

Washington Morgan

COMMUNITY ACTION



Early Head Start Application

For Washington *and* Morgan Counties, Ohio

Thank you for your interest in Early Head Start.

Please print the following application,

fill it out, and send it to:

Head Start
218 Putnam St,
Marietta, OH 45750

Or fax to: **(740) 373-6287**
Att: Craig

Please keep in mind that sending in this application **does not** mean your child has been automatically accepted into our program. The return of this application gives us the information to contact you about specific details (income, placement, etc) and allows us to hopefully begin the enrollment process.

You **will** be contacted shortly after we receive this application.

If you have any questions about Head Start, Early Head Start, or the application, please call us at (740) 373-3745 and we will be glad to answer any questions.

In accordance with Federal Law and US Dept of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjunction, 1400 Independence Avenue, SW, Washington DC, 20250-9410 or call toll free (866) 632-9992 (Voice).

Individuals whare hearing impaired or have speech disabilities may contact USDA through the Federal Relay service at (800_) 877-8339; or (800) 845-6136(Spanish). USDA is an equal opportunity provider and employer.

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Return this application to
your local Head Start Center **or:**
Washington Morgan Community Action
Head Start Program
218 Putnam Street
Marietta, Ohio 45750
(740) 373 - 3745

Office Use Only

Date Received _____	Staff Initials: _____
Mc-V Qualify _____	IEP _____
SSI/TANF _____	Foster Care _____
Income eligible _____	OI _____
Program Age _____	Total points _____

Part 1: Please choose an option for your child's participation in Early Head Start.

- Center** I would like our child to attend the Center in Washington County (Marietta)
- Home base** I would like a Home Base Visitor to provide Early Head Start services in my home.
Please list your town or general area you are located:

- Type B** I would like Early Head Start service in a licensed family childcare home.

Part 2: Child Information – Please complete all of the following information:

Has this child attended Early Head Start before? Yes No

Child's Name: _____

Child's Date of Birth: ____/____/____ Child's Age _____

Parent Name: Mother _____ Living in home? Yes No

Father _____ Living in home? Yes No

Your Phone (____) _____

If no phone, a message number (____) _____ Email: _____

Your Street Address _____

City/State/Zip _____

Total number of children in the family, including child to be enrolled: _____

Ages of children: _____

Date of child's last Healthcheck or physical: _____

If your child is enrolled, we will require a physical (within the past 12 months), including vision, hearing, and a lead test .

Is your child on an IEP/IFSP? Yes No

Are you or your children (check all that apply):

- In emergency or transitional housing
- Residing in a motel or campground
- Doubled up or staying with friends/family due to economic hardship
- Staying in a car, park, or public area
- Sleeping in an area that is not designed for, or ordinarily used as a regular sleeping space
(such as an office, dining room, unfinished basement, attic, etc.)

Continued...

Part 3: It is very important that you complete the following information.

My income for last year was \$ _____

Please mark the following items that apply to your family:

___ I have an active Ohio Medicaid/Healthy Start Card

___ I receive Ohio Works First-TANF

Amount received monthly \$ _____

___ I receive Social Security Income

Amount received monthly \$ _____

You must include a copy of the child's birth certificate, custody papers (if applicable) and copies of all income of any adult related to the child in the home. We are an income-based program and need exact income from the past year! Income may include:

W2s or 1040 Federal Tax Forms (showing Line 22)

SSI statement showing total amount received for previous year

Child Support letter showing total amount received for previous year

Unemployment statement showing total amount received for previous year

Grant/scholarship statement showing total amount received for previous year

ADC/Cash assistance statement showing total amount received for previous year

I certify the above information on this application is true and correct. If my family is found to be over the income guidelines, I understand I will be placed on an "over-income" waiting list, which does not guarantee placement. I ALSO UNDERSTAND THAT COMPLETING THIS APPLICATION DOES NOT AUTOMATICALLY ENROLL MY CHILD IN THE HEAD START PROGRAM. Notification of denial or enrollment will follow at a later date.

Parent/Guardian Signature

Date