



## **CSC Head Start**

### **Application Instruction Sheet**

#### **SUBMITTING THIS COMPLETED APPLICATION DOES NOT GUARANTEE ENROLLMENT**

Proof of your child's birth date (provide one of the following):

- Birth Certificate
- **Immunization Record**
- Hospital Certificate
- Newspaper birth announcement

Proof of your family income for the last calendar year, the last 12 months, **OR** that reflect your current income situation. The following documents may be used as verification:

- Pay stubs
- W-2 forms
- TANF/ERDC or SSI benefits award letter from DHS
- Unemployment summary
- Record of child support payments
- Letter from employer

Proof of Immunization

- If your child's shots were given in Oregon we can access those records for you.
- You can get this from your child's health care provider

If you are the legal guardian of your child we need documentation from the courts.

If the child is your Foster Child we need documentation from DHS- Child Welfare.

**You will need to transport your child to and from school. Please check city bus schedules.**

**If your phone number or address changes, please contact us with your new information as soon as possible.  
If we can't reach you, we can't enroll your child.**

If you have questions please call

**Newport, 253 NE 1<sup>st</sup>, 541-574-7690**

**Toledo, 845 A St, 541-336-5113**

**Lincoln City, 2130 SE Lee St., 541-996-3028**

**[www.communityservices.us](http://www.communityservices.us)**

**TO BE COMPLETED BY HEAD START STAFF**

Interview date \_\_\_\_\_ **Parent or Guardian Name** \_\_\_\_\_

Interviewed by \_\_\_\_\_  
STAFF NAME

Duration of interview    \_\_\_ 15 Minutes            \_\_\_ 30 Minutes

Comments

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All aspects of enrollment application discussed with applicant to ensure verification of information provided.

**SUBMITTING THIS COMPLETED APPLICATION DOES NOT GUARANTEE ENROLLMENT** .

Preferences have been noted and you will be advised of your child's placement should they be enrolled.

\_\_\_\_\_  
Parent Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Parent Guardian Signature

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date



Are you receiving WIC?  Yes  No If yes, provide ID # \_\_\_\_\_

Are you receiving SNAP?  Yes  No

**Secondary Parent or Guardian Information**

\_\_\_\_\_  
First Name                      Middle Initial                      Last Name                      Relationship to Child

Gender  M  F Birth date \_\_\_\_\_

Living in the home with the child?  Yes  No                      Are you a former Head Start parent?  Yes  No

**Primary Language** \_\_\_\_\_ **Other Language** \_\_\_\_\_

**English Skills**    Very good    Good    Not good    Not at all

**Ethnicity**  Latino  Non- Latino

**Race**  Asian                       Bi Racial/Multi Racial                       African American  
 White                       Native American                       Other \_\_\_\_\_  
 Pacific Islander                       Unspecified

**Education Level**

No High School    Some High School \_\_\_\_\_ (Highest Grade Completed)  
 Graduated High School    GED    Vocational Training / Some College    College Degree

**Currently Attending School:**    Attending Part Time    Attending Full Time

**Parent/Guardian is a member of US military on active duty**                       **Veteran of US military**

**Employment Information**

Unemployed    Employed Part Time    Employed Full Time    Employed Seasonal/Temporary

\_\_\_\_\_  
(Name of Employer)

**Telephone** \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
Home                      Cell / Message                      Work                      Email Address

**Home Address** \_\_\_\_\_

check here if same as primary caregiver   Street Address                      City                      State                      Zip code

**Mailing Address (if different)** \_\_\_\_\_  
Street Address                      City                      State                      Zip code

**Child Information**

\_\_\_\_\_  
First Name                      Middle Initial                      Last                      Nickname                      Gender  M  F                      Birthdate

**Primary Language** \_\_\_\_\_ **Other Language** \_\_\_\_\_

Does your child speak English at home?  Yes  No

**English Skills**    Very good    Good    Not good    Not at all

**Ethnicity**  Latino  Non -Latino

**Race**  Asian  Bi Racial/Multi Racial  African American  White  Native American  
 Pacific Islander  Unspecified  Other \_\_\_\_\_

**Other children or adults living in the home** (not listed above)

First/Last Name	Birth Date:	Relationship to Head Start Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Do you have concerns for your child?**  No  Yes please check all that apply

Dental Health  Learning Difficulties  Speech or Hearing  Behavior  Nutrition/Eating  Abuse/Neglect  
 Vision  Former Foster Child

**Is your child receiving services from ECSE** (Early Childhood Special Education)?  No  Yes If yes, please provide IFSP

**Does your child have a Medical diagnosed disability?**  No  Yes If yes, please provide documentation of disability.

**Is your child transferring from another Head Start program?**  No  Yes

**Do you have concerns for yourself or immediate family?**  No  Yes Please check all that apply

Housing  Job/Employment  Disability/Unable to work  Family Violence  Learning Disability  
 Drug/Alcohol Issues  Immigration  Mental Health/Illness  Military Deployment  Legal Issues  
 Health Issues  Incarcerated  Family Crisis (death, divorce, terminal illness)  
 Other – Explanation \_\_\_\_\_

Is either parent currently a **teen parent**?  No  Yes

Are you receiving **TANF** (Cash Assistance)?  No  Yes

Is anyone in your family receiving **SSI** (Supplemental Security Income)?

No  Yes If yes, who receives it? \_\_\_\_\_

**Are you receiving ERDC** (Employment Related Daycare)?  No  Yes

**Class option:** *We will do our best to accommodate your family.* Please select your preference below using 1. First choice, 2. Second choice, 3. Third choice, 4. Fourth choice. Please put numbers in the boxes.

A.M. Class (3.5 hrs)  P.M. Class (3.5 hrs)  Either A.M. or P.M.

Full Day (7 hrs)

**Housing:** Please check all that apply

- Lack a regular, and adequate nighttime residence\*
- Sharing housing with others due to loss of housing, economic hardship, or a similar reason\*
- Living in motels, hotels, trailer parks, or camping grounds due to lack of alternative housing\*
- Living in emergency or transitional shelters\*

**\*Defined as homeless under (Section 725(2) McKinney-Vento Homeless Assistance Act) “Individuals who lack a fixed, regular, and adequate nighttime residence.”**

**What is the definition of “homeless children”?**

The term “homeless children” has the meaning given the term “homeless children and youths” in section 725(2) of the McKinney-Vento Homeless Assistance Act.

“Homeless children” means:

1. Individuals who lack a fixed, regular, and adequate nighttime residence; and
2. Includes -
  - a. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
  - b. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
  - c. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
  - d. Migratory children who qualify as homeless because they are living in circumstances described in a-c above.

**Annual income: (last 12 months or last calendar year):** Proof of your family income for the last calendar year or the last 12 months must be provided with this application. Examples of proof would be: pay stubs, last year’s W-2 forms or final tax return, TANF or SSI benefits award letter from DHS, unemployment summary, or record of child support payments.

By signing below I give the CSC Head Start staff permission to verify all information documented on this application.

\_\_\_\_\_  
Parent Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Parent Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Received

CSC Head Start is an equal opportunity provider and employer