

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** (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. Items that can be used as proof of income are:

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 the 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 for grants or scholarships
- ❖ 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 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 program.** Children are selected based on their age, overall score and geographic location. Completed Early Head Start 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

Family Building Blocks
180 18th St NE
Salem, Oregon 97301
(503)798-4744

No proof of legal status is required.

This institution is an equal opportunity provider.

Family Income Worksheet

To be completed and attached to the Early Head Start Application

Step 1 Is your family currently homeless?
 Yes – complete Homelessness 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 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.

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 Early Head Start Eligibility

Families who are homeless are income eligible for Early 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? _____
 - Can we call to confirm? Yes No
- Moving around frequently, staying with a variety of people, but not a long term place to stay (couch surfing).
- 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? _____
 - Can we call to confirm? Yes No
- 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.

2019-2020 Early Head Start Application for Infants and Toddlers

Community Action Head Start & Family Building Blocks

Child's last and first name you are applying for services: _____

Date of Birth: ___/___/___ Male Female Language Spoken/Heard at Home: _____

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 _____

Other children in household under 5 years of age:

Child's Name: _____, _____
Last First M.I.

Date of Birth: ___/___/___ Male Female

Child's Name: _____, _____
Last First M.I.

Date of Birth: ___/___/___ Male Female

Child's Name: _____, _____
Last First M.I.

Date of Birth: ___/___/___ Male Female

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

Parent/Guardian's 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 Home Cell Work Message

Employment Status: Employed Full Time (25-40 hours per week) Employed Part Time Student
 Homemaker Unemployed Other (explain): _____

Parent/Guardian's 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 Home Cell Work Message

Employment Status: Employed Full Time (25-40 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 and 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 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 Early Head Start or EHS-CCP. Child's Name: _____

Child you are applying for was enrolled in another Early Head Start program? 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 (FDY has no bus service).**

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

- | | |
|---|---|
| <input type="checkbox"/> Parent/sibling has a diagnosed disability/Mental Health Condition | <input type="checkbox"/> Parent is deceased or has a terminal diagnosis |
| <input type="checkbox"/> Parent is incarcerated or <input type="checkbox"/> On parole/probation | <input type="checkbox"/> Member of household participates in gang activity |
| <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 was age 17 or younger at the time of this child's birth | <input type="checkbox"/> Parent is unable to read or write in any language |
| <input type="checkbox"/> Family is in the process of eviction. How long _____ | <input type="checkbox"/> Family does not have a vehicle in household |
| <input type="checkbox"/> Mother has suspected post-partum depression | <input type="checkbox"/> Parent has had drug or alcohol issues and is now in recovery |
| <input type="checkbox"/> Parent currently has drug or alcohol issues | |
| <input type="checkbox"/> Parent or family is currently receiving mental health treatment or counseling | |
| <input type="checkbox"/> Parent and/or child has witnessed or experienced any type of abuse (physical, emotional, sexual, verbal, etc.) | |

Child

- Child has a serious health condition including premature birth, if yes specify): _____
- Child was exposed to drugs or alcohol during pregnancy
- Child is exposed to second hand smoke
- Child is currently receiving individual mental health treatment or counseling
- Child is experiencing trauma due to a recent divorce or end of relationship between parents (How long ago?) _____
- Child has a physical development or behavior concerns (specify) _____
- Child is currently in DHS-mandated out of home care

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's Signature: _____ Date: _____

Completed Early Head Start application packet should be mailed or brought to one of the following addresses:

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

Family Building Blocks
180 18th St NE
Salem, OR 97301
(503)798-4744

No proof of legal status is required.
This institution is an equal opportunity provider.