

Dear Parent or Guardian,

Attached is the Early Head Start Application that you requested for the 2026-2027 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 Early Head Start 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 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 & Child Care Partnership 625 Hawthorne Ave SE Suite 100 Salem, OR 97301 503-581-1152 <a href="mailto:hs.app@mwvcaa.org">hs.app@mwvcaa.org</a>	Family Building Blocks 180 18 <sup>th</sup> St NE Salem, OR 97301 503-566-2132
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# Family Income Worksheet

(Must be included with application)

Early Head Start Application for 2026-2027 school year

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 month) proof of SNAP, 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 forms 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:** \_\_\_\_\_

# Early Head Start Application for Infants and Toddlers for 2026-2027 School Year

## Community Action Head Start & Family Building Blocks

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Language Spoken/ Heard at Home: \_\_\_\_\_  
MM DD YYYY

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

Address: \_\_\_\_\_  
(Check all that apply) Street City Zip Code  
 Living  Mailing

Additional Address: \_\_\_\_\_  
(Check all that apply) Street City Zip Code  
 Living  Mailing

Does your 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?  Yes  No If yes, name of specialist: \_\_\_\_\_

**Other children in the house under 5 years of age:**

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  Other \_\_\_\_\_  
MM DD YYYY

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female  Other \_\_\_\_\_  
MM DD YYYY

Parent/Guardian Name: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  Male  Female  Other \_\_\_\_\_  
Last First M.I.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Language Spoken at Home: \_\_\_\_\_  
MM DD YYYY

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: \_\_\_\_\_  
(Check all that apply) Street City Zip Code  
 Living  Mailing

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: \_\_\_\_\_  
MM DD YYYY

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: \_\_\_\_\_  
(Check all that apply) Street City Zip Code  
 Living  Mailing

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

Other: \_\_\_\_\_

✓ I have a child who is currently enrolled in Early Head Start, Early Head Start Child Care Partnership or Head Start.  
Child's Name: \_\_\_\_\_

✓ Has the child you are applying for ever been enrolled in another Early Head Start program?  Yes  No  
If yes, name of program and location: \_\_\_\_\_

✓ **Full day, full year (FDY) services are offered 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.**

✓ If you work for CAHS or FBB, 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 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.)
- Mother has suspected post-partum depression, Anxiety, or Perinatal Mood disorder
- Parent has a diagnosed disability or  Mental health condition
- Sibling has a diagnosed disability or  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. Move out date: \_\_\_\_\_
- Parent does not have high school diploma/GED
- Parent currently has drug or alcohol issues
- Parent has had drug or alcohol issues and is now in recovery
- 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

### **Child**

- Child has a physical development or behavior concerns (specify) \_\_\_\_\_
- 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 treatment or counseling
- Child is experiencing changes due to a recent divorce or end of relationship between parents.

*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. I understand this application is used jointly by Community Action Head Start & Early Head Start and Family Building Blocks, 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's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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

Early Head Start & Childcare Partnership 625 Hawthorne Ave SE Suite 100 Salem, OR 97301 503-581-1152 hs.app@mwvcaa.org	Family Building Blocks 180 18th St NE Salem, OR 97301 503-566-2132
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