



Head Start Enrollment Application 2016-2017

CHILD INFORMATION (List all children under 5)					
First Name:	Last Name:	Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:	Last Name:	Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female	
First Name:	Last Name:	Date of Birth:		<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Female	
LIVING AND MAILING ADDRESS					
Living Address:		City:		Zip:	
Mailing Address: (if different from living)		City:		State: Zip:	
PARENT/GUARDIAN INFORMATION					
First Name:	Last Name:	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent			
Birth Date:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Lives at home? <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"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent			
Birth Date:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Lives at home? <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
Child lives with:	<input type="checkbox"/> Both Parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Guardian
Is the parent/guardian pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is this application for a foster child placed with you by the state of Oregon? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the parent/guardian active in the U.S. Military? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the parent/guardian participating in job training or attending an accredited college? <input type="checkbox"/> Yes <input type="checkbox"/> No					

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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

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)

<input type="checkbox"/> In doubled-up housing or staying with family or friends due to an economic hardship	<input type="checkbox"/> In transitional housing program
<input type="checkbox"/> In a motel or campground	<input type="checkbox"/> Shelter (Family or Domestic Violence-Safe house)
<input type="checkbox"/> Migratory children living in any of the above situations	<input type="checkbox"/> Temporary Foster Care Placement
	<input type="checkbox"/> In a car, park, or public space without water or heat

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

<input type="checkbox"/> Parent absent due to service in military	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Teen parent at time of child's birth
<input type="checkbox"/> Sibling currently enrolled in Community Action Head Start	<input type="checkbox"/> Incarcerated parent	<input type="checkbox"/> Single parent
		<input type="checkbox"/> Other: _____

WHAT SERVICES DOES YOUR FAMILY RECEIVE?

<input type="checkbox"/> Subsidized Housing	<input type="checkbox"/> WIC ID #_____	<input type="checkbox"/> ERDC (Employment Related Daycare) Case #_____
<input type="checkbox"/> SNAP (Food Stamps)	<input type="checkbox"/> Oregon Health Plan (OHP)	Hours approved: _____
<input type="checkbox"/> TANF (Cash Assistance)	<input type="checkbox"/> Supplemental Security Income (SSI)	

LANGUAGE

Do you require interpretation to understand English? Yes No

If yes, please specify language: _____

TRANSPORTATION

Transportation is very limited and may be available in your area.

If transportation is available, will it be at your home address? Yes No

If no, what address will be used? _____

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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**You must include documentation for the last 12 months from the date of this application.
Please provide all that apply.**

- Supplemental Security Benefits/SSI award letter
- Department of Health and Human Services income award letter (TANF)
- Foster Care placement letter
- Most recent pay stub & W-2's
- 12 months of pay stubs
- Letter from your employer stating employment dates and wages paid
- Child Support/Alimony
- Verification of unemployment payments
- Worker's compensation benefits
- Military pay
- Student Financial Aid
- Other: _____

OR (if none of the above apply)

- Income Declaration

INCOME DECLARATION

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

<input type="checkbox"/> First parent has not worked in the past 12 months	During this time my needs were met by: _____ _____ _____
<input type="checkbox"/> Second parent has not worked in the past 12 months	_____

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.

Parent/Guardian Signature: _____ Date _____

TO SUBMIT YOUR APPLICATION WITH YOUR DESIGNATED HEAD START

If you live in Beaverton, Hillsboro, Tigard/Tualatin or Portland:

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

If you live in Cornelius, Banks, North Plains or Forest Grove:

Oregon Child Development Coalition Head Start
1389 S Dogwood Street
Cornelius, OR 97113
Phone 503-359-0144
Fax 503-359-0710
www.OCDC.net

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Select a Head Start and/or Early Head Start program option below:

<input type="checkbox"/> Early Head Start Home-Based (prenatal-3 years)	<input type="checkbox"/> Full Day/Full Year (6 weeks- 5 years)	<input type="checkbox"/> Part-Day/Pre-K (3- 5 years)	<input type="checkbox"/> Full School Day/Full School Year (3-5 years)
<p>Our home-based program provides a weekly home visit to support parents as they support their child's development and well-being, through activities and information sharing. Home Visitors also provide two socializations per month so parents can interact with their child in a classroom setting and connect with other parents.</p> <p>Pregnant women are assisted with continued early prenatal support to promote healthy pregnancies and transition after birth through Head Start.</p>	<p>Head Start and Early Head Start provides a full-day/full year program from 7:00 am to 5:30 pm Monday through Friday. Parents must be working 25 hours or more per week during operating hours. This program option is funded by the Department of Human Services (DHS), Employment Related Daycare (ERDC) program and has specific income requirements.</p>	<p>Head Start part-day/pre-k program is available in several locations throughout Washington County. The program runs nine months per year, four days per week, and three and a half hours per day.</p>	<p>Head Start Preschool Promise is a full school day/full school year program provided through collaboration with the Hillsboro, Tigard/Tualatin and Sherwood school districts. Children attend a 6 hour day to support their readiness for school.</p>
<ul style="list-style-type: none"> ❖ Please note that children must be under age 5 by 9/1/16 for pre-K programs. ❖ Enrollment opportunities exist for children with special needs for all programs. ❖ Bus transportation is available for some of our sites. Locations of bus stops are reviewed annually. 			

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	\$16,020	\$20,826	\$32,040
3	\$20,160	\$26,208	\$40,320
4	\$24,300	\$31,590	\$48,600
5	\$28,440	\$36,972	\$56,880
6	\$32,580	\$42,354	\$65,160
7	\$36,730	\$47,749	\$73,460
8	\$40,890	\$53,157	\$81,780
For each additional person add:	\$4,160	\$5,408	

General Information

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.