

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.
  - ✓ Proof of current 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. Items that can be used as proof of income are:
    - ❖ 1040 Tax returns
    - ❖ W2 forms
    - ❖ Pay stubs
    - ❖ **FSRN** printout from Department of Human Services (showing reported income history)
    - ❖ 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 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:

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

or  
Salem-Keizer Head Start  
1850 45<sup>th</sup> Ave NE  
Salem, OR 97305  
(503)399-5510

USDA and this institution are equal opportunity providers and employers.



# 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 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.
- 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)
  - FSRN** printout from Department of Human Services (showing reported income history)
  - 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 2016 – 2017 School Year**  
 Community Action Head Start & Salem-Keizer Head Start

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

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

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  Yes, Suspected  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 lives 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 full time (Mon-Fri) during daytimes. If you are interested, check this box
- ✓ Full day, school year services are offered in Salem to parents who attend college or trade school full time weekdays (not online). If you are a full time student (12 credits or more) and are interested check this box

**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/Mental Health condition               | <input type="checkbox"/> Sibling has a diagnosed disability  |
| <input type="checkbox"/> Parent is deceased or has a terminal illness                            | <input type="checkbox"/> Parent is incarcerated <input type="checkbox"/> On parole <input type="checkbox"/> On 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   |
| <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 in the past  |
| <input type="checkbox"/> Parent or family is currently receiving individual or family counseling | <input type="checkbox"/> Household member participate in gang activity   |
| <input type="checkbox"/> Parent was under age 18 at the time of this child's birth               | <input type="checkbox"/> Family does not have a vehicle  |
| <input type="checkbox"/> Family is in the process of eviction                                    |  |

**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, 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:**

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

or

**Salem-Keizer Head Start**  
1850 45<sup>th</sup> Ave NE  
Salem, Or 97305  
(503)399-5510