



## Cheyenne River Head Start Program



# **Application for SY 2025-2026**

To be complete and in order to start the enrollment process, the following must be submitted:

- \_\_\_ **Child Plus Application**
- \_\_\_ **Birth Certificate** \*If child was born in South Dakota please see Family Services to obtain a free one\*
- \_\_\_ **Certificate of Indian Blood:** If child is not enrolled, please submit parent's DIB
  - CRST Enrollment Office: 605-964-6612
- \_\_\_ **Johnson O Malley Form**
- \_\_\_ **Copy of Parental/Guardian Identification**
- \_\_\_ **Proof of Public Assistance (TANF, SNAP or SSI)**
- \_\_\_ **Health Insurance Card**
- \_\_\_ **Child Custody Paperwork (if applicable)**

**All documents MUST be submitted to Family Services BEFORE the 1<sup>st</sup> day of school.**

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If you have any questions or concerns, feel free to contact Family Services at:

- Family Services: 605-964-8713
  - Denise Straight Head (*Family Service Manager*) ext: 222
  - Kayla Schumacher (*Family Service Worker*) ext: 239
  - Chandler Marrowbone (*Family Service Worker*) ext: 236





# CHEYENNE RIVER HEAD START PROGRAM



## 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		If teen parent, subsidized?		
<input type="checkbox"/> Master's						<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		If teen parent, subsidized?		
<input type="checkbox"/> Master's						<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.

This Section for Agency Use Only:

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

## Applicant Eligibility & Enrollment Information

Eligibility				
Program Term	Agency	Initial Status		Status Date
		<input type="checkbox"/> New	<input type="checkbox"/> Accepted	<input type="checkbox"/> Waitlisted
Releases Signed	Date Signed	Child will transition to		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Location Preference Priority	Site	Classroom	Funding	
1st				
2nd				
3rd				
Enrollment Notes				
Application Date	Application Status	Application Number		Participation Year
	<input type="checkbox"/> Complete & Verified	<input type="checkbox"/> Incomplete, info not returned		
	<input type="checkbox"/> Incomplete	<input type="checkbox"/> Other - specify in notes		
Eligibility Date	Number in Family	Eligibility Income		
CACFP Date	CACFP Income	Per (for example, year, month, other)		CACFP Status
				<input type="checkbox"/> Free (full reimbursement)
				<input type="checkbox"/> Paid (minimum reimbursement)
				<input type="checkbox"/> Reduced price (reduced reimbursement)
Child eligible to participate in program	Type of eligibility interview	Income Status	Documentation used to determine eligibility	
<input type="checkbox"/> Yes	<input type="checkbox"/> In-person	<input type="checkbox"/> Over Income	<input type="checkbox"/> Income Tax Form 1040	<input type="checkbox"/> Unemployment
<input type="checkbox"/> No	<input type="checkbox"/> Telephone	<input type="checkbox"/> Public Assistance	<input type="checkbox"/> W-2	<input type="checkbox"/> Written statements from employers
		<input type="checkbox"/> Eligible (Below 100%)	<input type="checkbox"/> TANF Documentation	<input type="checkbox"/> Foster care reimbursement
		<input type="checkbox"/> Foster child	<input type="checkbox"/> Pay stub or pay envelopes	<input type="checkbox"/> SSI Documentation
		<input type="checkbox"/> Homeless		<input type="checkbox"/> Other
Documentation of No Income				

## Eligibility Criteria

**To set up your program's eligibility criteria on this form:** Type or print each of the program's eligibility questions in the spaces provided below. Then, for each question, list each of the possible answers (along with their corresponding point values).  
**To complete this form:** Circle the applicable answer and print the number of eligibility points it represents in the Points column. We've included the following example to help you get started.

Disability? Diagnosed (50 pts), Suspected (25 pts), None (0 pts) 25

Eligibility Question	Possible Answers	Points

This Section for Agency Use Only:

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)		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	Relationship to Participant(s)	Acquired/learning another language in addition to English	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	<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	
	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
Contact 2	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	
	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
Contact 3	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	
	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 \_\_\_\_\_



# CHEYENNE RIVER HEAD START PROGRAM



## Johnson O'Malley (JOM) Application

ELGILBILITY	
<b>EFFECTIVE APRIL 2024, OUR JOM PROGRAM NOW INCLUDES LINEAL DESCENDANT APPLICANTS</b>	
1.	If your student is tribally enrolled, please attach a copy of their enrollment form.
2.	If your student is not tribally enrolled, please provide a copy of their birth certificate along with a parent/guardian tribal enrollment form.
3.	If parents/guardians are not enrolled, please provide a copy of the student's birth certificate, parents/guardians birth certificate and grandpa/grandpa tribal enrollment forms.
4.	This form is for any student who is not tribally enrolled due to their tribe's blood quantum regulations or new families to the Sioux Falls School District. All prior JOM students will remain on file.
5.	All requested records will be copied, scanned, and returned.

STUDENT INFORMATION	
Name	
Grade	
Date of Birth	
Tribal Affiliation or Descendant of	
PARENT/GUARDIAN INFORMATION	
Name of Tribally Enrolled Parent	
Tribal Affiliation	
Phone Number	
GRANDPARENT INFORMATION (IF APPLICABLE)	
Name of Tribally Enrolled Grandparent	
Tribal Affiliation	
Phone Number	

I declare and affirm under penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

Date	Signature