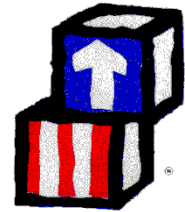


HEAD START of LANE COUNTY

221 B Street, Springfield OR 97477-4522 • 541-747-2425 • (FAX) 541-747-6648 • <http://www.hsolc.org>
 "Ensuring that our youngest children have a solid foundation for life."



Eligibility Application (Revised 9/17)

Applicant & Family Member Information

| CHILD OR PREGNANT APPLICANT | | | | | |
|--|--|---|---|---|--|
| First name | | Middle name | | Last | |
| Nickname | | | Birthdate <i>(please provide proof)</i> - - | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: | | Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No | English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | Other Language | Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient |
| Health Insurance | OHP Eligibility <i>(choose one)</i> <input type="checkbox"/> Not Eligible <input type="checkbox"/> Applying <input type="checkbox"/> On Medicaid/OHP: #: | | Doctor/Clinic – Dentist/Clinic | | Pregnant Only Due Date: _____ High risk pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ADULT LISTINGS | | | | | |
| Adult – 1 | | | | | |
| First name | | Middle name | | Last | |
| Nickname | | | Birthdate <i>(please provide proof)</i> - - | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Adult's Relationship to Applying Child <input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Other: | | <input type="checkbox"/> Grandchild | | <input type="checkbox"/> Foster | |
| Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: | | Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No | English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | Other Language | Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient |
| Highest Grade Completed <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates | | Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled | | Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared | Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent |
| Email Address: | | | | | |
| Adult – 2 | | | | | |
| First name | | Middle name | | Last | |
| Nickname | | | Birthdate <i>(please provide proof)</i> - - | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Adult's Relationship to Applying Child <input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Other: | | <input type="checkbox"/> Grandchild | | <input type="checkbox"/> Foster | |
| Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: | | Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No | English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | Other Language | Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient |
| Highest Grade Completed <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates | | Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled | | Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared | Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent |
| Email Address: | | | | | |

ADULT LISTINGS

Adult – 3

| | | | | | |
|---|--|--|--|--|---|
| First name | | Middle name | | Last | |
| Nickname | | | Birthdate <i>(please provide proof)</i> - - | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Adult's Relationship to Applying Child | | <input type="checkbox"/> Bio/Adopted/Step | <input type="checkbox"/> Grandchild | | <input type="checkbox"/> Foster |
| <input type="checkbox"/> Other: | | | | | |
| Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: | | Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No | English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | Other Language | Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient |
| Highest Grade Completed <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates | | Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled | | Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared | Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent |

Email Address:

NOTE

If there are more adults or children than spaces please list additional adults and children on a separate page and include with application.
Don't forget to list all children living at this address including Foster Children.

CHILD LISTINGS

Additional Child 1 *Is this child also applying for services?* Yes No

| | | | | | |
|---|--|--|--|-----------------------|---|
| First name | | Middle name | | Last | |
| Nickname | | | Birthdate <i>(please provide proof)</i> - - | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Adult's Relationship to Child | | <input type="checkbox"/> Bio/Adopted/Step | <input type="checkbox"/> Grandchild | | <input type="checkbox"/> Foster |
| <input type="checkbox"/> Other: | | | | | |
| Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: | | Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No | English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | Other Language | Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient |

Additional Child 2 *Is this child also applying for services?* Yes No

| | | | | | |
|---|--|--|--|-----------------------|---|
| First name | | Middle name | | Last | |
| Nickname | | | Birthdate <i>(please provide proof)</i> - - | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Adult's Relationship to Child | | <input type="checkbox"/> Bio/Adopted/Step | <input type="checkbox"/> Grandchild | | <input type="checkbox"/> Foster |
| <input type="checkbox"/> Other: | | | | | |
| Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other: | | Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No | English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient | Other Language | Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient |

ELIGIBILITY INFORMATION

| | |
|--|---|
| <input type="checkbox"/> Income for Past Calendar Year | TANF Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF but not at this time |
| <input type="checkbox"/> Income for Past 12 months | SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No |

Family Information & Emergency Contacts

Page 3

FAMILY INFORMATION

Family Address

| | | | | |
|--------------------------------|------|-------|-----|--------|
| Living Address | City | State | ZIP | County |
| Mailing Address (if different) | City | State | ZIP | |

Housing Information

| | | | | | | |
|--|---|--|--|--|---|------------------------|
| Mailing address is the same as the living address? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date started using mailing address | - | - | | |
| Phone Number(s) | Type (check one) <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other | Note (extension or best time to call) | Opt in for Text Messages <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Parental Status (check one) <input type="checkbox"/> One <input type="checkbox"/> Two | Homeless Family <input type="checkbox"/> Yes <input type="checkbox"/> No | Active Duty Military <input type="checkbox"/> Yes <input type="checkbox"/> No | Referred by Child Welfare Agency <input type="checkbox"/> Yes <input type="checkbox"/> No | Receiving SNAP (Food stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No | WIC <input type="checkbox"/> Yes <input type="checkbox"/> No | WIC ID (if applicable) |

EMERGENCY CONTACTS

| | | | |
|-----------|--|--|--|
| Contact 1 | Name | Relationship | Can Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Address | City | State ZIP |
| | Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Contact 2 | Name | Relationship | Can Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Address | City | State ZIP |
| | Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |
| Contact 3 | Name | Relationship | Can Pick Up Child? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Address | City | State ZIP |
| | Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work | Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work |

I certify that this information is true. If any part is false, my participation may be terminated and I may be subject to legal action. I affirm that I am the parent or legal guardian of the child applying for Head Start. I authorize Head Start to share my enrollment information with Oregon Department of Human Services, Preschool Promise and the Relief Nursery, for the purpose of coordinating enrollment services.

Parent/Guardian Signature: _____

Date: _____

Other Assistance

Are you currently receiving assistance from any other agency? *(please check all that apply)*

- Energy Assistance Food Stamps Subsidized Housing *(Low-income; Section 8)*

Priority

The following information will be used to prioritize your placement on the waiting list. *(Check all that apply.)*

DIAGNOSED MEDICAL OR BIOLOGICAL ISSUES

Please indicate any diagnosed medical or biological issues currently affecting your child.

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Asthma <i>(requiring medication)</i> | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eczema <i>(requiring medication)</i> | <input type="checkbox"/> Seizure disorder <i>(requiring medication)</i> |
| <input type="checkbox"/> Other: | | |

IDENTIFIED DISABILITIES

To provide the best placement for your child, please indicate any disabilities that have been diagnosed for which your child is receiving Early Childhood Special Education Services.

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Developmental delay |
| <input type="checkbox"/> Communication disorder | <input type="checkbox"/> Orthopedic impairment |

Signature required to exchange information with Early Childhood CARES:

FAMILY CIRCUMSTANCES

Please indicate any issues which have occurred to your child's immediate family.

Within the Last 2 Years *(24 months)*

- Child abuse or neglect
- Death in the family
- Divorce / Family Breakup
- Domestic violence
- Drug or alcohol abuse
- Parent or guardian in jail / incarceration
- Migrant Worker
- Homelessness *(includes families living temporarily in shelters, hotels, or vehicles; or moving frequently between the homes of relatives and friends)*

Currently

- Parent or guardian needs an Interpreter
- Child is in foster care, and was placed with you by the State of Oregon
- Child is not in foster care, but is not living with a biological or adoptive parent
- Only one adult lives in the home
- Military deployment
- Parent or guardian is receiving disability payments *(please provide proof)*
- Other:

SPECIAL CIRCUMSTANCES

If you would like to be considered for Head Start even though you may not otherwise qualify, please describe the special challenges and circumstances of your family.