

Helping People. Changing Lives.

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 1st, 541-574-7690 Toledo, 845 A St., 541-336-5113 Lincoln City, 2130 SE Lee St., 541-996-3028

www.communityservices.us

TO BE COMPLETED BY HEAD START STAFF

Interview date	Parent or Guardian	Name
Interviewed by		
9	STAFF NAME	
Duration of interview	3 Minutes3	0 Minutes
Comments		
All aspects of enrollment ap	plication discussed with a	applicant to ensure verification of information provided.
SUBMITTING THIS COM	MPLETED APPLICAT	ON DOES NOT GUARANTEE ENROLLMENT.
Preferences have been noted	l and you will be advised	of your child's placement should they be enrolled.
Porant/Cuardian signatura	 Date	Sagandary Parant Guardian Signatura
Parent/Guardian signature	Date	Secondary Parent Guardian Signature
		
Staff Name	Staff Signature	Date

2017- 2018 CSC HEAD START ENROLLMENT APPLICATION

Toledo (541)336-5113 Lincoln City (541) 996-3028 Newport (541) 574-7690

Parent or Guardia	<u>in Information</u>		Date Re	ceived
First Name	Middle Initial	Last Name	Relation	ship to Child
Gender □ M □ F	Birth date	_		
Living in the home	with the child? □ Yes □	No Are you a former H	Head Start parent	? □ Yes □ No
Primary Language	e	Other Language		
English Skills	Very good ☐ Good	☐ Not good ☐ Not at all		
Ethnicity Latino	□ Non- Latino			
Race Asian White	☐ Bi-Racial/Multi Native American Pacific Islander		erican	
		ool (Hi		
Currently Attendi	ng School: □ Attending	g Part Time Attending Full	Time	
Parent/Guardian i	s a member of US mili	tary on active duty	Veteran of US 1	nilitary
Employment Infor	mation			
Unemployed □ Em	ployed Part Time Em	ployed Full Time Employed	ed Seasonal/Tem	porary
(Name of Employer				
Telephone				
Home		Cell / Message	Work	
Stre	eet Address	City	State	Zip code
Mailing Address (i				7:a a da
	Street Addı		J	Zip code
Number in Family	·	Number in Household	<u> </u>	
How did you hear	about our program? _			
Were you referred	by another agency?	Yes □ No If yes, agency nar	me	
Are you receiving	WIC? □ Yes □ No If y	es, provide ID#	-	

Secondary Parent or Guardian Information

First Name	Middle Initial		Last Name		Re	elationship to Child
	Birth datewith the child? Yes		Are you a form	mer Head Start	parent	a? □ Yes □ No
Primary Language	Oth	er Langu	age			
English Skills 🗆 🗅	Very good ☐ Good	□ Not go	ood 🗆 Not at a	.11		
Ethnicity □ Latino	□ Non I atino					
-	☐ Bi Racial/Multi	Dagial	☐ African A	mariaan		
☐ White				1		
	☐ Pacific Islander		☐ Unspecifie	d		
Education Level	a		(TT: 1	G 1 G 1	. 1	
~	Some High School			_		
Graduated High Sch	ool GED Vocation	onal Train	ing / Some Colle	ege College	Degre	e
Currently Attendir	ng School: Attending	g Part Tim	e Attending F	ull Time		
			_			
Parent/Guardian is	s a member of US mili	tary on ac	tive duty	■ Veteran of	US mi	ilitary
	4•					
Employment Inform		1	11 T: 1	1 C 1 //	т	
Unemployed \square Emp	oloyed Part Time Em	ployed Fu	Il Time 🗆 Emple	oyed Seasonal/	Tempo	orary
(Name of Employer))					
	, 					
Home		Cell / Mes	ssage	Work		
Home		CCII / IVIC	,5450	WOIR		
Home Address						
☐ check here if san	ne as primary caregiver	Street A	ddress City	State	Zip	code
Mailing Address (i f	f different)					
	Stre	et Address	City	State	Zip c	ode
Child Information						
				a		
	N. 1.11 Y 1.1 1 Y			Gender \square M	l⊔F	
First Name	Middle Initial I	ast 1	Nickname			Birthdate
Primary Language	<u> </u>	Other L	anguage			
	ak English at home?					
•	Very good ☐ Good			11		
Ethnicity Latino		_ 1.00 50				
Race Asian		Racial	□ African A	merican 🗆 V	Vhite	☐ Native American
	nder Unspecified					==
1 401110 13141	chapeenieu		Oute1			

First/Last Name Birth Date: Relationship to Head Start Child **Do you have concerns for your child?** \square No \square 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 diagnosed disability? \square No \square Yes If yes, please provide documentation of disability. Is your child transferring from another Head Start program? \square No \square Yes **Do you have concerns for yourself or immediate family?** \square No \square 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) \Box Other – Explanation_ Was either parent a teen parent? \square No \square Yes Are you receiving TANF (Cash Assistance)? \Box No \Box Yes Is anyone in your family receiving SSI? □ 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 hours) P.M. Class (3.5 hours) Either A.M. or P.M. Full Day (7 hours)

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

Housing Please check all that apply: □ Lack a regular, and adequate night □ Sharing housing with others due to □ Living in motels, hotels, trailer par □ Living in emergency or transitiona *Defined as homeless under (Section 7	o loss of housing. cks, or camping g al shelters*	grounds due to lack of alternati	ve housing*	who lack a
What is the definition of "homeless children" has the me McKinney-Vento Homeless Assistance	ildren?" eaning given the	term "homeless children and y	ouths" in section 725	5(2) of the
hardship, or a similar rea alternative adequate acco hospitals; or are awaiting b. Children and youths who for or ordinarily used as c. Children and youths who housing, bus or train state	o are sharing the ason; are living i ommodations; are foster care place o have a primary a regular sleeping of are living in cations, or similar qualify as home	housing of other persons due to motels, hotels, trailer parks, or living in emergency or transicement; mighttime residence that is a pag accommodation for human burs, parks, public spaces, abandosettings; and less because they are living in order. Proof of your family incomation. Examples of proof would	or camping grounds of tional shelters; are al- ublic or private place beings; oned buildings, substi- circumstances describ ome for the last calend the: pay stubs, last y	due to lack of pandoned in e not designed andard bed in a-c adar year or ear's W-2
By signing below, I give the CSC Head application.	l Start staff per	mission to verify all informat	ion documented on	this
Parent Guardian Signature	Date	Secondary Parent Guardian S	Signature D	oate
Staff Name	Signature		ate Received	

CSC Head Start is an equal opportunity provider and employer