

Dear Parent or Guardian,

Attached is the Head Start Pre-School Application that you requested.

- All families applying for their children must complete the Family Income Worksheet and the 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 Application without proof of income, and may submit proof of date of birth and immunization records at a later date if they are not available.

A completed 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.
- And, if applicable one of the following:
  - ✓ Proof of **current** (within the last 30 days) Temporary Assistance to Needy Families (TANF) 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.

**Submit one of the following:**

- ❖ 1040 Tax returns (pages 1 & 2)
- ❖ 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)
- ❖ **FSRN** printout from Department of Human Services (showing your reported income history to DHS)

**And, if applicable any of the following (in addition to income above):**

- ❖ Financial aid award letters
  - ❖ Unemployment Statements
  - ❖ Copies of child support awards or checks
  - ❖ Certain types of military pay (some 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 application, it will be processed by the program that serves your area and scored based on your child's needs and your family income. **Completing this application does not guarantee your child a place in the classroom.** Children are selected based on their overall score. If you have questions about the application process, please call the numbers below. Completed application packet should be mailed or brought to one of the following addresses:

<b>Community Action Head Start</b> (503) 581-1152	<b>Salem-Keizer Head Start</b> (503) 399-5510	
<b>Office/Mailing:</b> 2475 Center St NE Salem, OR 97301	<b>Office:</b> 1850 45 <sup>th</sup> Ave NE Salem, OR 97305	<b>Mailing:</b> PO Box 12024 Salem, OR 97309

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# Family Income Worksheet

To be completed and attached to the Head Start Pre-School 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) or Temporary Assistance to Needy Families (TANF)?  
☐ Yes - attach **current** (within the last 30 days) proof of SSI or TANF 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 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.*

**Submit one of the following:**

- ☐ 1040 Tax Returns (pages 1 & 2)
- ☐ 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)
- ☐ **FSRN** printout from Department of Human Services (showing your reported income history to DHS)

**And, if applicable any of the following (in addition to income above).**

- ☐ 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.*

# Head Start Pre-School Application for 2020-2021 School Year

## Community Action Head Start & Salem-Keizer Head Start

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
☐ Male ☐ Female How well does the child speak English? ☐ Very Well ☐ Well ☐ Very Little ☐ None

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

(Check all that apply)  
☐ Living ☐ Mailing ☐ School Bus Pick Up ☐ School Bus Drop Off

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

(Check all that apply)  
☐ Living ☐ Mailing ☐ School Bus Pick Up ☐ School Bus Drop Off

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

Does child have a medical diagnosis? ☐ Yes ☐ No If yes, diagnosis given: \_\_\_\_\_

Does your child qualify for special education services? ☐ Yes ☐ No

Does your child have an individual Family Service Plan? If yes, name of specialist \_\_\_\_\_

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

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 ☐ No (provide address below)

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

Telephone Numbers: \_\_\_\_\_  
☐ Home/Cell ☐ Work ☐ Message ☐ Home/Cell ☐ Work ☐ Message ☐ Email (optional)

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

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

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 ☐ No (provide address below)

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

Telephone Numbers: \_\_\_\_\_  
☐ Home/Cell ☐ Work ☐ Message ☐ Home/Cell ☐ Work ☐ Message ☐ Email (optional)

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 immediate family that live in your household? Adults \_\_\_\_\_ Children \_\_\_\_\_

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

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

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

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

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

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

- ✓ Full day, full year services are offered in Salem to parents who work (Mon-Fri) during daytimes (at least 25 hours). If you are receiving Employment Related Day Care or are willing to apply check this box ☐ (FDFY has no bus service).
- ✓ Full day, school year services are offered in Salem to parents who attend college or trade school full time or are working families who do not receive Employment Related Day Care. If you are interested check this box ☐ (FDSY has no bus service).
- ✓ All year classes/longer hours with or without bus service. If you are interested, check this box ☐
- ✓ If you work for MWVCAA, please indicate which program your work for: \_\_\_\_\_

**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 Head Start is confidential.*

**Family**

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Parent has a diagnosed disability                                       | <input type="checkbox"/> Sibling has a diagnosed disability | <input type="checkbox"/> Parent has Mental Illness                                   | <input type="checkbox"/> Sibling has Mental Illness |
| <input type="checkbox"/> Parent is deceased or has a terminal illness                            |   | <input type="checkbox"/> Parent is incarcerated or                                   | <input type="checkbox"/> On parole/probation        |
| <input type="checkbox"/> Parent is absent from home due to active military duty                  |   | <input type="checkbox"/> Parent is absent from home due to deportation/or in process |   |
| <input type="checkbox"/> Parent is unable to read or write in any language                       |   | <input type="checkbox"/> Parent does not have high school diploma/GED                |   |
| <input type="checkbox"/> Parent currently has drug/alcohol issues                                |   | <input type="checkbox"/> Parent has had drug/alcohol issues and is now in recovery   |   |
| <input type="checkbox"/> Parent or family is currently receiving individual or family counseling |   | <input type="checkbox"/> Member of household participates in gang activity           |   |
| <input type="checkbox"/> Parent age was 17 or younger when this child was born                   |   | <input type="checkbox"/> Family does not have a vehicle                              |   |
| <input type="checkbox"/> Family is in the process of eviction. How long? _____                   |   | <input type="checkbox"/> Parent is away from home due to work. How long? _____       |   |

**Child**

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

*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 Head Start. I understand that children will be placed in Head Start based on their score and geographic location. I understand this application is used jointly by Community Action Head Start and Salem-Keizer Head Start, and authorize each program to refer this application and attached supporting documents to the program that is appropriate for my family's needs and geographic location.***

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

***Mail completed application and attachments to one of the following addresses:***

<b>Community Action Head Start</b> (503) 581-1152		<b>Salem-Keizer Head Start</b> (503) 399-5510	
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