

BEAR RIVER HEAD START APPLICATION

YEAR: 2016-2017

Preschool Head Start (PHS) Early Head Start (EHS) Child Care Connection (CCC)

95 West 100 South Suite 200 LOGAN, UTAH 84321

CACHE COUNTY (435) 755-0081 OR TOLL FREE (877) 755-0081 FAX: (435) 755-0125
Box Elder (435) 723-7755 Fax 435-734-4932/ Fielding (435) 458-2700 / Preston (208) 852-3012 /
Oneida (208) 766-2200

Dear Parents/Guardians:

Bear River Head Start is a free (no cost to the parents/guardians), federally funded, comprehensive preschool program. Federal income guidelines and child/family circumstances are considered to determine eligibility. Please complete a separate application for each child applying. **Please keep our office informed of any changes in your contact information (address, phone number).**

Please turn in these documents with the application:

- ☐ **Proof of age**-birth certificate, christening/blessing certificate **OR** other legal document.
- ☐ **Income verification**-need 1 of the following documents, listed in order of preference.
 - W-2 form
 - Tax form (1040)
 - checks stubs = 12 months preferred
 - letter from employer
 - verification from TANF
 - SSI documentation
 - Foster care documentation

Children in Public Assistance (TANF), Foster Care or SSI programs are income eligible

Please attach a current copy of your child's/family's Public Assistance (TANF), Foster Care, or SSI document.
This will be retained and kept with your child's application.

**IF THE ITEMS LISTED ABOVE ARE NOT PRESENTED WITH YOUR APPLICATION
WE WILL BE UNABLE TO KEEP & PROCESS YOUR APPLICATION.**

Children with disabilities or special needs are welcome. Please attach a copy of your child's IEP or IFSP to the application.

Head start involves families as well as the Head Start Child. Parent's support is vital to the success of the program. Parents (families) are encouraged to volunteer time to the program. Volunteering can include helping in the classroom, preparing activities at home, serving on Parent Committees, etc.

Upon acceptance into the program, your child will be assigned a home-based option or center-based class.

In addition, your family will receive Family Advocate services. Family Advocate services focus on strengthening the family, literacy/education and employability.

Center-based children may ride the Head Start bus for field trips.

Transportation is not provided to or from school.

Transportation Alternatives: parents can create car pools, ride the bus, or request the home-based option.

**I have read and understand the above and would like to apply to have my child in Bear River Head Start,
I understand that by submitting this application I am not guaranteed enrollment.**

PARENTS PLEASE KEEP THIS PAGE. IT IS FOR YOUR INFORMATION

All Earnings Must be Reported

Gross Earnings from Employment & Unemployment *Retirement or Disability* *Financial Assistance*
Foster Care stipend *Child support or Alimony* *Self-employment income* *Farm self-employment income*

Preschool Head Start classes are held Monday through Thursday, 4 hours a day.
We follow the school district schedule for all holidays and breaks.

What will happen after my application is completed and turned in?

Upon receiving your application, the Recruitment & Enrollment team will process your information & input it into our database. Your child will then be placed on the income eligible or over-income waitlist for the site requested.

Head Start has limited slots for age-eligible **over-income** children, and the majority of those slots go to children with identified disabilities.

When will I hear if my child is in the program?

If you turn in an application between January and August (for the next program year – beginning September 2016), and if your child is selected to attend Bear River Head Start, you will receive a letter informing you that your child has been accepted into the program.

If your child is not accepted, after August 24, 2016, he/she will remain on the waitlist until there is an opening. **You will be called** by a member of the Recruitment & Enrollment team if your child has been selected to fill the vacancy.

Will my child get into the program?

If your child is a foster or a homeless child, your chances are excellent; **but we cannot guarantee your child will get in.** The federal government determines who gets first priority in receiving services in Head Start and foster and/or homeless children are priority children.

If your child is **age and income eligible**, your chances are very good; **but we cannot guarantee your child will get in.** **We maintain a waiting list every year!** The program **IS NOT** first-come first-served, but the sooner you turn in your application the better, as first selections are made early in the summer. Government regulations require services to **those in the community who need the services the most.** Therefore, each application is rated based on the information provided in the application.

If you are selected to be in the program the following health requirements will need to be met:

MEDICAL & DENTAL REQUIREMENTS-If you have questions please call our office at 435-755-0081.

- **Physical:** Your child will need an up-to date physical exam with a medical doctor. Please obtain a copy of the most recent physical exam that was done.
- **Hematocrit/Hemoglobin:** Your child will need a hematocrit or hemoglobin to be done if they are 12 months or older with their physical. If your child is on WIC then we can request the hemoglobin from there office.
- **Lead Test:** If your child is 12 months or older and has never had a lead test, obtain a lead test at the time of their physical, or call your child's doctor for a lab order.
- **Dental Exam:** Your child will need a dental exam with a dentist if he/she is 12 months or older. If your child is on a regular six-month schedule with his or her dental care, please obtain a copy of your child's latest six-month exam.
- **Immunization Record** (please copy front & back. Immunizations need to be up to date)

Bear River Head Start Application 2016-17

Family Member Information

Staff Only Child Plus # _____ Date application received _____ Staff recruiter _____				
Child's legal name:		Preferred Name:		Date of birth:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>				
English Proficiency <input type="checkbox"/> None (doesn't speak or understand) <input type="checkbox"/> Poor (doesn't speak but understands) <input type="checkbox"/> Moderate (speaks & understands a little) <input type="checkbox"/> Proficient (speaks & understands)		Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Ethnicity:		Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____
Living Address		City	State	Zip County
Mailing Address (If different from living address)		City	State	Zip County
Is your living address a temporary arrangement? <small>(Excluding renters)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, is this due to loss of housing or because of inability to afford housing? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do any of the following apply to your household at this time? <input type="checkbox"/> Sharing a residence <input type="checkbox"/> Living in a hotel <input type="checkbox"/> Living in a shelter <input type="checkbox"/> Living in a car, park, campground, or public space <input type="checkbox"/> Living in a space without adequate facilities		
Home phone ()	Cell phone ()	Work phone ()	Message phone ()	
# in Household	# in Family	# of children in Family	# of Children ages 0-3	# of Children ages 4-5
Parental Status in Home: <input type="checkbox"/> One parent <input type="checkbox"/> Two parents <input type="checkbox"/> Relative <input type="checkbox"/> Foster care				
Primary Language Spoken at home:			Language you prefer the visits/mail in (circle one) English or Spanish	
Please mark all that you receive: <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Medicaid <input type="checkbox"/> WIC <input type="checkbox"/> SNAP <small>(The following documents will be required and retained with the application: SSI/TANF)</small>				
Referral (please present documentation) <input type="checkbox"/> School District <input type="checkbox"/> Health Department or WIC <input type="checkbox"/> CAPSA <input type="checkbox"/> Up to 3 program <input type="checkbox"/> Doctor/Health Care Provider <input type="checkbox"/> Division of Child & Family Services or CPS <input type="checkbox"/> Other _____				

CHILD CARE NEEDS	
<ul style="list-style-type: none"> Does this child need full-day, full-year childcare because you are working or in training? <input type="checkbox"/> YES <input type="checkbox"/> NO Please select the type of child care the child receives during that part of the day when they are not in Preschool Head Start or Early Head Start? <input type="checkbox"/> Family child care home <input type="checkbox"/> Through a public school pre-kindergarten program <input type="checkbox"/> Child care center or home <input type="checkbox"/> At home or with relative or unrelated adult <input type="checkbox"/> Other Do you receive a Child Care subsidy? <input type="checkbox"/> YES <input type="checkbox"/> NO 	<ul style="list-style-type: none"> If yes, are services through Preschool Head Start, Child Care Connection, Early Childcare Partnership, or Early Head Start? <input type="checkbox"/> YES <input type="checkbox"/> NO Name of Provider _____
(Please provide subsidy documentation with your application)	

Early Head Start Parents: Please complete by mother of child if pregnant	
Are you Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO	(Due Date) Expected Delivery Date ____/____/____

Needs for Services (if applicable)

Please list any specific concerns why you believe your child should be enrolled in Head Start. (Example: Child/Family concerns/needs/circumstances, disabilities, development concerns, divorce, parent difficulty reading/speaking, death in family within the last year) _____

Is your child on an IEP/IFSP?

☐ NO ☐ YES ☐ POSSIBLE CONCERN

Name of School district or program.(Example: Up-to-Three or Idaho Infant & Toddler) _____

As legal guardian of _____, I give permission to the school district or program listed above to exchange information regarding my child for the purposes of enrollment priority in the Head Start Program.

Parent/Guardian_____

EMERGENCY CONTACTS

EMERGENCY CONTACTS NOT PRIMARY OR SECONDARY ADULTS, but other who can make decisions for your child, if you are not available

Name _____ Relationship to child _____ Contact: Yes [] No []		
Address _____ City _____ State ____ Zip _____ Release: Yes [] No []		
Home phone _____ Cell phone _____ Work phone _____		
Name _____ Relationship to child _____ Contact: Yes [] No []		
Address _____ City _____ State ____ Zip _____ Release: Yes [] No []		
Home phone _____ Cell phone _____ Work phone _____		
Name _____ Relationship to child _____ Contact: Yes [] No []		
Address _____ City _____ State ____ Zip _____ Release: Yes [] No []		
Home phone _____ Cell phone _____ Work phone _____		

Family Member Information

Primary Adult (person filling out form)

First Name	Last Name	Date of birth:
Lives with family? <input type="checkbox"/> YES <input type="checkbox"/> NO	Provides financial support? <input type="checkbox"/> YES <input type="checkbox"/> NO	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Education Level <input type="checkbox"/> High School Graduate <input type="checkbox"/> Masters Degree <input type="checkbox"/> GED <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Grade 12 <input type="checkbox"/> Associates Degree <input type="checkbox"/> Grade 11 <input type="checkbox"/> Training/Tech Cert. <input type="checkbox"/> Grade 10 <input type="checkbox"/> Some College/Tech school <input type="checkbox"/> Grade 9 or less specify_____	Employment Status <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Seasonally employed </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Full time & training <input type="checkbox"/> Retired or disabled </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed </div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Part time & training <input type="checkbox"/> Homemaker </div> <input type="checkbox"/> Training or school	
English Proficiency <input type="checkbox"/> None (doesn't speak or understand) <input type="checkbox"/> Poor (doesn't speak but understands) <input type="checkbox"/> Moderate (speaks & understands a little) <input type="checkbox"/> Proficient (speaks & understands)	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____ Ethnicity:	Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other_____
What is your relationship to the child applying to Bear River Head Start?		
Do you have custody of the child applying? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Email:		

Secondary Adult			
First Name		Last Name	
Date of birth:			
Lives with family? [] YES [] NO		Provides financial support? [] YES [] NO	
Gender: Male [] Female []			
Home Phone ()	Cell Phone ()	Employers Phone ()	Message Phone ()
Living address(if different from living address)		State	Zip
County			
Mailing address(if different from living address)		State	Zip
County			
Education Level [] Masters Degree [] Bachelors Degree [] Associates Degree [] Training/Tech Cert. [] Some College/Tech school		[] High School Graduate [] GED [] Grade 12 [] Grade 11 [] Grade 10 [] Grade 9 [] Other _____	
Employment Status [] Full time 35+ hours [] Full time & training [] Part time [] Part time & training [] Training or school		[] Seasonally employed [] Retired or disabled [] Unemployed [] Homemaker	
English Proficiency [] None (doesn't speak or understand) [] Poor (doesn't speak but understands) [] Moderate (speaks & understands a little) [] Proficient (speaks & understands)		Primary Language: [] English [] Spanish [] Other _____ Ethnicity:	
Race (check all that apply) [] Asian [] American Indian or Alaska Native [] Black [] Pacific Islander [] White [] Other _____			
What is your relationship to the child applying to Bear River Head Start?			
Do you have custody of the child applying? [] YES [] NO			
Email:			

Contact Information for Non-Custodial Parent of child applying		
Do you give permission for Bear River Head Start to contact Non-Custodial parent for Head Start purposes? [] YES [] NO [] N/A (not applicable)		
Name	Address	Home ()
Date of Birth	City	Cell ()
	State/Zip	Work ()

Other Children in family (not child who is applying for Head Start)		
First name:	Last name:	Gender: Male [] Female []
Related by blood, marriage or adoption: [] YES [] NO		Date of birth:
Relationship to child applying:		Lives with family? [] YES [] NO
Race (check all that apply) [] Asian [] American Indian or Alaska Native [] Black [] Pacific Islander [] White [] Other _____		
First name:	Last name:	Gender: Male [] Female []
Related by blood, marriage or adoption: [] YES [] NO		Date of birth:
Relationship to child applying:		Lives with family? [] YES [] NO
Race (check all that apply) [] Asian [] American Indian or Alaska Native [] Black [] Pacific Islander [] White [] Other _____		

First name:	Last name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Related by blood, marriage or adoption: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of birth:	
Relationship to child applying:	Lives with family? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other_____		
First name:	Last name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Related by blood, marriage or adoption: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of birth:	
Relationship to child applying:	Lives with family? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other_____		
First name:	Last name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Related by blood, marriage or adoption: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of birth:	
Relationship to child applying:	Lives with family? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other_____		

OTHER CHILDREN OR ADULTS IN HOUSEHOLD

First name:	Last name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Related by blood, marriage or adoption: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of birth:	
Relationship to child applying:	Lives with family? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employment Status <input type="checkbox"/> This person is a child <input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Full time & training	<input type="checkbox"/> Part time <input type="checkbox"/> Part time & training <input type="checkbox"/> Training or school	<input type="checkbox"/> Seasonally employed <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
First name:	Last name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Related by blood, marriage or adoption: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of birth:	
Relationship to child applying:	Lives with family? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employment Status <input type="checkbox"/> This person is a child <input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Full time & training	<input type="checkbox"/> Part time <input type="checkbox"/> Part time & training <input type="checkbox"/> Training or school	<input type="checkbox"/> Seasonally employed <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker
First name:	Last name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Related by blood, marriage or adoption: <input type="checkbox"/> YES <input type="checkbox"/> NO	Date of birth:	
Relationship to child applying:	Lives with family? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Employment Status <input type="checkbox"/> This person is a child <input type="checkbox"/> Full time 35+ hours <input type="checkbox"/> Full time & training	<input type="checkbox"/> Part time <input type="checkbox"/> Part time & training <input type="checkbox"/> Training or school	<input type="checkbox"/> Seasonally employed <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker

Please indicate a first choice with a "1" and a second choice with a "2"

Preschool Head Start (PHS) Serving children 3(by Sept1)-5 years old	Early Head Start (EHS) Serving children 0-3 & Pregnant mothers	Childcare Partnership Serving children 3-5
PHS Home Based Options: ___ Utah ___ Idaho PHS Center Based Options UTAH: ___ Brigham 1 ___ Hyrum AM ___ Brigham 2 ___ Hyrum PM ___ Fielding ___ Smithfield ___ Logan AM ___ Richmond ___ Logan PM ___ Logan AM (3&4 yr. olds) ___ Logan AM (3 yr. olds) ___ Logan PM (3 yr. olds) PHS Center Based Options IDAHO: ___ Paris ___ Preston AM ___ Preston PM ___ Malad ___ Soda Springs	Center Based UTAH: ___ Cache Home based UTAH: ___ Box Elder ___ Cache Home Based IDAHO: ___ Caribou/Bear Lake ___ Franklin	___ Child Care Connection (CCC) Serving children 3-5 yrs. Old

PARENTS PLEASE MARK THOSE THAT APPLY: ☐ Past Head Start enrollee

☐ Currently enrolled in **ANY** Head Start program ☐ Do you plan on applying for **ANY** other Head Start Program

Have you been convicted of a crime in the last seven (7) years? ___ No ___ Yes

If yes, please explain _____

CONVICTION WILL NOT BE A BAR FOR ENROLLMENT OF YOUR CHILD.

Certification: "I have carefully reviewed the documents and information I have provided to Bear River Head Start staff and, by signing this form, certify to the best of my knowledge and belief that all information regarding eligibility provided by me is true and accurate." "I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in serious legal consequences for me."

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

Witness/Staff Signature _____ **Date** _____

Comments/Notes:

BELOW THIS LINE STAFF USE ONLY
USO DE PERSONAL SOLAMENTE

This section is to be completed by the staff recruiter. Please complete interview with parent, INITIALS by those that apply and an NA if it does not. Esta sección debe ser completada por el personal. Por favor complete la entrevista con los padres, ponga sus INICIALES a los que aplique y una NA a los que no aplique.

- _____ Current Income (check stubs, W2, tax form 1040, or employer letter)
Verificación de ingresos (Formulario de impuestos (1040), forma W-2, talones de cheques, carta de portón)
- _____ Proof of age-birth certificate, christening/blessing certificate, Medicaid card or passport.
Prueba de edad (acta de nacimiento O acta de bautismo)
- _____ Scholarship/grants
Becas
- _____ Child Support
Menutenicon de hijos
- _____ If marked Yes, as living arrangement temporary, document why.
Si marco SI, donde vive un arreglo temporal, explique su situación
- _____ Verify all members have a full date of birth
Verifique que todos los miembros de la familia tengan una fecha de nacimiento completa.
- _____ SSI, TANF, or Foster Placement form
Forma de SSI, TANF, o colocación de hogar (Foster care)
- _____ Complete emergency contact information
Complete la forma de Información de Contactos de Emergencia
- _____ Both parents education/employment status filled in with both or one working parents income.
Educación/estatus laboral de ambos padres, igual que el ingreso de ambos o de un solo padre.
- _____ Head Start choice option is marked with a “1” and second choice is marked with a “2”.

I, the parent have completed this interview with a Bear River Head Start staff. He/she has reviewed that all information has been submitted with my application. By signing this form, I certify to the best of my knowledge and belief that all information regarding eligibility provided by me is true and accurate.

Yo el padre he completado esta entrevista con un representante de Bear River Head Start. El/Ella revisado que toda la información se ha presentado con mi solicitud. Al firmar este formulario, certifico a lo mejor de mi conocimiento y creencia que se proporciona toda la información relativa a elegibilidad por mí es verdadera y exacta.

I, staff member of Bear River Head Start, have reviewed and conducted this interview with the parent/guardian.
Yo, representante de Bear River Head Start, he revisado y completado esta entrevista con el padre/guardián.

Parent/Guardian Signature _____ **Date** _____
Firma del Padre/Guardián *Fecha*

Witness/Staff Signature _____ **Date** _____
Firma del Testigo/Personal *Fecha*