

# 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
- 2024 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**



## 2025 Income Guidelines



Persons in Family	100% Poverty Guidelines	130% Poverty Guidelines
<b>2</b>	<b>\$ 21,150</b>	<b>\$ 27,495</b>
<b>3</b>	<b>\$ 26,650</b>	<b>\$ 34,645</b>
<b>4</b>	<b>\$ 32,150</b>	<b>\$ 41,795</b>
<b>5</b>	<b>\$ 37,650</b>	<b>\$ 48,945</b>
<b>6</b>	<b>\$ 43,150</b>	<b>\$ 56,095</b>
<b>7</b>	<b>\$ 48,650</b>	<b>\$ 63,245</b>
<b>8</b>	<b>\$ 54,150</b>	<b>\$ 70,395</b>
	<i>For each additional person, add \$5,500.</i>	<i>For each additional person, add \$7,215.</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** 7:30 a.m. - 3:30 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





# 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 (check one)			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"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<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"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<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"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<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"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<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"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<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: \_\_\_\_\_