

# 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 1/20)

### Applicant & Family Member Information

CHILD OR PREGNANT APPLICANT					
First name		Middle name		Last name	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X _____			<b>Birthdate (please provide proof)</b> - -	<b>Nickname</b>	
<b>Race</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:		<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>English Proficiency</b> <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>Health Insurance</b>	<b>OHP Eligibility (choose one)</b> <input type="checkbox"/> Not Eligible <input type="checkbox"/> Applying <input type="checkbox"/> On Medicaid/OHP: #:		<b>Doctor/Clinic – Dentist/Clinic</b>	<b>Pregnant Only</b> Due Date: High risk pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADULT LISTINGS					
<b>Adult – 1</b>					
First name		Middle name		Last name	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X _____			<b>Active Duty Military</b> .... <input type="checkbox"/> <b>Veteran</b> ..... <input type="checkbox"/>	<b>Birthdate</b> - -	<b>Nickname</b>
<b>Adult's Relationship to Applying Child</b> <input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other:					
<b>Race</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:		<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>English Proficiency</b> <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> <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates		<b>Employment Status</b> <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		<b>Custody</b> <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:					
<b>Adult – 2</b>					
First name		Middle name		Last name	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X _____			<b>Active Duty Military</b> .... <input type="checkbox"/> <b>Veteran</b> ..... <input type="checkbox"/>	<b>Birthdate</b> - -	<b>Nickname</b>
<b>Adult's Relationship to Applying Child</b> <input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other:					
<b>Race</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:		<b>Hispanic</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>English Proficiency</b> <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> <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates		<b>Employment Status</b> <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		<b>Custody</b> <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:					

**ADULT LISTINGS**

**Adult – 3**

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

**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.

- |   |   |   |
|---|---|---|
| <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"/> Development delay     |
| <input type="checkbox"/> Communication disorder | <input type="checkbox"/> 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.

**Within the Last 2 Years**

- 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 *(Including families living in 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.