

Dear Parent or Guardian,

Attached is the Early Head Start Application that you requested for the 2024-2025 school year.

We welcome all families, regardless of nationality or place of birth/no proof of citizenship is required.

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. 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 if they are not available.

A completed Early Head Start application packet should include the following:

- 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) Supplemental Nutrition Assistance Program (SNAP) or 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 the last calendar year)

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.** If you have questions about the application process, please call the numbers below. Completed Early Head Start application packet should be mailed or brought to one of the following addresses:

Early Head Start & Childcare Partnership Office 625 Hawthorne Ave SE Suite 100 Salem, OR 97301 503-581-1152 hs.app@mwvcaa.org	Family Building Blocks 180 18 th St NE Salem, OR 97301 503-798-4744
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This institution is an equal opportunity provider.

Family Income Worksheet

(Must be included with 2024-2025 Early Head Start Application)
Early Head Start and Family Building Blocks

1. 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 2

2. Does your family receive Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF) or Supplemental Social Security Income (SSI)?
 - Yes - attach **current** (within the last 30 days) proof of SNAP or TANF or SSI and go to step 6
 - No - go to step 3

3. *Is your family homeless?*
 - Yes - Currently homeless at the time of application and meet the Federal Definition of homelessness from the “McKinney-Vento Homeless Assistance Act”. Homeless children and youth are defined as those who lack a fixed, regular, or adequate night time 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.

No proof of income submitted because our family is eligible because we meet the federal definition of homelessness. Go to step 6 and sign and date Family Income Worksheet.

- No - go to step 4

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.

Submit one of the following and go to step 6:

- 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)

And, if applicable any of the following (in addition to income above) and go to step 6:

- Unemployment statement or pay stubs
- Child support statement or pay stubs
- Financial aid or scholarship award letters
- Alimony statement or pay stubs
- Other (specify):

5. **If you had no income for the past 12 months, please attach a statement or a written declaration explaining how you and your child were supported for each of the last 12 months, please include date and signature.**

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: _____

Early Head Start Application for Infants and Toddlers for 2024-2025 School Year

Community Action Head Start & Family Building Blocks

Child's Name: _____ (Last) _____ (First) _____ (M.I.)

Date of Birth: ____/____/____ Male Female Other _____ 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 the household under 5 years of age:

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

Date of Birth: ____/____/____ Male Female Other _____

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

Date of Birth: ____/____/____ Male Female Other _____

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

Date of Birth: ____/____/____ Male Female Other _____

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 Other _____ 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

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 Other _____ 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

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 name & phone #: _____)

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? Preschool HUB 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/EHS-CCP or Head Start. 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 (FDY) 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

- Family is displaced or severely impacted due to natural disaster, (specify _____) loss of employment/housing
- Family is seeking refuge in the United States because of conditions in their country
- Parent or family is currently receiving mental health treatment or counseling
- Parent has witnessed or experienced any type of abuse (physical, emotional, sexual, verbal, etc.)
- Parent has a diagnosed disability/Mental health condition
- Sibling has a diagnosed disability/Mental health condition
- Parent is deceased or has a terminal illness
- Parent is incarcerated or On parole/probation
- Parent is absent from home due to active military duty
- Parent was age 17 or younger at the time of this child's birth
- Family is in the process of eviction. How long _____
- Mother has suspected post-partum depression
- Parent currently has drug or alcohol issues
- Member of household participates in gang activity
- Parent is absent from home due to deportation or in process
- Parent is unable to read or write in any language
- Family does not have a vehicle in household
- Parent has had drug or alcohol issues and is now in recovery
- Parent does not have high school diploma/GED

Child

- Child has a serious health condition including premature birth (specify): _____
- Child was exposed to drugs or alcohol during pregnancy
- Child is exposed to second hand smoke
- Child has witnessed or experienced any type of abuse (physical, emotional, sexual, verbal, etc.)
- Child is currently receiving individual mental health counseling
- Child is experiencing changes due to a recent divorce or end of relationship between parents (How long ago?) _____
- Child has a physical development or behavior concerns (specify) _____

*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: _____

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