SICANGU LAKOTA OYATE HEAD/EARLY HEAD START PROGRAM

P.O. Box 836, Rosebud SD 57570
Phone (605) 747-2391 * Fax (605) 747-2590

WELCOME PARENTS TO THE SICANGU LAKOTA OYATE HEAD START PROGRAM

2024-2025 SCHOOL YEAR

The Sicangu Lakota Oyate Head Start/Early Head Start Program provides a comprehensive Program includes Early Childhood, Education, Nutrition, Family Partnerships, Mental Health and Disability advocacy for enrolled families.

The Sicangu Lakota Oyate Head Start/Early Head Start Program recognizes parents as the primary educator of their child with your family engagement in the program, you will have many opportunities to learn and grow with your child. We look forward to sharing the Head Start/Early Head Start with you and your family.

To complete the enrollment process you will need
To provide the following information:
[ ] Complete enrollment packet
[ ] Dental Screening
[ ] Physical exam
[ ] Lead Screening
[ ] Child's birth certificate
[ ] Degree of Indian blood or pending letter
[ ] Recent Income verification
[ ] Medicaid Card
[ ] IEP or IFSP (if available)
[ ]Current Immunization

For further information regarding SLO Head Start Enrollment
Please contact one of the following Family Advocates at:

Lucy Fire Cloud – Kate Omaha Boy, Owl Bonnet, Arrow classrooms, ext. 206
Chey D. Marshall – Long Warrior/Dunham, Billy Mills, Woksape classrooms, ext. 201
Vacant – Mercy Poorman, Yellow Hawk Classrooms, Lame Deer classroom, ext. 218
Feri Veloz – Antelope, Neola Spotted Tail, Stephan Fallis Classrooms, ext. 212
April Martinez – Nellie Menard, Wilma Whipple Classrooms, ext. 223

Elizabeth Castro – Keya, Sungmanitu Tanka, Pahin, Sungmanitu Cika, Mato, Tatanka, ext. 227
Amberrose Elk Looks Back – Sungh'Pala, Tusweca, Wanbli, Kimimila, Sunka Wakan, ext. 225

Debb M. LeRoy – ERSEA Manager, ext. 215, Victoria Burnette – ERSEA Asst. ext. 209

ENROLLMENT CHECKLIST

Classroom:_____

CHILD INFORMATION				
First Name	MI	Last Name	Date of Birth	Age
Parent/Legal guardian First Name		Last Name	Primary Home Phone	
Mailing/Physical Address			Primary Cell Phone	
Email Address			Primary Work Phone	
Directions to home				

ERSEA AREA ONLY					
HEALTH		**DISABILITIES**		**FAMILY SERVICES**	
Physical		IEP/IFSP		Enrollment checklist	
Dental		**EDUCATION**		Family Information	
		JOM		Parent Consent	
				Family Assessment Rel.	
				Video Surveillance Policy	

DOCUMENTS NEEDED					
Birth Certificate		Medicaid		Signed Income Form	
Tribal Abstract		Immunization		Income Verification	
Guardianship/Custody				No Income Form	

ELIGIBILITY					
Criteria Points		Income Eligibility %		Foster Child	
		Criteria Eligibility %		Homeless	

FAMILY INFORMATION				
Applicant **Child's Name**	**First Name MI Last Name Date of Birth** **[ ] Female [ ] Male**			
Race	**Ethnicity Hispanic**	**Primary Language**		
[ ] Native American **[ ] White** **[ ] Other**	**[ ] Yes** **[ ] No**	**[ ] English** **[ ] Spanish** **[ ] Other**		
Medicaid [ ]yes [ ] No	**Dental Insurance**	**Primary Health Care Provider**		**Private Health Insurance**
Number:	**[ ] Yes [ ] No**			**[ ] Yes [ ] No**
Diagnosed Disability	**IEP**	**IFSP**	**Food Allergy**	**Explain food allergy**
[ ] Yes [ ] No **Explain:**	**[ ] Yes [ ] No**	**[ ] Yes [ ]No**	**[ ] Yes [ ]No**	

Primary Adult	**First Name Last Name Date of Birth** **[ ] Female [ ] Male**		
Race	**Ethnicity Hispanic**	**English Proficiency**	**Lakota Language spoken**
[ ] Native American **[ ] White** **[ ] Other**	**[ ] Yes** **[ ] No**	**[ ] None [ ] Moderate** **[ ] Little [ ] Proficient**	**[ ] None** **[ ] Basic** **[ ] Fluent**

Highest grade completed	**Employment Status**	**Child's Relationship**
[ ] Associates [ ] Grade 10 **[ ] Bachelor's [ ] Grade 11** **[ ] Master's [ ] HS Diploma** **[ ] Some college [ ] Grade 9** **[ ] GED [ ] Did not finish**	**[ ] Full -time** **[ ] Part-time** **[ ] Seasonal** **[ ] Unemployed** **[ ] Retired or Disabled** **[ ] In school.**	**[ ] Biological/Adopted/Step** **[ ] Grandchild** **[ ] Other Relative** **[ ] Foster** **[ ] Other**

Custody	**Check all that apply**	**Email address**
[ ] Yes **[ ] No**	**[ ] Lives with Family** **[ ] Provides financial Support**	

Secondary Adult	**First Name Last Name Date of Birth** **[ ] Female [ ] Male**		
Race	**Ethnicity Hispanic**	**English Proficiency**	**Lakota Language Spoken**
[ ] Native American **[ ] White** **[ ] Other**	**[ ] Yes** **[ ] No**	**[ ] None [ ] Moderate** **[ ] Little [ ] Proficient**	**[ ] None** **[ ] Basic** **[ ] Fluent**

Highest grade completed	**Employment Status**	**Child's Relationship**
[ ] Associates [ ] Grade 10 **[ ] Bachelors [ ] Grade 11** **[ ] Master's [ ] HS Diploma** **[ ] Some College [ ] Grade 9** **[ ] GED [ ] Did not finish**	**[ ] Full-time** **[ ] Part–time** **[ ] Seasonal** **[ ] Unemployed** **[ ] Retired or disabled** **[ ] In school**	**[ ] Biological/Adopted/Step** **[ ] Grandchild** **[ ] Other Relative** **[ ] Foster** **[ ] Other**
Custody **[ ] Yes** **[ ] No**	**Check all that apply** **[ ] Lives with Family** **[ ] Provides financial support**	**Email Address**

FAMILY CONTACT INFORMATION				
Physical Address	**City**	**State**	**Zip Code**	**County**
Mailing Address (If different)	**City**	**State**	**Zip Code**	**County**

Phone Numbers	Opt in for text messages	Primary Phone #	Secondary Phone #	Notes
Cell #	[ ] Yes [ ] No	[ ]	[ ]	Message #
Cell #	[ ] Yes [ ] No	[ ]	[ ]	Message #
Home #				
Work #				Work place:

Parental Status		Active Duty Military	Veteran	WIC	TANF	SNAP	SSI	Referred By DSS
[ ] 1 parent [ ] 2 parent		[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No	[ ] Yes [ ] No

OTHER HOUSEHOLD					
Adult/Child	**First**	**MI**	**Last**	**DOB**	**Gender**
					[ ] Female [ ] Male
					[ ] Female [ ] Male
					[ ] Female [ ] Male
					[ ] Female [ ] Male
					[ ] Female [ ] Male
					[ ] Female [ ] Male

EMERGENCY CONTACT

NAME	PHONE NUMBER	RELATIONSHIP TO CHILD	PHYSICAL ADDRESS

How did you hear about our Program?

[ ] Friend or Relative [ ] Health Care Provider [ ] Channel 93
[ ] WIC Office [ ] Personal Contact [ ] Newspaper
[ ] Program Brochure [ ] Other Specify_____
[ ] SLO HS/EHS Face Book

PARENT CONSENT FORM

Child's Name:_____

I hereby give the Sicangu Lakota Oyate Head Start Program Staff the authorization to: (circle one)

EDUCATION SERVICES

1. Release my name, telephone number and/or address to other parents for the purpose of communicating about specific program activities.	**Yes / No**
2. Include my child on local field trips (fire department, post office, library, elementary schools, day care, Halloween activities) Child must be supervised by the parent, guardian, and other Responsible adults during home visits, field trips and socialization activities	**Yes / No**
3. Transport my child for all program purposes. HS/EHS will ensure that children are safely Secured in their seats and assist them with buckling seat belts.	**Yes / No**
4. Include information about my child/family on our Program face book page and Program website. This includes photographs, child/family achievements or successes, birthdays, perfect attendance, and all participation in program activities	**Yes / No**
5. Observe my child in the classroom in relation to behavioral or developmental concerns, and when needed to have an affiliated professional conduct observation.	**Yes / No**
6. Share developmental screen results & birth certificates with local education agencies (LEA)	**Yes / No**

PUBLIC RELATIONS

7. Photograph my child and my family, I understand the photographs and footages may be used for the purpose of publicity, illustration, and advertising for Head Start/Early Head Start.	**Yes / No**

HEALTH AND SAFETY

8. Indian Health Service Dental Dept., Delta Dental, Sicangu Lakota Oyate HS/EHS Safety Staff may apply fluoride varnish to my child.	**Yes / No**

Signature of Parent/Guardian_____

PARENT CONSENT FORM CONT.

ERSEA
McKinney-Vento Act: Definition of Homeless

A homeless child or youth lacks as fixed, regular, and adequate nighttime residence, sharing the housing Of others due to the loss of housing, economic hardship, or similar reason (doubled up). Living in motels, Hotels, trailer parks. Campgrounds, due to the lack of adequate alternative accommodations, living in Emergency or transitional shelters or awaiting foster care placement. Living in a public place not designed For humans to live. Living in cars, parks, abandoned buildings, substantial housing, bus or train stations. Etc.

After reading the McKinney-Vento Act, do you consider yourself homeless? Circle Yes/No

Do you own/rent your own home? Yes/No Do you pay utilities? Yes/No

Are you living with multiple families? Yes/No

Please read each section then initial that you have read and understand.

ATTENDANCE CONTRACT

I understand that full participation is encouraged in the Sicangu Lakota Oyate Head Start/Early Head Start Program and will maximize my child's opportunities for growth. I am aware that if my child's attendance becomes sporadic, My Family Advocate will work with me to improve my child's attendance and that an "Attendance Contract" may be a part of the process. If at any time, my child's attendance becomes an issue my child may be put back on the waiting list.	Initial
I understand that participation in parent meetings/socializations are important growth experiences for my child. If I have trouble attending meetings/socializations my Advocate will work with me to identify and remove any barriers.	Initial

NON-DISCRIMINATION CLAUSE
It is the policy of the Sicangu Lakota Oyate Head Start Program not to discriminate based on race, sex, age, color, national origin, or disabilities in the provision of service and employment.

CONFIDENTIALITY STATEMENT
Information shared with the Sicangu Lakota Oyate Head Start Program will be kept confidential unless a parent release is authorized in writing. These forms will be maintained in locked files. I hereby release Sicangu Lakota Oyate Head Start Program from all legal responsibilities or liabilities that may arise from acts that I have authorized above. I would like a copy of this consent form.

Signature of Parent/Legal Guardian_____

PERMISSION IS VOLUNTARY, IT IS THE PARENTS RIGHT TO CHANGE CONSENT FORM AT ANY TIME.

HEAD START IS NOT A BABYSITTING SERVICE

SICANGU LAKOTA OYATE HEAD START/EARLY HEAD START PROGRAM
Video Camera Surveillance Policy

Policy

The Video Camera Surveillance policy of the Sicangu Lakota Oyate Head Start Program/Early Head Start Program is to ensure Our children and employees' safety is maintained at all times. All Employees and Parents must sign a release authorizing video recordings for the limited purpose of classroom surveillance. This form will authorize release to law enforcement agencies RST Police Department, RST Criminal Investigations, Prosecutor's office, or the FBI) by court order only.

Procedures

1. If a child is injured on Sicangu Lakota Oyate Head Start Program property, the program will archive the video of the incident (if one exists) for three (3) consecutive school years.

2. Parents/Guardians of the child may view the video in question upon setting up an appointment the Director or authorized representative. The video will not be released to the parents/guardians under any circumstances absent a court order. The parent may not record the video utilizing any means of copying.

3. If there are any accusations of abuse or neglect, the video will be forwarded to law enforcement Agencies.

4. Sicangu Lakota Oyate Head Start Program employees are mandatory reporters as defined by Rosebud Sioux Tribe law and order code (RSTLOC) §5-8-7 and RST §5-8-8.

5. No parent will video or record or photograph any child who they do not have legal custody of.

I, _____ Parent/Legal guardian of _____
Have read and hereby agree to the above Video Camera Surveillance Policy and I release the Sicangu Lakota Oyate Head Start/Early Head Start Program from any liability to the above policy.

Signature of Parent/Legal Guardian:_____

SICANGU LAKOTA OYATE HEAD START/EARLY HEAD START PROGRAM
RELEASE OF INFORMATION 2024-2025 SCHOOL YEAR

I _____Parent/Legal guardian of _____ give Sicangu Lakota Oyate Head Start Program permission to release or obtain information with the understanding that the information will be used to assist our families in receiving services regarding the Family Needs Assessment activities and IEP/IFSP process. This information will be given to the following agencies.

- Crazy Horse School
- Department of Disabilities Services
- I.H.S. Environmental Health
- I.H.S. Behavioral Health
- Lakota Tiwahe Center Program
- Low Income Housing Energy Program (LIHEAP)
- Maternal Child Health Program
- Mni Wiconi Water Conservation
- RST Childcare Program
- RST Commodity Food Program
- RST Community Services
- RST Court House
- RST Diabetes Prevention Program
- RST Personnel Dept.
- RST Vice Presidents Office
- Sicangu Nation Employment & Training Program
- Sinte Gleska University Registers Program/GED Dept.
- Tiwahe Glu Kini Pi
- Todd County School District
- Tree of life Ministries
- White River School District
- Winner School District
- Horizon Health
- Colombe School District
- St. Francis Indian School
- Sicangu Wicoti Awanyakapi

Signature of Parent/Guardian_____ Date_____

Parent/Legal Guardian
Contact Information_____
_____

CERTIFICATION OF DEGREE OF INDIAN BLOOD

JOHNSON O'MALLEY FUNDING

In order for the Sicangu Lakota Oyate Head Start/Early Head Start Program to receive supplemental Johnson O'Malley funding to those identified as Indian Students, the following information must be submitted by the Parent or legal guardian for certification to authorized personnel.

PLEASE COMPLETE THE ENTIRE FORM

Students Name: _____ Date of Birth: _____

Other Name (s) Used: _____

Tribe: _____ Degree of Indian Blood: _____

Enrollment Number: _____ Pending: Yes_____ No_____

Father's Name: _____ Date of Birth: _____

Other Name (s) used: _____

Tribe: _____ Degree of Indian Blood: _____

Enrollment Number: _____ Pending: Yes_____ No_____

Mothers Name: _____ Date of Birth: _____

Other Name (s) used: _____

Tribe: _____ Degree of Indian Blood: _____

Enrollment Number: _____ Pending: Yes_____ No_____

If this child is enrolled, please attach a copy of their abstract
If this child is not enrolled, please attach the mothers abstract

PERMISSION FOR RELEASE OF INFORMATION

I agree to release my child's abstract from his/her file for information to be used for entrance into the Public School system and Johnson O'Malley Program.

Parent/Legal Guardian: _____

THIS SECTION IS TO BE COMPLETED BY THE RST ENROLLMENT OFFICE

I hereby certify that I have reviewed the appropriate records available and do further certify that the Degree of Indian blood of the individuals as listed on this certification form is correct.

Signature and Title of certifying official:_____ Date_____

SICANGU LAKOTA OYATE HEAD START PROGRAM
ELIGIBILITY VERIFICATION FORM
2024-2025 SCHOOL YEAR

SICANGU LAKOTA OYATE HEAD START/EARLY HEAD START ELIGIBILITY VERIFICATION FORM

1. Family Name:_____ Family Size:_____

2. Child's Date of Birth_____ Child's first year____ Second_____Third year_____

3. Is child eligible to participate in the Program? [ ] Yes [ ] No

4. Type of eligibility interview conducted: [ ] In-person [ ] Audio or Video call

5. Indicate the applicable eligibility criterion for this child:

Eligible by Category

[ ] Homeless

[ ] Foster

[ ] Public Assistance (SNAP, SSI, TANF,

[ ] Degree of Indian Blood

Income Eligible

[ ] Income at or below 100% poverty Guidelines
[ ] Income between 101-130% poverty Guidelines (up to 35% may fall into This category)
[ ] Over Income 130%-above

6. What documentation was used to determine eligibility and is included as part of the Eligibility determination record?

[ ] Income Tax form
[ ] W-2
[ ] TANF documentation
[ ] SSI documentation
[ ] SNAP documentation
[ ] Pay stub or earnings statement
[ ] Unemployment documentation
[ ] Written Statement (employer, Service provider)
[ ] Foster Care reimbursement
[ ] Family Signed documentation
[ ] Other, please describe
_____

I have carefully reviewed the documents and information I have provided with the ERSEA staff, and, by signing this form, certify to the best of my knowledge and belief that all information regarding eligibility provided by me is true and accurate.

7. Parent/Legal guardian signature_____Date_____

8. ERSEA staff signature_____Date_____

Revised 4/23/24