

Dear Parent or Guardian,

Attached is the Head Start Preschool Application that you requested for the 2025-2026 school year.
We welcome all students, 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 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:

- Signature and date, where appropriate.
- Copy of child's birth certificate or hospital record of birth.
- Child's immunization records.
- And, if applicable one of the following:
 - ✓ Proof of **current** (within the last month) Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance to Needy Families (TANF) or Supplemental Social Security Income (SSI)
 - ✓ Resource/Foster parents need to 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) for the most recent year
- ❖ All W2 form(s) issued for the most recent 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):

- ❖ 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.** 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 (503) 581-1152 hs.app@mwvcaa.org	Salem-Keizer Head Start (503) 399-5510 prekapplications@salkeiz.k12.or.us		
Office/Mailing: 625 Hawthorne Ave SE Suite 100 Salem, OR 97301	<table><tr><td>Office: 1850 45th Ave NE Salem, OR 97305</td><td>Mailing: PO Box 12024 Salem, OR 97309</td></tr></table>	Office: 1850 45 th Ave NE Salem, OR 97305	Mailing: PO Box 12024 Salem, OR 97309
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Family Income Worksheet

(Must be included with application)

Head Start Preschool for 2025-2026 school year
Community Action Head Start and Salem Keizer Head Start

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 month) proof of SNAP or TANF or SSI and go to step 6
☐ No - go to step 3
3. *Is your family currently 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 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) for the most recent year
- ☐ All W2 form(s) issued for the most recent year
- ☐ Pay stubs (for all pay periods during the past 12 months or last calendar year)

If applicable, submit 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: _____

Head Start Preschool Application for 2025-2026 School Year
Community Action Head Start & Salem-Keizer Head Start

Child's Name: _____, _____ ☐ Male ☐ Female ☐ Other _____
Last *First* *M.I.*

Date of Birth: ____/____/____ Language Spoken at Home: _____

How well does the child speak English? ☐ Very Well ☐ Well ☐ Very Little ☐ None

Address: _____
Street *City* *Zip Code*

(Check all that apply)

☐ Living ☐ Mailing

Additional Address: _____
Street *City* *Zip Code*

(Check all that apply)

☐ Living ☐ Mailing

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: _____, _____ ☐ Male ☐ Female ☐ Other _____
Last *First* *M.I.*

Date of Birth: ____/____/____ Language Spoken at Home: _____

How well does the parent speak English? ☐ Very Well ☐ Well ☐ Very Little ☐ None

Relationship to Child: ☐ Parent ☐ Step-Parent ☐ Foster/Resource 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 (32-40 hours per week) ☐ Employed Part Time ☐ Student
☐ Homemaker ☐ Unemployed ☐ Other (explain): _____

Parent/Guardian Name: _____, _____ ☐ Male ☐ Female ☐ Other _____
Last *First* *M.I.*

Date of Birth: ____/____/____ Language Spoken at Home: _____

How well does the parent speak English? ☐ Very Well ☐ Well ☐ Very Little ☐ None

Relationship to Child: ☐ Parent ☐ Step-Parent ☐ Foster/Resource 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 (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 name & phone #: _____)

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
How did you learn about Head Start? ☐ Preschool HUB ☐ Word of Mouth ☐ Flyer ☐ Yard Sign ☐ School District ☐ WIC
☐ Health Department ☐ Teen Parent Program ☐ Early Head Start ☐ Family Building Blocks ☐ WESD ☐ Referral
☐ DHS ☐ Doctor ☐ STEP Program ☐ Other: _____

I have a child who is currently enrolled in Early Head Start/EHS-CCP or 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 and location: _____

- ✓ All year classes/longer hours. If you are interested, check this box ☐
- ✓ If you work for CAHS or SKHS, please indicate which program you 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

- ☐ 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 is away from home due to work. How long? _____
- ☐ Sibling has a diagnosed disability or ☐ Mental health condition
- ☐ Parent has a diagnosed disability or ☐ Mental health condition
- ☐ Parent is incarcerated or ☐ On parole/probation
- ☐ Parent is absent from home due to deportation/or in process
- ☐ Parent is unable to read or write in any language
- ☐ Parent currently has drug/alcohol issues
- ☐ Parent has had drug/alcohol issues and is now in recovery
- ☐ Parent has witnessed or experience any type of abuse (physical, emotional, sexual, verbal, etc...) How long ago? _____
- ☐ Parent or family is currently receiving individual or family counseling
- ☐ Parent age was 17 or younger when this child was born
- ☐ Family is in the process of eviction. How long? _____
- ☐ Parent is deceased or has a terminal illness
- ☐ Parent is absent from home due to active military duty
- ☐ Family does not have a vehicle
- ☐ Parent does not have high school diploma/GED
- ☐ Member of household participates in gang activity

Child

- ☐ Physical development or behavioral concerns (specify): _____
- ☐ Child has a serious health condition (specify): _____
- ☐ Child was exposed to drugs/alcohol during pregnancy
- ☐ Child is currently receiving individual mental health counseling
- ☐ Child has witnessed or experienced any type of abuse (physical, emotional, sexual, verbal, etc...)
- ☐ Child is experiencing changes 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. Finally, I understand that my contact information and my child's information may be shared with eligibility and enrollment staff at other regional publicly-funded preschool programs, including but not limited to Head Start and Oregon PreKindergarten programs, for the purpose of referral to those programs.

Parent/Guardian Signature: _____ Date: _____

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

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This institution is an equal opportunity provider