BEAR RIVER HEAD START
Preschool Head Start (PHS) Early Head Start (EHS)
95 West 100 South Suite 200 LOGAN, UTAH 84321
(435) 755-0081 FAX: (435) 755-0125

COVER LETTER FOR 2023-2024 APPLICATION

Dear Parents/Guardians:

Thank you for your interest in Bear River Head Start/Early Head Start Program. Bear River Head Start is a federally funded program that serves pregnant women and families with children from birth to age five. These services are provided at no cost for families. Federal income guidelines and child/family circumstances are considered to determine eligibility**.** Please complete a separate application for each child applying. Children with special needs and children in Foster Care are welcome as well as families that are receiving Public Assistance (TANF), SSI (Supplemental Security Income), or SNAP (Food Stamp) benefits.

(Please attach a current copy of your family's Public Assistance (TANF), Foster Care, SNAP Documentation, or SSI Documentation).

The following documentation will be required to complete the application process:

Proof of Age - 1 of the following documents
- Birth Certificate
- Christening-Blessing Certificate
- Passport
- Other Legal Documents

Income Verification – Submit all that apply
- W-2 Form
- Current year Taxes (1040)
- Check Stubs (12 months)
- Letter from employer on letter head
- Scholarships or Grants
- Child Support
- Social Security Income

Head Start Family Income Guidelines Effective 1/19/2023	
For families/households with more than 8 persons, add $5,140 for each additional person. For Early Head Start Families add 1 for expectant mothers	
Persons in Family/Household	Poverty Guideline
1	$14,580
2	$19,720
3	$24,860
4	$30,000
5	$35,140
6	$40,280
7	$45,420
8	$50,560

Once the application is submitted, you will be contacted by a staff member to finish the application process in person. If you prefer, you may call the ERSEA office at 435-755-0081 ext. 410 or ext. 321 to schedule an appointment or come by the office. The above documents must be provided and verified before confirming enrollment.

****Please allow up to 30 days for processing application****
****Keep this sheet for your reference****

Enrollment Application 2023-2024

CP I.D. _____

Child's Name _____ **Date of Birth** _____/____/_____ ☐ **Male** ☐ **Female**

Child's Race

[ ] Asian [ ] American Indian [ ] Caucasian [ ] Pacific Islander
[ ] Alaskan Native [ ] Black/African American [ ] Multi/Biracial [ ] Other _____

Is this child Hispanic? ☐ Yes ☐ No	**Language(s) spoken at home?** _____
English Proficiency [ ] None [ ] Little [ ] Moderate [ ] Proficient	**Other language proficiency (if any)** [ ] None [ ] Little [ ] Moderate [ ] Proficient
Address	**City**
Zip	**County**

# in Household	**# in Family**	**# Children ages 0-3**	**# Children ages 4-5**

Parental status in home: [ ] One parent [ ] Two parents [ ] Relative [ ] Foster care

Primary Adult	**Secondary Adult**
Name:	**Name:**
Date of birth:	**Date of birth:**
[ ] Mother [ ] Father [ ] Other_____	**[ ] Mother [ ] Father [ ] Other_____**
Living with the child? [ ] Yes [ ] No	**Living with the child? [ ] Yes [ ] No**
Phone:	**Phone:**
E-Mail Address:	**E-Mail Address:**
Language(s) spoken?	**Language(s) spoken?**
Education Level [ ] Grade 9 [ ] Some Advanced Training [ ] Grade 10 [ ] Training/Tech Cert. [ ] Grade 11 [ ] Associate's Degree [ ] Grade 12 (No Diploma) [ ] Bachelor's Degree [ ] High School Graduate [ ] Master's Degree [ ] GED If less than grade 9 specify _____	**Education Level** [ ] Grade 9 [ ] Some Advanced Training [ ] Grade 10 [ ] Training/Tech Cert. [ ] Grade 11 [ ] Associate's Degree [ ] Grade 12 (No Diploma) [ ] Bachelor's Degree [ ] High School Graduate [ ] Master's Degree [ ] GED If less than grade 9 specify _____
Race [ ] Asian [ ] Multi/Biracial [ ] Pacific Islander [ ] Black/African American [ ] Caucasian [ ] Alaskan Native [ ] American Indian [ ] Other _____	**Race** [ ] Asian [ ] Multi/Biracial [ ] Pacific Islander [ ] Black/African American [ ] Caucasian [ ] Alaskan Native [ ] American Indian [ ] Other _____
Employment Status [ ] Full time 35+ hours [ ] Retired/Disabled [ ] Part time [ ] Unemployed [ ] Seasonally Employed [ ] Stay at home parent [ ] Student [ ] Vocational Training	**Employment Status** [ ] Full time 35+ hours [ ] Retired/Disabled [ ] Part time [ ] Unemployed [ ] Seasonally Employed [ ] Stay at home parent [ ] Student [ ] Vocational Training

OTHER CHILDREN IN THE HOME (related by blood, marriage, or adoption to child applying)

Name:	Name:	Name:	Name:
Date of birth:	Date of birth:	Date of birth:	Date of birth:
Gender:	Gender:	Gender:	Gender:
Race:	Race:	Race:	Race:

OTHERS LIVING IN THE HOME

Name:	Name:	Name:
Gender:	Gender:	Gender:
Date of birth:	Date of birth:	Date of birth:
Race:	Race:	Race:
Education level:	Education level:	Education level:
Employment status:	Employment status:	Employment status:
Relation to child:	Relation to child:	Relation to child:

EMERGENCY CONTACT

Name:	Relationship:	Emergency contact: [ ] Yes [ ] No
Address:	Phone Number:	Release to: [ ] Yes [ ] No
Name:	Relationship:	Emergency contact: [ ] Yes [ ] No
Address:	Phone Number:	Release to: [ ] Yes [ ] No

ELIGIBILITY INFORMATION

- Is anyone in your family receiving SSI, SNAP, or a TANF grant? [ ] No [ ] Yes
- Is this child a foster child? [ ] No [ ] Yes
- Does your child have a diagnosed disability (IFSP/IEP)? [ ] No [ ] Yes
- Is your family currently staying in a car, park, campground, hotel [ ] No [ ] Yes
  Emergency shelter, transitional housing, or living with another family
  Temporarily due to inability to afford housing, loss of housing, or similar reason?

How did you hear about Bear River Head Start? _____

If you were referred, please list the agency _____

What School District will the child attend?_____

Have you been convicted of a crime in the last 7 years? _____

CONVICTION WILL NOT EFFECT ELIGIBILITY

Please check any of the following that apply to your family:

[ ] Receiving WIC [ ] Family violence [ ] Divorced [ ] Currently pregnant
[ ] Receiving Medicaid [ ] Drug/Alcohol issues [ ] Incarceration [ ] Parental disability
[ ] DCFS involved [ ] Previously enrolled [ ] Mental health issues
[ ] Active military parent [ ]Parent veteran

ADDITIONAL INFORMATION

Does your child have health concerns the program should be aware of? [ ]No [ ]Yes (If yes, specify below)
Does your child have special dietary needs? [ ]No [ ]Yes (If yes, specify below)
Does your child have any behavior concerns or developmental delays? [ ]No [ ]Yes (If yes, specify below)
Is your child potty trained? [ ]No [ ]Yes

_____

_____

_____

PROGRAM OPTIONS/PREFERENCES

☐ **Preschool Head Start (PHS**) Serving children 3-5 years old
☐ **Early Head Start (EHS)** Serving children 0-3 & Expectant mothers

Center - Based	Homebased (Early Head Start Only)
1st Choice _____	**1st Choice**_____
2nd Choice _____	**2nd Choice**_____

PRESCHOOL HEAD START PART DAY (4 Hours) MONDAY-THURSDAY

UTAH

Logan PHS Center - 852 South 100 West
AM Class 8:00 AM - 12:00 PM
PM Class 11:00 AM - 3:00 PM
Brigham City - 264 N 200 W
8:30 AM -12:30 PM
Tremonton- 451 W 600 N
8:30-12:30
Hyde Park - 48 N. 500 W
AM Class 8:00 AM- 12:00 PM
PM Class 11:00 AM-3:00 PM
Richmond- 6 West Main Street
8:30 AM- 12:30 PM

IDAHO

Preston-Pioneer Elementary - 525 S 400 E
AM Class 8:30 AM -12:30 PM
PM Class 11:00 AM - 3:00 PM
Malad – 330 W 400 N
8:00 AM-12:00 PM
Paris - Paris Elementary - 39 Fielding Street
10:00 AM- 2:00 PM

PRESCHOOL HEAD START EXTENDED DAY (6.5 Hours) MONDAY-THURSDAY

Smithfield- Sunrise Elementary - 225 S 455 E
8:30 AM -3:00 PM

Hyrum-Lincoln Elementary – 80 E 100 S
8:30 AM – 3:00 PM

Brigham City - 264 N 200 W
8:00 AM – 2:30 PM **OR** 8:15 AM – 2:45 PM

Hyde Park- 48 N. 500 W.
8:00 AM-2:30 PM

Tremonton - 451 W 600 N
8:00 AM – 2:30 PM

Logan - 852 S 100 W
8:00 AM- 2:30 PM

EARLY HEAD START MONDAY-FRIDAY 8:00 AM – 2:00 PM

Cache South Nest/Koop 670 West 400 South

Cache North-Fish Pond 1300 North 200 East

EARLY HEAD START HOMEBASED OPTIONS BY COUNTY

Box Elder, Cache, Oneida, Caribou/Bear Lake, Franklin, South Bannock, and Rich

PLEASE REVIEW & SIGN

1. I have carefully reviewed the documents and information I have provided to Bear River Head Start and, by signing below, certify to the best of my knowledge that all information is true and correct.
2. I further understand that these services are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information could result in serious legal consequences.
3. I understand that this application is not complete until **all documentation** required is submitted, and reviewed.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Recruiter (Signature) _____ Date _____

Recruiter (Print Name) _____

STAFF USE ONLY
USO DE PERSONAL SOLAMENTE

This section is to be completed by the staff recruiter. Complete interview with parent, *STAFF INITIAL* next to those that apply and *N/A* 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 N/A 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, acta de bautismo, tarjeta de Medicaid, O passaporte)

_____ Scholarship/grants
Becas

_____ Child support
Menutenicon de hijos

_____ If living arrangement "temporary" was marked, 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, SNAP, or Foster Placement form
Forma de SSI, TANF, SNAP, o colocación de hogar (Foster care)

_____ Program Options/Preferences clearly marked
Los lugares preferidos estan claramente marcados

_____ Both parents education/employment status filled in with working parents' income
Educación/estatus laboral de ambos padres, igual que el ingreso de ambos o de un solo padre.

_____ IEP or IFSP documentation
Documentacion de Desabilidad

_____ Court Documentation for Non-Custodial Parent
Documentos de Corte

I, the parent, have completed this interview with a Bear River Head Start staff member. They have reviewed all information 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 ha revisado que toda la información presentado con mi aplicación. Al firmar este formulario, certifico a lo mejor de mi conocimiento que hay toda la información relativa a elegibilidad y es verdadera y exacta.

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

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

Staff Signature _____ Date _____
Firma del Personal *Fecha*