



# Pickaway County Early Head Start & Head Start Application



EHS- 465 E. Ohio St P.O. Box 697 , Circleville(740) 474-9544 \*HS-145 E. Corwin St, Circleville (740)474-7411

## Applicant (child applying for services)

First	Middle	Last	Birthdate	Gender
Race		Hispanic		Primary Language Spoken
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> English	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Other	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial	Specify:		
<input type="checkbox"/> Other:				
Primary Health Coverage		Authorization Release		
<input type="checkbox"/> Molina		Photos & videos of my children and family will be taken during the year. I give permission to use them in/on: (check all that apply)		
<input type="checkbox"/> Care Source		<input type="checkbox"/> Newspaper <input type="checkbox"/> Facebook <input type="checkbox"/> Program Presentations		
<input type="checkbox"/> Other:				
<input type="checkbox"/> Insurance # _____				

**I prefer my child be enrolled in:**  Half Day Head Start (3.5hrs)  Full Day Head Start (7hrs)  EHS Home Base  EHS Center Base

## Adult 1

First	Middle	Last	Birthdate	Gender
Highest Grade Completed	Employment Status	Relationship to Child	Custody	Check all that apply for this adult:
<input type="checkbox"/> Diploma or GED	<input type="checkbox"/> Full Time	<input type="checkbox"/> Day Shift	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives in household
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Part Time	<input type="checkbox"/> Evening Shift	<input type="checkbox"/> No	<input type="checkbox"/> Receives Subsidized funding?
<input type="checkbox"/> Baccalaureate Degree	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Night Shift		
<input type="checkbox"/> Less than HS graduate	<input type="checkbox"/> Job Training	<input type="checkbox"/> Varied Shift		
Last grade _____	<input type="checkbox"/> Student	<input type="checkbox"/> Retired or Disabled		
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Foster		
		<input type="checkbox"/> Aunt/Uncle		
		<input type="checkbox"/> Other		
E-mail Address: _____				

## Adult 2

First	Middle	Last	Birthdate	Gender
Highest Grade Completed	Employment Status	Relationship to Child	Custody	Check all that apply for this adult:
<input type="checkbox"/> Diploma or GED	<input type="checkbox"/> Full Time	<input type="checkbox"/> Day Shift	<input type="checkbox"/> Yes	<input type="checkbox"/> Lives in household
<input type="checkbox"/> Associates Degree	<input type="checkbox"/> Part Time	<input type="checkbox"/> Evening Shift	<input type="checkbox"/> No	<input type="checkbox"/> Receives Subsidized funding?
<input type="checkbox"/> Baccalaureate Degree	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Night Shift		
<input type="checkbox"/> Less than HS graduate	<input type="checkbox"/> Job Training	<input type="checkbox"/> Varied Shift		
Last grade _____	<input type="checkbox"/> Student	<input type="checkbox"/> Retired or Disabled		
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Foster		
		<input type="checkbox"/> Aunt/Uncle		
		<input type="checkbox"/> Other		
E-mail Address: _____				

## Additional Children in the home under 18 years

First	Middle	Last	Birthdate	Gender	Currently Enrolled In Early/Head Start
					<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

## Transportation Services (for Head Start only)

I wish for Head Start to provide transportation  I will self transport

Pick Up Address: \_\_\_\_\_

Drop off Address: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

Family Information					
Living Address	Address Line 2	Zip	City	State	County
Mailing Address (if different)	Address Line 2	Zip	City	State	County
Name	Phone Numbers	Relationship to Child	Opt in for Texting	Type (Check One)	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other	
Primary Language at Home	Single Parent Household	Homeless Family	Active Duty Military	Veteran of U.S. Military	Referred by Child Welfare Agency
	<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	<input type="checkbox"/> Yes <input type="checkbox"/> No

My child will attend \_\_\_\_\_ elementary school when they transition out of Head Start.

Child and Family History		
Do you have concerns about your child's development? (walking, talking, playing, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Do you have concerns about your child's behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Do you have speech concerns about your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Do you have any other concerns about your child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Has your child attended any preschool program before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did your child relocate from a different Head Start program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are any members of your household currently incarcerated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an open case with Child Protective Services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about Early Head Start and Head Start?		

Family Income				
TANF/OWF/Cash	SSI	Food Stamps	WIC	Total # in Household (related by blood, marriage or adoption)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

All persons making application to Early / Head Start Must attach one of the following documents as proof of gross family income.

Office Use Only	
Verification of Income: (Please mark all that apply)	
<input type="checkbox"/> 1040 Tax Form <input type="checkbox"/> W2 <input type="checkbox"/> Child Support <input type="checkbox"/> Pay Stub(last 12 months) <input type="checkbox"/> Unemployment <input type="checkbox"/> Other Explain: _____	
<input type="checkbox"/> Under 100% Income	Screened By _____ Date Verified _____
<input type="checkbox"/> 100%-130% Income	Verified By _____ Date Verified _____
<input type="checkbox"/> Over 100% Income	Yearly Income: _____

**Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours. I have also received a copy of the agency HIPPA document.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_