

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 _____
STAFF NAME

Duration of interview ____15 Minutes ____30 Minutes

Comments

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

2019- 2020 CSC HEAD START ENROLLMENT APPLICATION
Toledo (541)336-5113 Lincoln City (541)996-3028 Newport (541)574-7690

Parent or Guardian Information

Date Received_____

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
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Home Address_____

Street Address	City	State	Zip code
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Mailing Address (if different)_____

Street Address	City	State	Zip code
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Number in Family _____ **Number in Household**_____

How did you hear about our program? _____

Were you referred by another agency? Yes No If yes, agency name_____

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

Are you receiving SNAP? Yes No

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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 _____

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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
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Staff Name	Signature	Date Received
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CSC Head Start is an equal opportunity provider and employer

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