

**HHWP CAC Head Start
2023-2024 Application**

Child's Name _____ **Sex** M or F **Birthdate** _____
(First Middle Last)

Address _____ **PO Box** _____ **City** _____ **Zip** _____

County _____ **Language child speaks at home** _____

Preferred Site:

Mark 1st & 2nd choice

Findlay:	_____ Full Day	_____ AM Part Day	_____ PM Part Day
Kenton:	_____ Full Day	_____ AM Part Day	_____ PM Part Day
Upper Sandusky:	_____ Full Day	_____ AM Part Day	_____ PM Part Day
Forest:	_____ Full Day		
Ottawa:	_____ Full Day		
Leipsic:	_____ Full Day		

Who has legal custody of this child? _____

Are there custody, visitation, or foster care court orders for this child? Yes No

Were parents legally married when this child was born? (Affects custody) Yes No

Child's Parents/Guardians are now: __ Married __ Divorced __ Separated __ Widowed __ Living Together __ Single Parent

List all people in your home:

Name	Date of Birth	Relationship to <u>Custodial</u> Parent/Guardian(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Alternate or Emergency Contact: (other than parent or guardian)

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

How did you hear about Head Start? _____

Has this child ever attended a different Head Start Program or another preschool? _____

Parent/Guardian Name _____ DOB _____

___ Biological ___ Adopted ___ Foster ___ Guardian ___ Other _____ ___ Male ___ Female

Home Address _____ Phone _____

E-Mail Address _____ Preference: ___ Text ___ Email ___ Cell

Which languages can you: Speak _____ Understand _____ Read _____

Primary language spoken at home _____

Employer _____ Full Time Part Time Phone _____

Highest grade completed: (circle one) 9th/10th/11th Grade ___ HS diploma/GED ___ Some college
___ Associate's Degree ___ Bachelor's Degree ___ Master's Degree

Are you currently in school or training? Yes No

Parent/Guardian Name _____ DOB _____

___ Biological ___ Adopted ___ Foster ___ Guardian ___ Other _____ ___ Male ___ Female

Home Address _____ Phone _____

E-Mail Address _____ Preference: ___ Text ___ Email ___ Cell

Which languages can you: Speak _____ Understand _____ Read _____

Primary language spoken at home _____

Employer _____ Full Time Part Time Phone _____

Highest grade completed: (circle one) 9th/10th/11th Grade ___ HS diploma/GED ___ Some college
___ Associate's Degree ___ Bachelor's Degree ___ Master's Degree

Are you currently in school or training? Yes No

Legal Step-Parent Name _____ DOB _____ ___ Male ___ Female

Cell Phone: _____ Preference: ___ Text ___ Email ___ Cell

Employer _____ Full Time Part Time Phone _____

Language Spoken _____ Understood _____ Read _____ In school/training? Yes No

Highest grade completed: (circle one) 9th/10th/11th Grade ___ HS diploma/GED ___ Some college
___ Associate's Degree ___ Bachelor's Degree ___ Master's Degree

Parent/Step-parent/Guardian's Work History (if in the same home as the child)

Parent Name	List all Employers in 2022	Date Started	Dated Ended	Gross Pay (before taxes)	How often are you paid?

If at any time in the year 2022, a parent in the home had no income, complete this box.

Parent Name	Dates (month/day/year) to (month/day/year)	Explain Lack of Income (unemployed, did not work, med leave, etc.)
	to	
	to	
	to	

If at any time in the year 2022, a parent in the home was self-employed or there is no record of income, complete this box.

Parent Name	Gross Amount	Dates (month/day/year) to (month/day/year)	Source of income/Reason no record of income
		to	
		to	
		to	

Other Family Income

Complete *yes* or *no* if anyone in the home received any of the income listed in the year 2022.

Yes No **Child Support:** Who receives: _____
County: _____ Start Date: _____ End Date: _____

Yes No **Unemployment:** Who receives: _____
Start Date: _____ End Date: _____

Yes No **SSI:** (Supplemental Social Security): Who receives: _____
Start Date: _____ End Date: _____

Yes No **Social Security: (SSDI, Survivor's Benefits, SS Retirement)** Who receives: _____
Start Date: _____ End Date: _____

Yes No **TANF/OWF (Cash Assistance):** Who receives: _____
County: _____ Start Date: _____ End Date: _____

Yes No **SNAP/Food Stamps**

Yes No **WIC**

Yes No **Student Grants:** (Grants are money you do not have to pay back)
Amount of cash received: \$ _____ Year received: _____

Yes No **Student Loans:** (Student Loans are money you must pay back)
Amount of cash received: \$ _____ Year received: _____

Yes No **Other income:** Explain: _____

If you have had very little or no income, please explain how you have obtained food and shelter for the past year: (lived with parents, recent divorce, help with from family, etc.) _____

Housing Situation

(Check all that apply):

Living in your own home

Check one: Own/Buying Rent Metro or Subsidized Housing

Living in the home of family or friends

Check all that apply:

- due to eviction or foreclosure of your old home
- due to lack of money to get/keep own home
- due to recent marital or family break-up
- to care for family member who needs help
- because we choose to, or it is our culture
- other (explain below)

Overcrowded/Substandard Housing

Child is in care of friends/relatives temporarily

Temporary Living Situation

Shelter

Homeless

Other (explain below)

Please Explain Your Living Situation:

Family Circumstances

The following information will be used to help prioritize applications. This information is not required but could help your child get into the Head Start Program. **Please check all that apply.**

Family Matter	Does this apply	If so, when
Absent Parent (due to work, military, illness, etc.)		
History of child abuse or neglect		
Current open case or investigation with Children Services		
Parent in jail/prison		
Legal issues		
Bankruptcy/Repossession		
Developmental Disability (anyone in the home)		
Substance or Alcohol Misuse (current or past)		
Domestic violence		
Teen Parent		

Family Matter	Does this apply	If so, when
Serious family concerns		
Counseling		
Mental health concerns (depression, bipolar, schizophrenia, etc.)		
Serious illness in family		
Deceased parent		
Death in the family		
Parent is a veteran		
Parent/Guardian has a driver's license	Yes	No
Parent/Guardian has reliable transportation	Yes	No
Other:		

Health & Disability Information

Having this information will help us to provide for the safety and well-being of your child and determine the best way to provide quality services your child may need.

Health Information	YES	NO	Explain
Know or suspect a disability			
Current or previous IEP			
Mental health concerns			
Behavioral challenges (running away, hitting, throwing, biting)			
Toilet trained			
Does your child have a doctor?			Name:
Does your child have a dentist?			Name:
Health Insurance			<input type="checkbox"/> Private <input type="checkbox"/> Medicaid
Food allergies			Foods:
Medication allergies			Medication name:
Seasonal allergies			Allergy type:
Special health or medical condition (asthma)			List:
Currently taking medication			Medication name:
Special diet due to medical, religious, or cultural reasons			
Any other health concerns			

**Share any additional information that you feel would be helpful for
Head Start staff to know about your child.**

Signatures & Release of Information

Child's Name

Date of Birth

I give permission for HHWP CAC Head Start to exchange information with any school district, regarding IEP services if my child has a disability/suspected disability.

I give permission for HHWP CAC Head Start to exchange information with medical/dental providers/hospitals, as needed to follow up on any information provided on the Head Start physical and/or dental, or other Head Start forms regarding medical screenings, vision/hearing, iron/lead levels, allergies, and any special dietary concerns. This information could be used to provide for the safety and well-being of my child, and to determine the best way to provide quality services, and to meet funder requirements.

I give the HHWP CAC Head Start permission to verify any information contained in or needed to complete this Head Start application.

Medical providers/all hospitals, employers, DJFS, Social Security, CSEA, other agencies, and other entities may release information to HHWP CAC Head Start for the purpose of verifying family income, immunization records, health information, date of birth, and custody, for the purpose of enrolling my child in the Head Start Program.

All information will be kept confidential and HIPAA rules will be followed.

I attest that all information in this application is true and all sources of income received in 2022 are listed on the application. By signing below I am affirming I am the child's legal parent or guardian.

Parent Signature _____ Date _____

Printed Name _____

Parent Signature _____ Date _____

Printed Name _____

This release expires two years from the date of this signature unless revoked in writing.