

Dear Parent or Guardian,

Attached is the Early Head Start Application that you requested.

- All families applying for their children must complete the Family Income Worksheet and the Early Head Start Application.
- Homeless families should also complete the Homelessness Questionnaire

Please fill out all forms completely and include proof of the child's date of birth, proof of income, and the child's immunization records. All incomplete applications will be returned. Families who are homeless may submit the Early Head Start application without proof of income, and may submit proof of date of birth and immunization records at a later date.

A completed Early Head Start application packet should include the following:

- Completed forms as listed above. Be sure to sign and date them where appropriate.
- A copy of the child's birth certificate or hospital record of birth.
- The child's immunization records.
- Proof of the parent/guardian's income:
  - ✓ Proof of current Temporary Assistance to Needy Families (TANF), Employment Related Daycare assistance (ERDC), or Supplemental Social Security Income (SSI)
  - ✓ Foster parents need only provide a copy of the child's placement letter from DHS Child Welfare.
  - ✓ If you do not receive any of the above, please submit proof of income for the last 12 months or last calendar year. Items that can be used as proof of income are:
    - ❖ 1040 Tax returns
    - ❖ W2 forms
    - ❖ Pay stubs
    - ❖ Reported Income Display printout from Department of Human Services (if you receive food stamps or TANF payments)
    - ❖ Financial aid award letters
    - ❖ Unemployment Statements
    - ❖ Copies of child support awards or checks
    - ❖ Certain types of military pay are exempt, please call if you need information.
- If your child has special needs, please provide documentation you have concerning them. This may be information from a doctor or special services provider.

After we receive your Early Head Start application, it will be processed and scored based on your child's needs and your family income. Completing this Early Head Start application does not guarantee your child a place in the classroom. Children are selected based on their age, overall score and geographic location. Completed Early Head Start application packet should be mailed or brought to:

Community Action Head Start  
2475 Center St NE  
Salem, OR 97301  
503-581-1152

USDA and this institution are equal opportunity providers and employers.

# Family Income Worksheet

To be completed and attached to the Early Head Start Application

Step 1 Is your family currently homeless?  
 Yes - complete Homeless Questionnaire on the back of this form and go to step 6  
 No - go to step 2

Step 2 Is the child in a state approved foster care placement?  
 Yes - attach proof of foster placement from DHS, and go to step 6  
 No - go to step 3

Step 3 Does your family receive Supplemental Social Security Income (SSI), Temporary Assistance to Needy Families (TANF) or Employment Related Daycare (ERDC)?  
 Yes - attach current proof of SSI, TANF or ERDC and go to step 6  
 No - go to step 4

Step 4 Check the boxes for all the proof of income you are sending with your Early Head Start application. Income can be for the past 12 months or the last calendar year. All income must be reported for all parents/guardians who are living with the child. You do not need to report income of other family members who live in the household, or for a parent/guardian who does not live with the child. If you had no income for the past 12 months or last calendar year, go to step 5.

- 1040 Tax Return
- W2 form(s) all W2 forms issued for the year
- Pay stubs (for all pay periods during the past 12 months or last calendar year)
- Food Stamp Income History report (FSRN) from DHS
- Unemployment statement or pay stubs
- Child support statement or pay stubs
- Financial aid or scholarship award letters
- Alimony statement or pay stubs
- Other (specify): \_\_\_\_\_

Step 5 If you had no income for the past 12 months, please attach a statement explaining how you and your child were supported for each of the last 12 months.

Step 6 Sign and date to indicate that you declare the above information to be true and correct, and that you have reported all income for the designated period for all parents/guardians who live in the household with the child.

Name of Parent/Guardian (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Homelessness Questionnaire for Head Start Eligibility

Families who are homeless are income eligible for Head Start services and are not required to provide any proof of income. You must be currently homeless at the time of application and meet the federal definition of homelessness from the McKinney-Vento Homeless Assistance Act which states:

"Homeless children and youth are defined as those who lack a fixed, regular, or adequate nighttime residence including:

- Doubled up sharing the housing of others due to the loss of housing, economic hardship, or similar reasons.
- Emergency or transitional shelters.
- Motels, trailer parks or camping due to lack of alternative accommodations.
- Vehicle, parks, or other public spaces.
- Abandoned buildings or substandard housing.
- Migrant students living in any of the above situations"

If you believe you would be considered homeless, please check the box to indicate your situation:

- We are staying with friends, family or someone else because we lost our home or cannot afford a home.
- How long have you been staying there? \_\_\_\_\_
  - Why are you staying there (what caused you to move in)? \_\_\_\_\_
  - How long can you stay there? \_\_\_\_\_
- We move around frequently, staying with various friends or relatives because we lost our home or cannot afford a home.
- We are staying in a motel or hotel because we have no place else to stay.
- We are staying at a homeless shelter or domestic violence shelter.
- Which shelter? \_\_\_\_\_
  - Can we call to confirm?  Yes  No
- We are sleeping at night in a building or home that is not meant for people to sleep in. This includes garages, barns, parks, public place, abandoned building, bus or train station, or condemned homes or homes that do not have necessary services such as heat or water.
- Please describe: \_\_\_\_\_
- We are camping in a tent, motor home, trailer, van, car or other vehicle.
- We live in transitional housing, and must move out of this housing within two years.
- What program placed you in the transitional housing? \_\_\_\_\_
- We do not have a place to sleep at night.

*If you cannot check any of the boxes above, you probably do not meet the definition of homeless. You may still apply for Head Start services, but will be required to provide proof of income. Please complete the Family Income Worksheet, and include your proof of income with the application.*

**Early Head Start Application for Infants and Toddlers**  
Community Action Head Start 2014-2015

Child's Name: \_\_\_\_\_, \_\_\_\_\_ M.I. \_\_\_\_\_  
*Last First*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Multiple Birth?  Yes  No (attach separate application for each child)

Male  Female Language Spoken/Heard at Home: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City Zip Code*

Living  Mailing  School Bus Pick Up  School Bus Drop Off

Additional Address: : \_\_\_\_\_  
*Street City Zip Code*

Living  Mailing  School Bus Pick Up  School Bus Drop Off

Home Telephone: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  Message  Cell

Does child have a diagnosed disability?  Yes, diagnosed  Suspected disability  None  
If yes, does your child receive any special services from an Education Service District?  Yes  No  
If yes, name of specialist: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_, \_\_\_\_\_ M.I. \_\_\_\_\_  
*Last First*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Language Spoken at Home: \_\_\_\_\_

Male  Female How well does the parent speak English?  Very Well  Well  Very Little  None

Relationship to Child:  Parent  Step-Parent  Foster Parent  Other Relative  Legal Guardian  
Living with Child?  Yes, lives with child or is temporarily absent  No, permanently absent (provide address)

Address: \_\_\_\_\_  
*Street City Zip Code*

Telephone Numbers: \_\_\_\_\_  
 Home  Cell  Work  Message  Home  Cell  Work  Message  Home  Cell  Work  Message

Employment Status:  Employed Full Time (32-40 hours per week)  Employed Part Time  Student  
 Homemaker  Unemployed  Other (explain): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_, \_\_\_\_\_ M.I. \_\_\_\_\_  
*Last First*

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Language Spoken at Home: \_\_\_\_\_

Male  Female How well does the parent speak English?  Very Well  Well  Very Little  None

Relationship to Child:  Parent  Step-Parent  Foster Parent  Other Relative  Legal Guardian  
Living with Child?  Yes, lives with child or is temporarily absent  No, permanently absent (provide address)

Address: \_\_\_\_\_  
*Street City Zip Code*

Telephone Numbers: \_\_\_\_\_  
 Home  Cell  Work  Message  Home  Cell  Work  Message  Home  Cell  Work  Message

Employment Status:  Employed Full Time (32-40 hours per week)  Employed Part Time  Student  
 Homemaker  Unemployed  Other (explain): \_\_\_\_\_

Family Type:  Two Parents  Single Parent  Other Relative  
 Legal Guardian  Foster Home (caseworker: \_\_\_\_\_)

How many people are in your family that live in your household? \_\_\_\_ Adults \_\_\_\_ Children

Does your family receive: Temporary Assistance to Needy Families (TANF)?  Yes  No

Child Support?  Yes  No Employment Related Day Care (ERDC)?  Yes  No

Who referred you to Early Head Start?  Family Building Blocks  WESD  STEP Program

Doctor  WIC  Health Department  Teen Parent Program  DHS  Other: \_\_\_\_\_

I have a child who is currently enrolled in Head Start. Child's Name: \_\_\_\_\_

Has the child you are applying for ever received Early Head Start services?  Yes  No

If yes, name of program: \_\_\_\_\_

**SPECIAL CONCERNS (Check all that apply):** *This information is used to determine the needs of your child, and will not be shared with any other agency. All information you give to Early Head Start is confidential.*

### **Family**

- Parent has a diagnosed disability
- Parent is deceased or has a terminal illness
- Parent is incarcerated  On parole  On probation Comments: \_\_\_\_\_
- Parent is absent from home due to active military duty
- Parent is absent from home due to deportation
- Household member participate in gang activity
- Parent is unable to read or write in any language
- Parent does not have high school diploma/GED
- Parent currently has drug/alcohol issues
- Parent has had drug/alcohol issues and been in recovery for less than 12 months
- Parent has had drug/alcohol issues and been in recovery more than 12 months
- Parent or family is currently receiving individual or family counseling
- Mother has suspected post-partum depression
- Parent was under age 18 at the time of this child's birth
- Family is in the process of eviction
- Family does not have a vehicle

### **Child**

- Child has a serious health condition including premature birth (specify): \_\_\_\_\_
- Exposure to drugs/alcohol during pregnancy
- Child is exposed to second hand smoke
- Child is currently receiving individual mental health counseling
- Child has experienced or witnessed any type of abuse (physical, emotional, sexual, etc...)
- Child is experiencing trauma due to a recent divorce or end of relationship between parents (How long ago?) \_\_\_\_\_

I declare the above information is true to the best of my knowledge, and that I have reported all sources of income. I understand this application does not guarantee enrollment in Early Head Start. I understand that children will be placed in Early Head Start based on their age, family needs and geographic location.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Mail completed application and attachments to:***

**Community Action Head Start  
2475 Center St NE  
Salem, OR 97301  
(503)581-1152**