

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
- Proof of pregnancy:** positive pregnancy test letter from health care provider
- 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 or Prenatal Information

Prenatal - First Name:	Last Name:	Date of Birth:	Due Date:
Child 1 – First Name:	Last Name:	Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2- First Name:	Last Name:	Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Who does child(ren) live with? <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)			
Who has primary custody of child(ren)? <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

Primary Parent/Guardian First Name:	Primary Parent/Guardian Last Name:	Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Language at home: _____		Phone number: _____	Text opt in <input type="checkbox"/> Yes <input type="checkbox"/> No
English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Email: _____	Email opt in <input type="checkbox"/> Yes <input type="checkbox"/> No
Need interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Address (Street & Apartment No.) _____		City _____	Zip Code _____
Mailing Address (If different from home address) _____		City _____	Zip Code _____
School Bus Pick up/Drop off address (if different from home address) _____		City _____	Zip Code _____
Secondary Parent/Guardian First Name:	Secondary Parent/Guardian Last Name:	Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Language at home: _____		Phone number: _____	Text opt in <input type="checkbox"/> Yes <input type="checkbox"/> No
English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		Email: _____	Email opt in <input type="checkbox"/> Yes <input type="checkbox"/> No
Need interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home Address (Street & Apartment No.) _____		City _____	Zip Code _____
Mailing Address (If different from home address) _____		City _____	Zip Code _____
School Bus Pick up/Drop off address (if different from home address) _____		City _____	Zip Code _____

Family Information

Parental Status (check all that apply)				
<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"/> Having Incarceration Experience			
How many people live in your home?		How many family members do you financially support?		
List all persons living in the home who you financially support:				
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"/> 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
Additional Family Information (check all that apply)				
<input type="checkbox"/> Domestic Violence or Substance Abuse	<input type="checkbox"/> English as second language			
<input type="checkbox"/> Parent/Guardian currently enrolled in school/job training and/or unemployed	<input type="checkbox"/> Transitioning from another HS			
<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 teen parent (at birth of 1 st child)	<input type="checkbox"/> Sibling in HS or EHS			

Eligibility Information

Eligibility Information, check all that apply: <input type="checkbox"/> Receiving TANF <input type="checkbox"/> Receiving SSI <input type="checkbox"/> Receiving SNAP
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>
Check all that apply <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 above situations
Additional Services Information
1. Are you receiving services through Northwest Regional Education Service District (NWRES D) 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: _____
How did you hear about Community Action Head Start and Early Head Start Program? <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 (please specify) _____ <input type="checkbox"/> Flyer <input type="checkbox"/> WIC
Parent/Legal Guardian Signature
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 Beaverton School District, Hillsboro School District, Tigard/Tualatin School District, Sherwood School District, Oregon Child Development Coalition, NWRES D, DHS and programs within Community Action Organization for enrollment purposes.
Parent/Legal Guardian's Signature: _____ Date: _____

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

How to apply

Please read this application and fill it out completely. ***The application cannot be processed if required income documents are missing.*** If you need help in completing this application or have any questions, please call Enrollment Department at 503-693-3262. The application can be returned to the address below.

Community Action Mailing and Drop Off Locations		
Hillsboro Multi-Service Center 1001 SW Baseline St., Hillsboro, OR 97123	Beaverton Multi-Service Center 5050 SW Griffith Dr., Ste 100 Beaverton, OR 97005	Tigard Multi-Service Center 11515 SW Durham Rd. Ste E8 Tigard, OR 97224
OR email the application to us at: headstart@caowash.org OR fax the application to us at: 971-223-6114		

What to send with the application?

The complete application must include:

- This application must include parent’s signature and date
- Proof of last year’s income or within the 12 months from the date when the application is submitted. Proof of income should be:
 - W-2s of both parents if child lives with both parents in the home.
 - Previous year’s tax return
 - Unemployment benefit
 - Child Support
 - Written income statement from parent
 - TANF or SSI award letter
- For foster children, Foster Care placement letter must be included.
- Proof of age could be birth certificate, Immunization record, OHP card, DHS letter with child’s name and date of birth, well child exam with child’s name and date of birth

What happens after the application is received by Community Action Head Start Program?

When we receive a complete application:

1. Enrollment staff will call parent or legal guardian to verify eligibility information as needed.
2. Enrollment staff will send the letter to parent(s) to inform parents about the application status
3. When we have an opening, enrollment staff will contact parent(s) to schedule for registration

Community Action Head Start and Early Head Start Program Options

Home based & Prenatal Services (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. No transportation available	This program runs Monday through Friday year-round in Hillsboro from 7:00am-5:30pm. Employment Related Day Care (ERDC) requirements for working parents No transportation available	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. Transportation is available only for some sites	This program runs Monday through Friday for 6.5 hours per day and follows the public-school year calendar. No transportation available

OTHER COMMUNITY ACTION SERVICES AND RESOURCES



Child Care Resource & Referral

Phone: 971-223-6100 or 1-800-624-9516
Email: ccrr@caowash.org

Early Connections

Prenatal and Parenting Support

Phone: 503-726-0879
Email: earlyconnections@caowash.org

Energy Assistance

Phone: 503-615-0771
Email: energy@caowash.org

Energy Conservation

Phone: 503-906-6550
Email: 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