

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

Head Start of Lane County

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Springfield, OR 97477-4522

541-747-2425 • Fax: 541-747-6648
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

Head Start and Early Head Start programs provide comprehensive services for pregnant women, toddlers, preschool age children and their families.

Early Head Start

If you have a child 0-36 months (has **not** turned 3 years of age by September 1st of the current year) you may qualify for one of the following **Early Head Start** options 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 enrolled 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 the Home Base Option listed above.

Head Start

If you have a child who is 3 or 4 years of age by September 1st of the current year you may qualify for one of the following **Head Start** options:

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

Operates 4 days a week for 3 ½ hour sessions AM or PM. The focus is on kindergarten readiness. Families receive home visits and parent/teacher conferences. This option operates September through May.

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

Serves children 3-5 of age. Children attend in a classroom setting 5 days a week for 6 hours. This option operates 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 the eligibility application completely. All information will be used solely to determine your child's eligibility for Head Start and/or Early Head Start services. **If you need help, or if you have any questions, please call us at 541-747-2425.**

HEAD START of LANE COUNTY

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Eligibility Application (Revised 3/19)

Applicant & Family Member Information

CHILD OR PREGNANT APPLICANT						
First name		Middle name		Last name		
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						
Adult – 1						
First name		Middle name		Last name		
Nickname		Active Duty Military <input type="checkbox"/> Veteran <input type="checkbox"/>		Birthdate - -	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:						
Adult – 2						
First name		Middle name		Last name		
Nickname		Active Duty Military <input type="checkbox"/> Veteran <input type="checkbox"/>		Birthdate - -	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:						

ADULT LISTINGS

Adult – 3

First name		Middle name		Last	
Nickname			Birthdate - -		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:

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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First name		Middle name		Last	
Nickname			Birthdate - -		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	
Additional Child 2		Is this child also applying for services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First name		Middle name		Last	
Nickname			Birthdate - -		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	

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

Family Information & Emergency Contacts

FAMILY INFORMATION				
Family Address				
Living Address	City	State	Zip	County
Mailing Address (if different)	City	State	Zip	County

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)	Note (extension or best time to call)	Opt in for Text Messages		
	<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		
	<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)	Homeless Family	Referred by Child Welfare Agency	Receiving SNAP (Food stamps)	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACTS						
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		
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		
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, Relief Nursery, and McKinney-Vento liaisons, 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)*

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.

ADHD/ADD
 Traumatic brain injury
 Heart condition
 Asthma *(requiring medication)*
 Visual impairment
 Hearing impairment
 Diabetes
 Eczema *(requiring medication)*
 Seizure disorder *(requiring medication)*
 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.

Autism
 Development delay
 Communication disorder
 Orthopedic impairment

Signature required to exchange with information with Early Childhood CARES:

FAMILY CIRCUMSTANCES

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

<p>Within the Last 2 Years</p> <ul style="list-style-type: none"> <input type="checkbox"/> Child abuse or neglect <input type="checkbox"/> Death in the family <input type="checkbox"/> Divorce / Family Breakup <input type="checkbox"/> Domestic violence <input type="checkbox"/> Drug or alcohol abuse <input type="checkbox"/> Parent or guardian in jail / incarceration <input type="checkbox"/> Migrant worker <input type="checkbox"/> Homelessness <i>(Including families living in temporarily in shelters, hotels, or vehicles; or moving frequently between the homes of relatives and friends)</i> 	<p>Currently</p> <ul style="list-style-type: none"> <input type="checkbox"/> Parent or guardian needs an interpreter <input type="checkbox"/> Child is in foster care, and was placed with you by the State of Oregon <input type="checkbox"/> Child is not in foster care, but is not living with a biological or adoptive parent <input type="checkbox"/> Only one adult lives in the home <input type="checkbox"/> Military deployment <input type="checkbox"/> Parent or guardian is receiving disability payments <i>(Please provide proof)</i> <input type="checkbox"/> Other:
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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.