



Head Start Enrollment Application 2017-2018

| CHILD INFORMATION (List all children under 5) | | | | | |
|---|--|--|---|--|-----------------------------------|
| First Name: | Last Name: | Date of Birth: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| First Name: | Last Name: | Date of Birth: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| First Name: | Last Name: | Date of Birth: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| LIVING AND MAILING ADDRESS and PICK UP AND DROP OFF ADDRESS (if different than home) | | | | | |
| Living Address: | | City: | Zip: | | |
| Mailing Address: (if different from living) | | City: | State: | Zip: | |
| Pick Up/Drop Off Address: (if different from living) | | City: | Zip: | | |
| Notes: | | | | | |
| PARENT/GUARDIAN INFORMATION | | | | | |
| First Name: | Last Name: | <input type="checkbox"/> Mother <input type="checkbox"/> Guardian | <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Birth Date: | Lives at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No | Email Address: | | | |
| Home Phone: | Cell Phone: | Work Phone: | | | |
| ADDITIONAL PARENT/GUARDIAN INFORMATION | | | | | |
| First Name: | Last Name: | <input type="checkbox"/> Mother <input type="checkbox"/> Guardian | <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Birth Date: | Lives at home with child? <input type="checkbox"/> Yes <input type="checkbox"/> No | Email Address: | | | |
| Home Phone: | Cell Phone: | Work Phone: | | | |
| ADDITIONAL FAMILY MEMBERS IN HOUSEHOLD Please list additional members on a separate sheet of paper | | | | | |
| Full Name | Gender | Date of Birth | Relationship to Child | Supported by Parent/Guardian? | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Male <input type="checkbox"/> Female | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| GUARDIANSHIP | | | | | |
| Who has primary custody of child? | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> DHS Agency | <input type="checkbox"/> Guardian |
| Who does the child live with: | <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother | <input type="checkbox"/> Father | <input type="checkbox"/> Foster Parent | <input type="checkbox"/> Guardian |

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ADDITIONAL INFORMATION

Is the parent/guardian pregnant? Yes No Estimated Due Date: _____

Is this application for a foster child in your care? Yes No

Is the parent/guardian active in the U.S. Military? Yes No Veteran? Yes No

Is the parent/guardian participating in job training or attending an accredited college? Yes No

EARLY INTERVENTION SERVICES

Does your child receive services through Northwest Regional Education Service District and/or have an Individual Family Service Plan (IFSP)?

Yes No Name of applicant child receiving services: _____

By signing and submitting this application you are authorizing Community Action Head Start to verify this information.

TRANSFERS FROM ANOTHER HEAD START PROGRAM

Has your child attended a Head Start in another county? (Proof of enrollment will be needed) Yes No

HOUSING INFORMATION

Current housing information: Own Rent Other (please check below)

Sharing a home with family or friends due to an economic hardship

In transitional housing program

In a motel or campground

Shelter (Family or Domestic Violence-Safe house)

Migratory children living in any of the above situations

Temporary Foster Care Placement

In a car, park, or public space without water or heat

FAMILY HISTORY FOR THE PAST 12 MONTHS (check all that apply)

Parent absent due to service in military

Domestic violence

Teen parent at time of child's birth

Sibling **currently** enrolled in Community Action Head Start

Incarcerated Parent

Single parent

WHAT SERVICES DOES YOUR FAMILY RECEIVE?

Subsidized Housing (HUD, Section 8)

WIC ID # _____

ERDC (Employment Related Daycare)

SNAP (Food Stamps)

Oregon Health Plan (OHP)

Case # _____

TANF (Cash Assistance)

Supplemental Security Income (SSI)

Hours approved (ERDC): _____

LANGUAGE

Do you require interpretation? Yes No If yes, please specify language: _____

REFERRAL

How did you hear about our program? _____

Did another Community Action program refer you to our services? Yes No

If yes, which program? _____

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The following documents are used to verify eligibility. Applications may be delayed if documents are not received.

One of the following documentation is needed to verify eligibility

- Documentation of TANF (Temporary Assistance for Needy Families)
- Documentation of families experiencing homelessness
- Documentation of foster care placement for the enrolling child
- Documentation of SSI (Supplemental Security Income) benefits

If none of the above applies we need to verify income using full documents

- Last calendar year tax return
- Last 12 months of income (include pay stubs, military income, student grants)
- Child support/alimony
- Letter from employer indicating wages paid and dates employed

If there is no income reported for the previous calendar year, please complete the Income Declaration section below

INCOME DECLARATION (To be completed if none of the above documents apply for verifying eligibility)

The income declaration is mandatory if a parent/guardian has not received income in the past 12 months.

Parent/Guardian, _____ has not received income in the past 12 months.

During this time my needs were met by: _____

TO SUBMIT YOUR APPLICATION

Community Action Head Start Enrollment
1001 SW Baseline Street Hillsboro, OR 97123
Phone 503-693-3262
Fax 971-223-6114
Email headstart@caowash.org
www.caowash.org

Providing services to Washington County residents in Beaverton, Hillsboro, Tigard/Tualatin, Sherwood and Portland.

PARENT/GUARDIAN SIGNATURE

Under penalty of perjury, I affirm that to the best of my knowledge, all of the information that I have provided is complete and correct. I understand that if I deliberately misrepresent my family circumstances, my family may not be eligible for further services. I authorize Head Start to verify my family income and circumstances with the Oregon Department of Human Services (DHS), Northwest Regional Education Service District, my employer, and other third party sources if necessary. I understand my contact and demographic information may be shared with the school district I am assigned to and other programs within the agency.

Parent/Guardian Signature: _____ Date _____

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Description of Service Options (requirements to enroll in each program vary)

| Early Head Start Home Visiting Program (0-3 year olds) | Full Day/Full Year Early Head Start/Head Start (6 weeks-5 year olds) | Part Day or Full Day, Full School Year (3-5 year olds) |
|---|--|---|
| <p>*The home visiting program is a year round program and provides weekly home visits to families.</p> <p>*The purpose of the home visits is to promote secure parent-child relationships and help parents provide high-quality early learning experiences in the home.</p> <p>*Parents and children are provided with opportunities for group socialization time.</p> <p>*Prenatal services are also offered to pregnant mothers enrolled in this program.</p> | <p>*The full day/full year programs are in session 5 days per week, in Hillsboro, at our child development center and is open from 7:00am-5:30pm.</p> <p>*This full day program enables working parents to remain employed while their children prepare for school.</p> <p>*This option is funded by the Employment Related Day Care program and has specific income requirements for working parents.</p> | <p>*The part day/ part year programs are in session for 3.5 hours per day, 4 days per week for 9 months.</p> <p>*Full day/full school year programs are in session 5 days per week for the entire public school year.</p> <p>*Children receive high quality early childhood education that prepares them to succeed in kindergarten.</p> <p>*Transportation is available to some sites in this program.</p> |

Enrollment opportunities exist for children with special needs for all programs.

2017 INCOME GUIDELINES

These income guidelines are used to determine eligibility for program options.

*Limited enrollment opportunities for families in this category.

| For a Family of: | Annual Income 100% | Annual Income 130% | Annual Income Above 130%- 200%* |
|---------------------------------|--------------------|--------------------|---------------------------------|
| 2 | \$16,240 | \$21,112 | \$32,480 |
| 3 | \$20,420 | \$26,546 | \$40,840 |
| 4 | \$24,600 | \$31,980 | \$49,200 |
| 5 | \$28,780 | \$37,414 | \$57,560 |
| 6 | \$32,960 | \$42,848 | \$65,920 |
| 7 | \$37,140 | \$48,282 | \$74,280 |
| 8 | \$41,320 | \$53,716 | \$82,640 |
| For each additional person add: | \$4,180 | \$5,434 | \$8,360 |

We must be able to reach you in order to process your application. If you move or change your phone number after completing this application, it is your responsibility to notify Head Start.

Only a parent or legal guardian may sign this application.

If you need assistance to complete this application, please call us at (503) 693-3262.