

Washington Morgan

COMMUNITY ACTION



Head Start Application

For Washington *and* Morgan Counties, Ohio

Thank you for your interest in 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 where 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 read the following ways that your child can attend Head Start and mark the one you would like:
Please note that this is your preference at time of application—placement is not guaranteed until enrollment.

Head Start Part Day Centers

Center based programs serve children in a Head Start classroom four days per week for 3.5 hours per session.

Marietta (Edwards) _____ AM _____ PM
Belpre _____ AM _____ PM
Chesterhill _____ AM _____ PM
Malta (Play and Learn) _____ AM _____ PM
Learning Center (Ewing) _____ AM _____ PM

Head Start Home Base

A Home Visitor visits each family once per week for 1½ hours to use the home environment to help parents create rich learning experiences to support their child's development and learning.

Washington County Home Base _____
Morgan County Home Base _____

Please list the nearest town to your home:

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

Has this child attended Head Start or Early Head Start before? ____ Yes ____ No

Child's Name: _____ ____ Male ____ Female

Child's Date of Birth ____/____/____

Child's Age _____

Parent Name: Mother _____

Living in home ____ Yes ____ No

Father _____

Living in home ____ Yes ____ No

Guardian, if applicable _____

Relationship _____

Home Phone (____) _____

Cell Phone (____) _____

If no phone, a message number (____) _____

Email: _____

Address _____

If your home is not within city limits, please give a brief description of the location:

Continued...

Part 2 continued: Please complete all of the following information

Have you ever been to court regarding custody? _____ Yes _____ No

(If yes, please attach a copy of custody papers to the application.)

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

Ages of children: _____ Number of related adults in home: _____

Date of child's last Healthchek of Physical exam: _____ Dental Exam: _____

*If your child is enrolled, Head Start requires a physical exam (within past 12 months)
including vision, hearing, and bloodwork and a dental visit (within past 6 months)*

Is your child on an IEP(Individual Education Plan)? _____ Yes _____ No *If yes, please attach a copy of Page 1.*

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.)

You must include a copy of the child's birth certificate 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:

W2 or 1040 Federal Tax Forms (showing line 22 – gross income)

SSI Statement showing total amount received

Child Support statement showing total amount received

Unemployment statement showing total amount received

Grant/Scholarship statement showing total amount received

ADC/Cash assistance statement showing total amount received

Most recent paystub

_____ I receive Ohio Works First/ADC/SSI Amount received monthly \$ _____

My income for last 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

How did you hear about Head Start?

_____ Friend _____ Flier _____ TV/Radio _____ Past parent/student

_____ Head Start employee _____ Other agency