="checkbox"/> Orthopedic impairment <input type="checkbox"/> Speech or language impairment <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Visual impairment (including blindness)			Other impairments (please list):		<i>Is your child on an Individualized Education Plan (IEP)?</i> <input type="checkbox"/> yes <input type="checkbox"/> no  If you answered yes: <input type="checkbox"/> Speech/Language Delay <input type="checkbox"/> Non-categorical Delay <input type="checkbox"/> Other: _____		

[illegible]

## Parent / Guardian #1 Information

First	Middle	Last	Suffix	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency		Other Language
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None		
Highest Grade Completed		Employment Status	Child's Relationship		Custody      Check all that apply:
<input type="checkbox"/> Highest grade level completed: _____ <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Unemployed	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Lives with child <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never
Place of Employment	How often do you get paid?			Email Address	
	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____				
Living Address	Zip	City	State	County	
Mailing Address (if different from living address)	Zip	City	State	County	
Phone Number(s)	Type ( <i>check one</i> )			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	

## Parent / Guardian #2 Information

First	Middle	Last	Suffix	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Other Language	
<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None		
Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:	
<input type="checkbox"/> Highest grade level completed: _____ <input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Unemployed	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative <input type="checkbox"/> Foster <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with child <input type="checkbox"/> All the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never	
Place of Employment	How often do you get paid?		Email Address		
	<input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Weekly <input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____				
Living Address	Zip	City	State	County	
Mailing Address (if different from living address)	Zip	City	State	County	
Phone Number(s)	Type ( <i>check one</i> )			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	

**List all other children who live in the home. Don't list the child on the first page.**

### Child #1

First	Middle	Last	Suffix	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Relationship to Child Applicant	Lives with the Child Applicant
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-sibling <input type="checkbox"/> No biological/legal relationship	<input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never

### Child #2

First	Middle	Last	Suffix	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Relationship to Child Applicant	Lives with the Child Applicant
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-sibling <input type="checkbox"/> No biological/legal relationship	<input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never

### Child #3

First	Middle	Last	Suffix	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Relationship to Child Applicant	Lives with the Child Applicant
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-sibling <input type="checkbox"/> No biological/legal relationship	<input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never

### Child #4

First	Middle	Last	Suffix	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Relationship to Child Applicant	Lives with the Child Applicant
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-sibling <input type="checkbox"/> No biological/legal relationship	<input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never

### Child #5

First	Middle	Last	Suffix	Birthday	Gender
					<input type="checkbox"/> Male <input type="checkbox"/> Female
Race		Hispanic	English Proficiency	Relationship to Child Applicant	Lives with the Child Applicant
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Proficient <input type="checkbox"/> Moderate <input type="checkbox"/> Little <input type="checkbox"/> None	<input type="checkbox"/> Sibling <input type="checkbox"/> Step-sibling <input type="checkbox"/> No biological/legal relationship	<input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Never

*\* If you are applying for multiple children, please complete a separate copy of this form for each applicant.*

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 \_\_\_\_\_

West River Head Start  
**Eligibility Document: Family / Individual Claiming Zero Income**

**Complete only if you have no income.**

***Explain how you are meeting your family's basic needs.***

How are you providing clothing for your family?

How are you covering the cost of housing?

How are you providing for food for your family?

Describe your living situation.

***I give permission for West River Head Start to contact a someone else to verify this information. My third party contact is (NOT YOUR OWN NAME):***

Name: \_\_\_\_\_ Relationship/title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of parent	Date
Staff signature	Date
Staff signature	Date

**This side is to be completed by  
WEST RIVER HEAD START STAFF**

**Third Party Zero Income Verification Notes:**

**1. What is your relationship with the applicant?**

**2. How long have you known them?**

**3. Explain what you know about their situation.**

**4. Can you verify there is zero income?**

*Person Contacted:*\_\_\_\_\_

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

*Staff Signature:*\_\_\_\_\_



West River Head Start

# Homeless Verification Form

**Complete only if you are homeless.**

Subtitle B of the Title VII of the McKinney-Vento Homeless Assistance Act (and the Improving Head Start for School Readiness Act of 2007) defines "homeless" as follows:

- ☐ Individuals who lack a fixed, regular, and adequate nighttime residence;
- ☐ Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason;
- ☐ Children and youths who are living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations;
- ☐ Children and youths who are living in emergency or transitional shelters;
- ☐ Children and youths who are abandoned in hospitals;
- ☐ Children and youths who are awaiting foster care placement;
- ☐ 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;
- ☐ Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings;
- ☐ Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described above.

***I give permission for West River Head Start to contact someone else to verify this information. My third party contact is (NOT YOUR OWN NAME):***

Name: \_\_\_\_\_ Relationship/title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature of parent / guardian / adult verifying initial statement	Date
Staff Signature	Date
Staff Signature	Date

**This side is to be completed by  
WEST RIVER HEAD START STAFF**

**Third Party Homeless Verification Notes:**

**1. What is your relationship with the applicant?**

**2. Can you explain what you know about their situation?**

**3. Can you verify that they are homeless?**

Person Contacted: \_\_\_\_\_

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

Staff Signature: \_\_\_\_\_