



# Application Checklist:

## Step 1. Complete the application process to EHS/HS

To avoid any delays in processing your application, complete **all** items in step 1 of the application process.

To complete the application for EHS/HS and determine if your child is eligible, submit the following documents:		
<input type="checkbox"/>	Proof of Age	State-Certified Birth Certificate. Child must be age eligible to enroll.
<input type="checkbox"/>	Proof of Residency	<u>One Primary Proof of Residence</u> *(Examples indicated below) <u>One Secondary Proof of Residence</u> **(Examples indicated below)  <b>Note:</b> If you live in transitional housing (motel, campsite, car, shelter, or shared housing), you do not need to complete this item. Tell staff you are in transitional housing.
<input type="checkbox"/>	Driver's License or Photo ID of LEGAL guardian. (Proof of court appointed guardianship)	The person registering the student must be the legal parent or court-appointed guardian. Court appointed guardians must provide legal papers.
<input type="checkbox"/>	Proof of Income	Each parent/stepparent living in the home related to the child by blood, marriage or adoption must submit income verification from <b>ONE</b> of the following: <ul style="list-style-type: none"> <li>• 2025 Tax Statement</li> <li>• Pay stubs for past 12 months</li> <li>• TANF, Supplemental Security Income (SSI), Foster Care Income or SNAP</li> </ul>
<input type="checkbox"/>		Child support received, if applicable. Submit child support payments received over the past 12 months.
<input type="checkbox"/>	Early Head Start (EHS)/ Head Start (HS) Application	Review the application to make sure all questions are completed.
<input type="checkbox"/>	In-Person Interview	<b>Call to schedule an in-person appointment at 701-323-4400</b>

\* One Primary Proof of Residence - Examples: home mortgage, builder's agreement, purchase agreement, homeowner's insurance policy, Burleigh County property tax statement or lease/rental agreement that lists the names of parents/guardians living in the rental unit plus the manager's name and phone number.

\*\*One Secondary Proof of Residence - Examples: bill for heat/lights, garbage/water or cable TV dated within the last 30 days or document from the Department of Social Services.

Unacceptable Proof of Residence: US mail, post office change of address, credit card/bank statement, personal taxes, medical bills, payroll checks, insurance policy, or any proof older than 30 days.

## Step 2. Orientation Meeting

New enrollees may be requested to complete a developmental screening and accompany the parent/guardian to the appointment.

The following documents will be needed following the Orientation meeting:		
<input type="checkbox"/>	Physical Exam	Current physical exam (including hearing and vision screening, hemoglobin, and blood lead screening) through a provider such as: your family physician, Health Tracks or Public Health Unit
<input type="checkbox"/>	Dental Exam	Current dental exam
<input type="checkbox"/>	Immunization Record	Up-to-date immunization record

## Applicant Information

Applicant 1 (Child 3-5 years, Child 0-3 years)					
First Name	Middle Name	Last Name	Nickname	Birthday	Gender
Applicant Applying for:					
<input type="checkbox"/> Head Start (Child: 3-5 yrs)		<input type="checkbox"/> Early Head Start (Child: Birth to 3 yrs)			
Race and/or Ethnicity		English Proficiency	Other Languages Spoken	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Primary Health Coverage (Check all that Apply)		Medicaid Eligibility	Dental Coverage (Check all that Apply)		
<input type="checkbox"/> Children's Health Insurance Program (CHIP)		<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially Eligible	<input type="checkbox"/> Children's Health Insurance Program (CHIP)		
<input type="checkbox"/> Combined Medicaid/ CHIP			<input type="checkbox"/> Combined Medicaid/ CHIP		
<input type="checkbox"/> Medicaid			<input type="checkbox"/> Medicaid		
<input type="checkbox"/> No Insurance			<input type="checkbox"/> No Insurance		
<input type="checkbox"/> State-Only Funded Insurance (Healthy Steps)			<input type="checkbox"/> State-Only Funded Insurance (Healthy Steps)		
<input type="checkbox"/> Private Health Insurance			<input type="checkbox"/> Private Health Insurance		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____			
Doctor/Medical Home			Dentist/Dental Home		
Does this student have a current Individual Education Plan (IEP) through Special Education?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate primary disability: _____			

Applicant 2 (Child 3-5 years, Child 0-3 years)					
First Name	Middle Name	Last Name	Nickname	Birthday	Gender
Applicant Applying for:					
<input type="checkbox"/> Head Start (Child: 3-5 yrs)		<input type="checkbox"/> Early Head Start (Child: Birth to 3 yrs)			
Race and/or Ethnicity		English Proficiency	Other Languages Spoken	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Primary Health Coverage (Check all that Apply)		Medicaid Eligibility	Dental Coverage (Check all that Apply)		
<input type="checkbox"/> Children's Health Insurance Program (CHIP)		<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially Eligible	<input type="checkbox"/> Children's Health Insurance Program (CHIP)		
<input type="checkbox"/> Combined Medicaid/ CHIP			<input type="checkbox"/> Combined Medicaid/ CHIP		
<input type="checkbox"/> Medicaid			<input type="checkbox"/> Medicaid		
<input type="checkbox"/> No Insurance			<input type="checkbox"/> No Insurance		
<input type="checkbox"/> State-Only Funded Insurance (Healthy Steps)			<input type="checkbox"/> State-Only Funded Insurance (Healthy Steps)		
<input type="checkbox"/> Private Health Insurance			<input type="checkbox"/> Private Health Insurance		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____			
Doctor/Medical Home			Dentist/Dental Home		
Does this student have a current Individual Education Plan (IEP) through Special Education?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate primary disability: _____			

# Family Information

Primary Adult (or Pregnant Mother Applicants)					
First Name	Middle Name	Last Name	Nickname	Birthday	Gender
Race and/or Ethnicity		English Proficiency	Other Language Spoken	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Hispanic/Latino	<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 9	<input type="checkbox"/> Full Time (35+ hrs/wk)	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step <b>(Circle one)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training		
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time (Under 35 hrs/wk)	<input type="checkbox"/> Training or School		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Retired or Disabled		
<input type="checkbox"/> Master's	<input type="checkbox"/> GED	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed		
Email Address:			Phone Number:	Receive Texts?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* Complete below section only if applying to Early Head Start as a Pregnant Mother Applicant \*

Due Date (m/d/y):		
Month: _____	Day: _____	Year: _____
Primary Health Coverage (Check all that Apply)		Medicaid Eligibility
<input type="checkbox"/> Children's Health Insurance Program (CHIP) <input type="checkbox"/> Combined Medicaid/ CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> State-Only Funded Insurance (Healthy Steps) <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Other: _____		<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially Eligible
		Dental Coverage (Check all that Apply)
		<input type="checkbox"/> Children's Health Insurance Program (CHIP) <input type="checkbox"/> Combined Medicaid/ CHIP <input type="checkbox"/> Medicaid <input type="checkbox"/> No Insurance <input type="checkbox"/> State-Only Funded Insurance (Healthy Steps) <input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Other: _____
Doctor/Medical Home		Dentist/Dental Home

Secondary Adult in the Home					
First Name	Middle Name	Last Name	Nickname	Birthday	Gender
Race and/or Ethnicity		English Proficiency	Other Language Spoken	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None	<input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Hispanic/Latino	<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 9	<input type="checkbox"/> Full Time (35+ hrs/wk)	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step <i>(Circle one)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training		
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time (Under 35 hrs/wk)	<input type="checkbox"/> Training or School		
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> HS Graduate	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Retired or Disabled		
<input type="checkbox"/> Master's	<input type="checkbox"/> GED	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Unemployed		
Email Address:			Phone Number:	Receive Texts?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other Adult in the Home					
First Name	Middle Name	Last Name	Nickname	Birthday	Gender
Race and/or Ethnicity		English Proficiency	Other Language Spoken	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Child's Relationship			Custody	Check all that apply:	
<input type="checkbox"/> Biological/Adopted/Step (Circle one)		<input type="checkbox"/> Foster	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Grandchild		<input type="checkbox"/> Other Relative _____		<input type="checkbox"/> Provides Financial Support	
Email Address:			Phone Number:	Receive Texts?	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Child(ren) in Home ages birth to 21 (non-applicant)						
First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
Name of School (if enrolled):						

Additional Child(ren) in Home ages birth to 21 (non-applicant)						
First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
Name of School (if enrolled):						

Additional Child(ren) in Home ages birth to 21 (non-applicant)						
First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
Name of School (if enrolled):						

Additional Child(ren) in Home ages birth to 21 (non-applicant)						
First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
Name of School (if enrolled):						

Additional Child(ren) in Home ages birth to 21 (non-applicant)						
First Name	Middle Name	Last Name	Nickname	Birthday	Gender	Living in Home
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Race and/or Ethnicity		English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> None		<input type="checkbox"/> None		
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Little		<input type="checkbox"/> Little		
<input type="checkbox"/> White	<input type="checkbox"/> Middle Eastern/North African	<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient		
Name of School (if enrolled):						

Family Information								
Family Living Address								
Started Living at Date	Living Address	City	State	Zip	County			
Family Mailing Address								
Same as Living?	Started Using Date	Mailing Address	City	State	Zip			
<input type="checkbox"/> Yes <input type="checkbox"/> No								
Where is your child/family currently living? (Federal law NCLB mandates that we ask this question) Please check appropriate box.								
<input type="checkbox"/> Single family <u>permanent</u> residence in Bismarck (house, apartment, condo, etc.) <input type="checkbox"/> Living in a <u>temporary</u> residence while building or looking for a home <input type="checkbox"/> Unaccompanied Youth <input type="checkbox"/> Foster Home <input type="checkbox"/> In a shelter or transitional housing program <input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Doubled-up (sharing housing with another families/individual due to economic hardship) <input type="checkbox"/> Unsheltered (Car/Campsite) <input type="checkbox"/> Other: _____								
Parent/Guardian Information								
Student Resides with (X)	Name of Parent/Guardian	Employer	Daytime Phone	Cell Phone (receive text messages)				
	Mother			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Mother's Email	Mother's Address (if different than student)						
	Stepmother			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Father			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Father's Email	Father's Address (if different than student)						
	Stepfather			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Guardian			<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Guardian's Email							
	Guardian's Spouse			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Is parent/step-parent/guardian a registered offender? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, Name: _____								
Parental Status (check one)	Primary Language at Home	Acquiring/Learning another language in addition to English	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	Receiving WIC
<input type="checkbox"/> One Parent Family <input type="checkbox"/> Two Parent Family		<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
Emergency Contacts — additional to parent/guardian								
Contact #1 (Last, First Name)			Relationship to Child			Contact Phone No.		
Contact #2 (Last, First Name)			Relationship to Child			Contact Phone No.		
Contact #3 (Last, First Name)			Relationship to Child			Contact Phone No.		

The BECEP Early Head Start/ Head Start Program serves children and their family's birth to age 5. The educational program is tailored to children's individual strengths and needs. It fosters self-esteem and develops cognitive, language, motor, and social skills. The comprehensive development program includes medical and dental screenings and follow-up treatment along with classroom experiences that emphasize a variety of preventive health practices. Nutritious meals and snacks are eaten in family-style settings. As the primary resource and educators of their children, parents are an integral part of the success of HEAD START. They are welcomed to volunteer and to participate in activities to help support their child's growth and development. They also have opportunities for leadership in the program by serving on the Policy Council and/or on Parent Committees. HEAD START offers support for parents by supporting opportunities for self-sufficiency. HEAD START staff and parents work together to develop parent partnership agreements that build on family strengths to realize short-term and long-term family goals.

Fees:

HEAD START is funded through the United States Department of Health and Human Services, Administration for Children, Youth, and Families, Head Start Bureau. The program is free to those families who meet the established federal eligibility income guidelines.

I agree to cooperate with the policies and procedures of the Early Head Start/ Head Start Program. I understand that at the beginning of the year I will be provided with a parent handbook, which includes relevant policies and procedures.

**I certify that information provided is correct to the best of my knowledge and is subject to verification. I am also aware that I may be subject to termination from the program if the information verified disqualifies me from eligibility.**

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

Date \_\_\_\_\_

Parent/Guardian Printed Name \_\_\_\_\_