

**Head Start of Lane County**  
221 B Street  
Springfield OR 97477-4522

541-747-2425 • Fax: 541-747-6648

<http://www.hsolc.org>



**Serving Children and Families  
In Lane County**

"Ensuring that our youngest children  
have a solid foundation for life."

Head Start of Lane County  
221 B Street  
Springfield OR 97477-4522

TO:

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# APPLICATION INSTRUCTIONS

Please fill out this application completely. It contains important information that is used to determine your child's eligibility for Head Start services. **IF YOU NEED HELP IN COMPLETING THE APPLICATION, OR HAVE ANY QUESTIONS, PLEASE CALL US AT (541) 747-2425.**

## THE FOLLOWING INFORMATION MAY BE HELPFUL AS YOU ARE COMPLETING THE APPLICATION.

- **General Information** (*page one*): We must be able to reach you in order to enroll your child. If you move or change your phone number after completing this application, it is your responsibility to notify Head Start. Only a pregnant mother, parent or legal guardian may sign this application. You must provide proof of your child's date of birth with one of the following types of documents: Birth Certificate, hospital documentation, etc. You do not need to provide a Social Security Number (SSN) in order to be eligible for Head Start.
- **Income** (*page two*): If your family is a current recipient of TANF benefits from DHS, is receiving Supplemental Security Income (SSI), or is providing foster care for the child you are applying for, you automatically qualify for Head Start. You do not need to provide proof of income, but you must provide documentation that your family is currently receiving TANF, SSI or providing care for a foster child. If you are currently homeless, you are automatically eligible for Head Start and do not need to provide documentation of income.
- **Priority** (*page three*): Please fill out this page carefully – the information you provide in this section will help us prioritize your child's placement on the waiting list.
- **Signature** (*page four*): This affirmation must be signed and dated:

***Once you have completed the application, please provide proof of your child's date of birth and proof of your family income and mail or bring your application to:***

**Head Start of Lane County  
221 B Street  
Springfield, OR 97477-4522**

## WHAT HAPPENS NEXT?

You will be contacted, either by phone or by mail, regarding the status of your application.

# Head Start of Lane County

Head Start and Early Head Start models provide comprehensive services for pregnant mothers, and families with infants, toddlers and preschool age children.

## Early Head Start

If you have a child 0-36 months (has **not** turned 3 years of age by September 1<sup>st</sup> of the current enrollment year) you may qualify for one of the following parts of our **Early Head Start** model which operates year round (*12 months*):

- **Home Base Option**

Consists of weekly home visits to you and your child, play groups twice a month where you and your child interact with other parents and children in a classroom environment and Parent Groups. Snacks are provided for all groups.

- **Combination Option**

Children attend a classroom environment two days a week. Parents will also receive home visits twice a month. Snacks are provided for all groups.

- **Prenatal Option**

This option consists of home visits during your pregnancy to provide education and support. Once the baby is born she/he is automatically enrolled in to the Home Base Option listed above.

## Head Start

If you have a child who is 3 or 4 years of age by September 1<sup>st</sup> of the current enrollment year you may qualify for one of the following parts of our **Head Start** model:

- **Part Day Option (*9 months*)**

Operates 4 days a week for 3½ hour sessions AM or PM. The focus of this option is kindergarten readiness. Families also receive home visits and parent/teacher conferences. This option operates Mid-September through June.

- **Extended Day Option (*10 months*)**

Serves children 3-5 years of age. Children attend a classroom setting 5 days a week for 6 hours. This option operates from the beginning of September through June.

- **Full Day Option (*12 months*)**

Serves working or student families who need full day childcare. This option operates Monday through Friday, year round. Families also participate in home visits and parent/teacher conferences.

Please fill out this application completely. It contains important information that is used to determine your child's eligibility for Head Start and Early Head Start services. **IF YOU NEED HELP IN COMPLETING THE APPLICATION, OR HAVE ANY QUESTIONS, PLEASE CALL US AT 541- 747-2425.**

# INSTRUCCIONES PARA LLENAR LA SOLICITUD

Favor de llenar esta solicitud completamente ya que contiene información importante que se utilizará para determinar si el niño es elegible para recibir servicios de Head Start. **SI NECESITA AYUDA PARA LLENAR LA SOLICITUD O SI TIENE PREGUNTAS, FAVOR DE LLAMARNOS AL (541) 747-2425.**

## LA SIGUIENTE INFORMACIÓN LE PUEDE SER ÚTIL AL LLENAR LA SOLICITUD.

- **Información General** (*página uno*): Necesitaremos comunicarnos con usted para inscribir al niño. Si se cambia de casa o cambia su número de teléfono después de llenar esta solicitud, es su responsabilidad notificarlo a Head Start. Sólo la mujer embarazada, un padre / madre o tutor legal pueden firmar esta solicitud. Debe presentar comprobante de la fecha de nacimiento del niño mediante uno de los siguientes documentos: acta de nacimiento, tarjeta médica del Plan de Salud de Oregón (Oregon Health Plan), documentos del hospital, etc. No es necesario que nos proporcione un Número de Seguro Social (SSN) para ser elegible para Head Start.
- **Ingresos** (*página dos*): Si su familia actualmente está recibiendo beneficios TANF de DHS, Ingreso de Seguro Suplementario (SSI) o está proporcionando cuidado de crianza (foster) al niño que desea inscribir, usted automáticamente es elegible para Head Start y no necesitará proporcionar comprobantes de ingresos. Sin embargo, es necesario que proporcione documentación que acredite que su familia está recibiendo actualmente TANF, SSI o proporcionando cuidado a un niño de crianza (foster). Si usted no tiene en este momento vivienda estable usted es automáticamente elegible para Head Start y no necesita proporcionar documentación de sus ingresos.
- **Prioridad** (*página tres*): Favor de llenar esta página cuidadosamente - la información que nos proporcione en ésta sección nos ayudará a darle orden de prioridad al lugar que ocupe el niño en la lista de espera.
- **Firma** (*página cuatro*): Esta sección debe tener su firma y la fecha.

***Una vez que llene la solicitud, favor de adjuntar comprobante de nacimiento del niño y comprobante de ingresos de su familia. Lleve o envíe por correo la solicitud a:***

**Head Start of Lane County  
221 B Street  
Springfield, OR 97477**

## ¿QUÉ SUCEDE DESPUÉS?

Nos comunicaremos con usted por correo o por teléfono acerca de la situación de su solicitud.

# HEAD START of LANE COUNTY

221 B Street, Springfield OR 97477-4522 • 541-747-2425 • (FAX) 541-747-6648 • <http://www.hsolc.org>  
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## Eligibility Application (Revised 9/17)

### Applicant & Family Member Information

CHILD OR PREGNANT APPLICANT					
First name		Middle name		Last	
Nickname			Birthdate (please provide proof)		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 (choose one) <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					
<b>Adult – 1</b>					
First name		Middle name		Last	
Nickname			Birthdate (please provide proof)		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:					
<b>Adult – 2</b>					
First name		Middle name		Last	
Nickname			Birthdate (please provide proof)		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**

<b>First name</b>	<b>Middle name</b>	<b>Last</b>	
<b>Nickname</b>		<b>Birthdate</b> <i>(please provide proof)</i> - -	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Adult's Relationship to Applying Child</b>		<input type="checkbox"/> Bio/Adopted/Step	<input type="checkbox"/> Grandchild
		<input type="checkbox"/> Other:	<input type="checkbox"/> Foster
<b>Race</b>		<b>Hispanic</b>	<b>English Proficiency</b>
<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:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
		<b>Other Language</b>	<b>Other Language Proficiency</b>
			<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Highest Grade Completed</b>	<b>Employment Status</b>		<b>Custody</b>
<input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates	<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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared
<b>Check all that apply:</b>			
<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**

<b>Additional Child 1</b>	<i>Is this child also applying for services?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>First name</b>	<b>Middle name</b>	<b>Last</b>	
<b>Nickname</b>		<b>Birthdate</b> <i>(please provide proof)</i> - -	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Adult's Relationship to Child</b>		<input type="checkbox"/> Bio/Adopted/Step	<input type="checkbox"/> Grandchild
		<input type="checkbox"/> Other:	<input type="checkbox"/> Foster
<b>Race</b>		<b>Hispanic</b>	<b>English Proficiency</b>
<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:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
		<b>Other Language</b>	<b>Other Language Proficiency</b>
			<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
<b>Additional Child 2</b>	<i>Is this child also applying for services?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>First name</b>	<b>Middle name</b>	<b>Last</b>	
<b>Nickname</b>		<b>Birthdate</b> <i>(please provide proof)</i> - -	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Adult's Relationship to Child</b>		<input type="checkbox"/> Bio/Adopted/Step	<input type="checkbox"/> Grandchild
		<input type="checkbox"/> Other:	<input type="checkbox"/> Foster
<b>Race</b>		<b>Hispanic</b>	<b>English Proficiency</b>
<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:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
		<b>Other Language</b>	<b>Other Language Proficiency</b>
			<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 <input type="checkbox"/> Income for Past 12 months	<b>TANF Status:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF but not at this time
	<b>SSI:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Family Information & Emergency Contacts** Page 3

**FAMILY INFORMATION**

**Family Address**

<b>Living Address</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>	<b>County</b>
<b>Mailing Address (if different)</b>	<b>City</b>	<b>State</b>	<b>ZIP</b>	

**Housing Information**

Mailing address is the same as the living address?    Yes    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

<b>Parental Status (check one)</b> <input type="checkbox"/> One <input type="checkbox"/> Two	<b>Homeless Family</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Active Duty Military</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Referred by Child Welfare Agency</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Receiving SNAP (Food stamps)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>WIC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>WIC ID (if applicable)</b>
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**EMERGENCY CONTACTS**

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