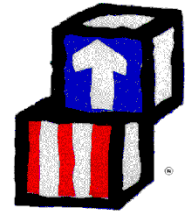


HEAD START of LANE COUNTY

221 B Street, Springfield OR 97477-4522 • 541-747-2425 • (FAX) 541-747-6648 • <http://www.hsolc.org>
 "Ensuring that our youngest children have a solid foundation for life."



Eligibility Application (Revised 9/17)

Applicant & Family Member Information

CHILD OR PREGNANT APPLICANT					
First name		Middle name		Last	
Nickname			Birthdate (please provide proof) - -		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		Hispanic <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	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Health Insurance	OHP Eligibility (choose one) <input type="checkbox"/> Not Eligible <input type="checkbox"/> Applying <input type="checkbox"/> On Medicaid/OHP: #:		Doctor/Clinic – Dentist/Clinic		Pregnant Only Due Date: _____ High risk pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
ADULT LISTINGS					
Adult – 1					
First name		Middle name		Last	
Nickname			Birthdate (please provide proof) - -		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Adult's Relationship to Applying Child		<input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Other:	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Foster
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		Hispanic <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	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled		Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Email Address:					
Adult – 2					
First name		Middle name		Last	
Nickname			Birthdate (please provide proof) - -		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Adult's Relationship to Applying Child		<input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Other:	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Foster
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		Hispanic <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	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled		Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Email Address:					

ADULT LISTINGS

Adult – 3

First name		Middle name		Last	
Nickname			Birthdate <i>(please provide proof)</i> - -		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Adult's Relationship to Applying Child		<input type="checkbox"/> Bio/Adopted/Step	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Foster
<input type="checkbox"/> Other:					
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed		Employment Status		Custody	Check all that apply:
<input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates		<input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent

Email Address:

NOTE

If there are more adults or children than spaces please list additional adults and children on a separate page and include with application.
Don't forget to list all children living at this address including Foster Children.

CHILD LISTINGS

Additional Child 1		<i>Is this child also applying for services? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			
First name		Middle name		Last	
Nickname			Birthdate <i>(please provide proof)</i> - -		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Adult's Relationship to Child		<input type="checkbox"/> Bio/Adopted/Step	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Foster
<input type="checkbox"/> Other:					
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Additional Child 2		<i>Is this child also applying for services? <input type="checkbox"/> Yes <input type="checkbox"/> No</i>			
First name		Middle name		Last	
Nickname			Birthdate <i>(please provide proof)</i> - -		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Adult's Relationship to Child		<input type="checkbox"/> Bio/Adopted/Step	<input type="checkbox"/> Grandchild		<input type="checkbox"/> Foster
<input type="checkbox"/> Other:					
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

ELIGIBILITY INFORMATION

<input type="checkbox"/> Income for Past Calendar Year <input type="checkbox"/> Income for Past 12 months	TANF Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF but not at this time
	SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No

Family Information & Emergency Contacts

Page 3

FAMILY INFORMATION

Family Address

Living Address	City	State	ZIP	County
Mailing Address (if different)	City	State	ZIP	

Housing Information

Mailing address is the same as the living address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date started using mailing address - -				
Phone Number(s)	Type (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other	Note (extension or best time to call)	Opt in for Text Messages <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parental Status (check one) <input type="checkbox"/> One <input type="checkbox"/> Two	Homeless Family <input type="checkbox"/> Yes <input type="checkbox"/> No	Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No	Referred by Child Welfare Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Receiving SNAP (Food stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC <input type="checkbox"/> Yes <input type="checkbox"/> No	WIC ID (if applicable)

EMERGENCY CONTACTS

Contact 1	Name	Relationship	Can Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		City State ZIP
	Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Contact 2	Name	Relationship	Can Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		City State ZIP
	Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work
Contact 3	Name	Relationship	Can Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		City State ZIP
	Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work

I certify that this information is true. If any part is false, my participation may be terminated and I may be subject to legal action. I affirm that I am the parent or legal guardian of the child applying for Head Start. I authorize Head Start to share my enrollment information with Oregon Department of Human Services, Preschool Promise and the Relief Nursery, for the purpose of coordinating enrollment services.

Parent/Guardian Signature: _____

Date: _____

Other Assistance

Are you currently receiving assistance from any other agency? *(please check all that apply)*

- Energy Assistance Food Stamps Subsidized Housing *(Low-income; Section 8)*

Priority

The following information will be used to prioritize your placement on the waiting list. *(Check all that apply.)*

DIAGNOSED MEDICAL OR BIOLOGICAL ISSUES

Please indicate any diagnosed medical or biological issues currently affecting your child.

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Asthma <i>(requiring medication)</i> | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eczema <i>(requiring medication)</i> | <input type="checkbox"/> Seizure disorder <i>(requiring medication)</i> |
| <input type="checkbox"/> Other: | | |

IDENTIFIED DISABILITIES

To provide the best placement for your child, please indicate any disabilities that have been diagnosed for which your child is receiving Early Childhood Special Education Services.

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Developmental delay |
| <input type="checkbox"/> Communication disorder | <input type="checkbox"/> Orthopedic impairment |
| <input checked="" type="checkbox"/> Signature required to exchange information with Early Childhood CARES: | |

FAMILY CIRCUMSTANCES

Please indicate any issues which have occurred to your child's immediate family.

Within the Last 2 Years *(24 months)*

- Child abuse or neglect
- Death in the family
- Divorce / Family Breakup
- Domestic violence
- Drug or alcohol abuse
- Parent or guardian in jail / incarceration
- Migrant Worker
- Homelessness *(includes families living temporarily in shelters, hotels, or vehicles; or moving frequently between the homes of relatives and friends)*

Currently

- Parent or guardian needs an Interpreter
- Child is in foster care, and was placed with you by the State of Oregon
- Child is not in foster care, but is not living with a biological or adoptive parent
- Only one adult lives in the home
- Military deployment
- Parent or guardian is receiving disability payments *(please provide proof)*
- Other:

SPECIAL CIRCUMSTANCES

If you would like to be considered for Head Start even though you may not otherwise qualify, please describe the special challenges and circumstances of your family.