



Community Action Mailing and Drop-Off Locations	
<b>Hillsboro Multi-Service Center</b> 1001 SW Baseline St., Hillsboro, OR 97123	<b>Beaverton Multi-Service Center</b> 5050 SW Griffith Dr., Ste 100, Beaverton, OR 97005
<b>Or Contact Us At:</b>	
503-693-3262 • Fax: 971-223-6114 • Email: <a href="mailto:headstart@caowash.org">headstart@caowash.org</a> • Website: <a href="http://www.caowash.org">www.caowash.org</a>	

## Head Start and Early Head Start Program Options

Home-Based (0-3 years old)	Full Day, Full Year (6 weeks-5 years old)	Part Day (3-5 years old)	Preschool Promise/ Duration (3-5 years old)
This program offers weekly in-home visits to families in Hillsboro, Beaverton, and Tigard along with on-site group socialization for parents and children.  Prenatal services are also available to pregnant mothers.  <b>No transportation available.</b>	This program runs Monday through Friday <b>year-round</b> in Hillsboro from 7:00am-5:30pm.  <b>Employment Related Day Care (ERDC) requirements for working parents.</b>  <b>No transportation available.</b>	This program runs Monday through Thursday (with an occasional Friday) for 3.5 hours each day with either an AM or PM class option and follows the <b>public school year calendar.</b>  <b>Transportation is available, though only for some sites.</b>	This program runs Monday through Friday for 6 to 6.5 hours per day and follows the <b>public school year calendar.</b>  <b>No transportation available.</b>
<b>Program Preferences:</b> <input type="checkbox"/> Home-Based <input type="checkbox"/> Full Day, Full Year <input type="checkbox"/> Part Day <input type="checkbox"/> Preschool Promise/Duration			

In all programs there are enrollment opportunities for children with special needs.

### ELIGIBILITY DOCUMENTATION

**We accept applications from families of all income levels.**

The following documents are required to verify eligibility. Applications may be returned if missing documents.

If none of the documents apply, complete the Income Declaration below.

#### Applicants Must Submit All that Apply

Employment Related Income	Other Income Sources
Last W2 or 1040 Tax Return <b>OR</b>	<ul style="list-style-type: none"> <li>TANF Award Letter</li> <li>SSI Award Letter</li> <li>Foster Care Award/Placement Letter</li> <li>Child Support/Alimony</li> <li>School Grants/Scholarships</li> </ul>
Last 12 Months of Pay Stubs <b>OR</b>	
A Letter from Employer Verifying Dates and Wages	

### INCOME DECLARATION – If None of the Eligibility Documents Apply

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

<input type="checkbox"/> Parent/Legal Guardian, _____ has not received income in the past 12 months.  <input type="checkbox"/> Other Parent/Legal Guardian, _____ has not received income in the past 12 months.	During this time my needs were met by: _____ _____ _____
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# Head Start Program Enrollment Application

Child Applicant					
<b>First Name:</b>		<b>Last Name:</b>		<b>Birthday:</b>	
Gender		Child's English Proficiency		Child's Primary Language at Home (If Not English)	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Primary Language: _____ <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Who Has Custody of Child			Who Does Child Live With		
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> DHS <input type="checkbox"/> Legal Guardian			<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian		
Additional Child Applicant					
<b>First Name:</b>		<b>Last Name:</b>		<b>Birthday:</b>	
Gender		Child's English Proficiency		Child's Primary Language at Home (If Not English)	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Primary Language: _____ <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Who Has Custody of Child			Who Does Child Live With		
<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> DHS <input type="checkbox"/> Legal Guardian			<input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian		
Early Intervention Services					
Does your child receive services through <b>Northwest Regional Education Service District (NWRES D)</b> and/or have an <b>Individual Family Service Plan (IFSP)</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No      Name of applicant child receiving services: _____					
Living and Mailing Address					
Living Address:			City:		Zip:
Mailing Address: (if different from living)			City:		Zip:
Pick-Up & Drop-Off Address (If Bus Transportation is Available)					
Pick Up/Drop Off Address:			City:		Zip:
Are you Able to Self-Transport to and from School if Necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No      Comments:					
Family Information					
Select All That Apply					
<input type="checkbox"/> Single Parent		<input type="checkbox"/> Incarcerated Parent		<input type="checkbox"/> Deceased Parent	
<input type="checkbox"/> Parent/Guardian Currently Enrolled in School/Job Training		<input type="checkbox"/> Transferring from Another Head Start		<input type="checkbox"/> Teen Parent at time of Birth	
<input type="checkbox"/> Domestic Violence					
Parent/Legal Guardian					
<b>First Name:</b>		<b>Last Name:</b>		<b>Birthday:</b>	
<b>Primary Phone:</b>		<b>Email Address:</b>		Text opt in? <input type="checkbox"/> Yes <input type="checkbox"/> No Email opt in? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Child		Gender		Are You Pregnant?	
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster Parent		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No      Due:	
				What is Your English Proficiency	
				<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
				Do You Require Interpretation?	
				Primary Language at Home (If Not English)	
				Primary Language: _____	
				<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Additional Information					
Is This Parent/Guardian Actively Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is This Parent/Guardian a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		

# Head Start Program Enrollment Application

Additional Parent/Legal Guardian				
<b>First Name:</b>		<b>Last Name:</b>		<b>Birthday:</b>
<b>Primary Phone:</b>		<b>Email Address:</b>		Text opt in? <input type="checkbox"/> Yes <input type="checkbox"/> No Email opt in? <input type="checkbox"/> Yes <input type="checkbox"/> No
Relationship to Child	Gender	Are You Pregnant?	What is Your English Proficiency	
<input type="checkbox"/> Mother	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No    Due: _____	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
<input type="checkbox"/> Father		<b>Do You Require Interpretation?</b>		<b>Primary Language at Home (If Not English)</b>
<input type="checkbox"/> Legal Guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No		Primary Language: _____
<input type="checkbox"/> Foster Parent			<input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Additional Information				
Is This Parent/Guardian Actively Deployed? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is This Parent/Guardian a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Children and Adults in the Household				
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
	<input type="checkbox"/> Male <input type="checkbox"/> Female	/    /		<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Information				
Current Housing Situation				
<input type="checkbox"/> Own a Home <input type="checkbox"/> Renting a Home or Apartment <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>				
<input type="checkbox"/> Sharing a Home with Family or Friends <u>Due to an Economic Hardship</u>		<input type="checkbox"/> 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"/> Migratory Children Living in any of the Above Situations		<input type="checkbox"/> In a Car, Park, or Public Space without Water or Heat		
<input type="checkbox"/> In Transitional Housing Program				
What Services Does Your Family Receive?				
<input type="checkbox"/> Subsidized Housing (HUD, Section 8)		<input type="checkbox"/> WIC ID # _____	<input type="checkbox"/> ERDC (Employment Related Daycare)	
<input type="checkbox"/> SNAP (Food Stamps)		<input type="checkbox"/> Oregon Health Plan (OHP)	Case # _____	
<input type="checkbox"/> TANF (Cash Assistance)		<input type="checkbox"/> Supplemental Security Income (SSI)		
How Did You Hear About Our Program?				
<input type="checkbox"/> Community Action Website		<input type="checkbox"/> WIC Office	<input type="checkbox"/> An Organized Event	<input type="checkbox"/> Head Start Employee
<input type="checkbox"/> School District/District Resource		<input type="checkbox"/> Doctor's Office Where _____	<input type="checkbox"/> Local Church/Religious Affiliation	<input type="checkbox"/> Head Start Parent
<input type="checkbox"/> NWRESD		<input type="checkbox"/> An Apartment Complex	<input type="checkbox"/> Community Action Referral Which Program _____	<input type="checkbox"/> Other Source: _____
<input type="checkbox"/> DHS or Child Welfare Agency				
Parent/Legal Guardian Signature				
<p><b>Under penalty of perjury, 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 further services.</b></p> <ul style="list-style-type: none"> <li>I authorize Community Action 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.</li> <li>I understand my contact and demographic information will be shared with the school district I am assigned to and may be with other programs within this agency. This application is valid for one year from the date it is signed.</li> </ul> <p style="text-align: center;"><b><u>Only a parent or legal guardian may sign this application.</u></b></p>				
Parent/Guardian Signature: _____				Date: _____

## OTHER COMMUNITY ACTION SERVICES AND RESOURCES



### **Child Care Resource & Referral**

Phone: 971-223-6100 or 1-800-624-9516  
Email: [ccrr@caowash.org](mailto:ccrr@caowash.org)

### **Early Connections**

*Prenatal and Parenting Support*

Phone: 503-726-0879  
Email: [earlyconnections@caowash.org](mailto:earlyconnections@caowash.org)

### **Energy Assistance**

Phone: 503-615-0771  
Email: [energy@caowash.org](mailto:energy@caowash.org)

### **Energy Conservation**

Phone: 503-906-6550  
Email: [weatherization@caowash.org](mailto:weatherization@caowash.org)

### **Emergency Rent Assistance**

Phone: 503-615-0770

### **Food Boxes**

Phone: 503-640-3263

### **Financial Education**

Phone: 503-517-3198

### **Housing & Homeless Services**

Phone: 503-640-3263

### **Information & Referral**

*About Services in Your Community*

Phone: 211  
Website: [www.211info.org](http://www.211info.org)