

**Office use only**

HS  EHS

Date Received: \_\_\_\_\_

Application Tracking Code: \_\_\_\_\_

Route: \_\_\_\_\_

## Head Start/Early Head Start Program Application

Serving Washington County residents in Beaverton, Hillsboro, Tigard/Tualatin, Sherwood, and parts of SW & NW Portland

### REQUIRED ELIGIBILITY DOCUMENTATION

**For this application to be processed, please include the following**

- Child's proof of age:** birth certificate, **or** hospital record, **or** immunization record, **or** OHP award letter, **or** DHS letter
- Last year's income:** tax return, **or** all last year W-2s, **or** unemployment benefit document, **or** Foster care placement letter, **or** TANF award letter, **or** SSI award letter, **or** Child Support, **or** VA benefit, **or** GI Bill

### Child Information

<b>Child 1 - First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
<b>Child 2 - First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
<b>Who does child(ren) live with?</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> Foster Parent(s)			
<b>Who has primary custody of child(ren)?</b> <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian(s) <input type="checkbox"/> DHS			

### Parent/Legal Guardian Information

<b>Parent/Guardian First Name:</b>	<b>Parent/Guardian Last Name:</b>	<b>Date of Birth:</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Primary Language at home: _____ English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient Need interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: _____ Text opt-in <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____ Email opt-in <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>Parent/Guardian currently employed</b>		<input type="checkbox"/> <b>Parent/Guardian currently unemployed</b>	
Home Address (Street & Apartment No.)		City	Zip Code
Additional Address <b>(check that apply)</b> <input type="checkbox"/> Mailing <input type="checkbox"/> Pick Up/Drop Off		City	Zip Code
<b>Parent/Guardian First Name:</b>	<b>Parent/Guardian Last Name:</b>	<b>Date of Birth:</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary
Primary Language at home: _____ English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient Need interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: _____ Text opt-in <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____ Email opt-in <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>Parent/Guardian currently employed</b>		<input type="checkbox"/> <b>Parent/Guardian currently unemployed</b>	
Home Address (Street & Apartment No.)		City	Zip Code

## Family Information

<b>Parental Status (check all that apply)</b>				
<input type="checkbox"/> Single Parent	<input type="checkbox"/> Two parents	<input type="checkbox"/> Foster Parent(s)	<input type="checkbox"/> Legal Guardian(s)	<input type="checkbox"/> Deported Parent(s) or Refugee
<input type="checkbox"/> Deceased Parent	<input type="checkbox"/> Parent/Guardian Pregnant? Due date: _____			
<b>Additional Family Information (check all that apply)</b>				
<input type="checkbox"/> Parent/Guardian Currently Enrolled In School/Job Training		<input type="checkbox"/> English as a Second Language		
<input type="checkbox"/> Domestic Violence or Substance Abuse		<input type="checkbox"/> Transitioning from Another Head Start		
<input type="checkbox"/> Referral From Other Programs Within Community Action Organization or Other Agencies		<input type="checkbox"/> Death of Immediate Family Member		
<input type="checkbox"/> Parent/Guardian is/was a Teen Parent (at birth of 1 <sup>st</sup> child)		<input type="checkbox"/> Sibling in Head Start or Early Head Start		
<input type="checkbox"/> Household has Been Impacted by the Effects of COVID-19		<input type="checkbox"/> Having Incarceration Experience		
<b>How many people live in your home?</b> <input type="text"/> <input type="text"/>				
<b>List additional children/dependents living in the home (Non-Applicants)</b>				
Full Name	Birth Date	Gender	Relationship to Child	Financially Supported by Parent(s)/Guardian(s)
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary		<input type="checkbox"/> Yes <input type="checkbox"/> No

## Eligibility Information

<b>Eligibility Information (check all that apply)</b>	
<input type="checkbox"/> Receiving SNAP (food stamps)	<input type="checkbox"/> Receiving TANF (cash assistance) <input type="checkbox"/> Receiving Supplemental Security Income (SSI)
<b>Current Housing Situation:</b> <input type="checkbox"/> Own/Rent Home <input type="checkbox"/> Other (per the McKinney-Vento Act – see below)	
<i>The McKinney-Vento Act is for “individuals who lack a fixed, regular, and adequate nighttime residence”.</i>	
<b>Check all that apply</b>	
<input type="checkbox"/> Sharing a home with family or friends due to an economic hardship	<input type="checkbox"/> In a shelter (Family or Domestic Violence-Safe house)
<input type="checkbox"/> In a motel or campground	<input type="checkbox"/> Temporary Foster Care Placement
<input type="checkbox"/> In transition housing program	<input type="checkbox"/> In a car, park or public space without water or heat
<input type="checkbox"/> Migratory children living in any of the listed situations	

<b>Additional Services Information</b>	
1. Are you receiving services through Northwest Regional Education Service District (NWRESD) and/or have an Individual Family Service Plan (IFSP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list name of child receiving services: _____ Date of Birth: _____	
2. Are you receiving services through Lifeworks Northwest? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please list name of child receiving services: _____ Date of Birth: _____	
3. Are you receiving services through other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, agency’s name: _____ Child’s name: _____ Date of Birth: _____	

<b>How did you hear about Community Action Head Start and Early Head Start Program?</b>			
<input type="checkbox"/> Community Event/Resource Fair	<input type="checkbox"/> Information through Mail	<input type="checkbox"/> DHS	<input type="checkbox"/> Doctor/Dental Office
<input type="checkbox"/> Word of mouth	<input type="checkbox"/> School District	<input type="checkbox"/> Social Media	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Flyer	<input type="checkbox"/> WIC		

<b>Parent/Legal Guardian Signature</b>	
I affirm that to the best of my knowledge, all 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 services. By signing this application, I authorize Community Action Head Start to release this information to Early Learning Washington County, Beaverton School District, Hillsboro School District, Tigard/Tualatin School District, Sherwood School District, Oregon Child Development Coalition, NWRESD, LifeWorks Northwest, Other Head Start programs, DHS and programs within Community Action Organization for enrollment purposes.	

<b>Parent/Legal Guardian’s Signature:</b>	<b>Date:</b>
<b>Office use only</b>	
<input type="checkbox"/> Verbal consent received for parent/legal guardian signature.	
<b>Staff Name/Title:</b>	<b>Staff Signature:</b>
	<b>Date:</b>

**Parent/Guardian:**  
 Detach this page before  
 submitting the application & keep  
 it for your records.

**How to apply**

Please read this application and fill it out completely. ***The application cannot be processed if the required income documents are missing.***

If you need help completing this application or have questions, please call Enrollment Department at **503-693-3262**. The application can be returned to the address below.

<b>Community Action Mailing and Drop-Off Locations</b>		
<b>Hillsboro Multi-Service Center</b>	<b>Beaverton Multi-Service Center</b>	<b>Tigard Multi-Service Center</b>
1001 SW Baseline St., Hillsboro, OR 97123	5050 SW Griffith Dr., Ste 100 Beaverton, OR 97005	11515 SW Durham Rd. Ste E8 Tigard, OR 97224
OR email the application to us at <a href="mailto:headstart@caowash.org">headstart@caowash.org</a> OR fax the application to us at <b>503-400-3669</b>		

**What to send with the application?**

The complete application must include:

- Parent/Guardian Signature and date
- Proof of last year's income or within the 12 months from when the application is submitted.
  - **Proof of income should be:**
    - W-2s or previous year's tax returns of both parent/guardian if the child/ren lives with both parent/guardian in the home.
    - Unemployment benefit
    - Child Support
    - Written income statement from the parent/guardian or employer.
    - TANF, SNAP, or SSI award letter
- **For foster children**, a Foster Care placement letter must be included. **No proof of income is needed.**
- Proof of age could be a birth certificate, Immunization record, OHP card, DHS letter with the child/ren name and date of birth, or well-child exam with the child/ren name and date of birth.

**What happens after Community Action Head Start Program receives the application?**

When an application is received:

- Enrollment staff will call the parent/guardian to verify eligibility information as needed.
- Enrollment staff will send a letter to parent(s) to inform parents about the application status.
- When an opening becomes available, the Enrollment staff will contact the parent/guardian to enroll.

**Community Action Head Start and Early Head Start Program Options**

<b>Home-based &amp; Prenatal Services (Birth-3 years old)</b>	<b>Full-day/Full year (6 weeks – 5 years old)</b>	<b>Part day (3 – 5 years old)</b>	<b>Duration (3 – 5 years old)</b>
This program offers weekly home visits to families in Hillsboro, Beaverton, and Tigard/Tualatin area and on-site group socialization for parents/guardians and children.  Prenatal services are also available to pregnant mothers.  <b>No transportation available</b>	This program runs Monday through Friday year-round in Hillsboro from 7:00am-5:30pm.  <b>Must qualify through DHS Employment Related Day Care (ERDC) requirements for working parents.</b>  <b>No transportation available</b>	This program runs Monday through Thursday for 3.5 hours each day with either an AM or PM class option and follows the public school year calendar.  <b>Transportation is available only for some sites</b>	This program runs Monday through Friday for 6.20 hours per day and follows the public school year calendar.  <b>No transportation available</b>

## OTHER COMMUNITY ACTION SERVICES AND RESOURCES



### **Heat or Electricity is Shut Off**

Contact the **Utility Assistance Program** and leave a message  
(503) 615-0771

### **Emergency Food Assistance**

For a food box, contact the **Hillsboro Family Shelter**  
(503) 726-0812

### **Utility Payment Assistance**

Contact the **Utility Assistance**  
(503) 615-0771

### **Oregon Health Plan (OHP) Enrollment**

Get free assistance enrolling in health coverage. We can help you navigate your health coverage at no cost! Oregon Health Plan (OHP) is open to all people and open to children and teens regardless of immigration status. We can help you figure out your eligibility and answer any questions.

Contact the **Coordinated Systems** team

(503) 726-0877

Email: [ohp@caowash.org](mailto:ohp@caowash.org)

### **Career Development for SNAP Recipients**

Contact **Family Development Career Coach**

Email: [careerboost@caowash.org](mailto:careerboost@caowash.org)

### **Interested in Opening a Child Care Business, Providing Child Care, and/or Professional Development Opportunities in Early Childhood Education**

Contact the **Child Care Resource & Referral (CCR&R) Program**

(971) 223-6100

Email: [ccrr@caowash.org](mailto:ccrr@caowash.org)

### **Financial Education Classes**

Contact the **Family Development Program**

(503) 726-0823

Email: [ida@caowash.org](mailto:ida@caowash.org)

### **Experiencing Homelessness**

If you are homeless or will lose your housing in less than 2 weeks, **Community Connect**

(503) 640-3263

### **Eviction Prevention or Behind on Rent**

Contact the **Emergency Rent Program**

(503) 615-0770, or submit an online screening request:

<https://caowash.org/programs/housing-stability/renter-support.html>

### **Home Heating, Health, & Safety Repairs**

Contact the **Energy Conservation Program**

(503) 906-6550

Email: [weatherization@caowash.org](mailto:weatherization@caowash.org)

### **Pregnancy, Parenting Support, and or Home Visiting Services**

Contact the **Help Me Grow Program**

(503) 726-0879

Email: [helpmegrow@caowash.org](mailto:helpmegrow@caowash.org)