

**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

<b>Head Start Family Income Guidelines</b> <b>Effective 1/19/2023</b>	
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\*\***

<b>Child's Name</b> _____		<b>Date of Birth</b> ____/____/____		<input type="checkbox"/> <b>Male</b>	<input type="checkbox"/> <b>Female</b>
<b>Child's Race</b>					
<input type="checkbox"/> Asian		<input type="checkbox"/> American Indian		<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Alaskan Native		<input type="checkbox"/> Black/African American		<input type="checkbox"/> Multi/Biracial	
				<input type="checkbox"/> Other _____	
<b>Is this child Hispanic?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Language(s) spoken at home?</b> _____		
<b>English Proficiency</b>			<b>Other language proficiency (if any)</b>		
<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient			<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
<b>Address</b>			<b>City</b>		
<b>Zip</b>			<b>County</b>		
<b># in Household</b>		<b># in Family</b>		<b># Children ages 0-3</b>	
				<b># Children ages 4-5</b>	
<b>Parental status in home:</b> <input type="checkbox"/> One parent <input type="checkbox"/> Two parents <input type="checkbox"/> Relative <input type="checkbox"/> Foster care					

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

**ELIGIBILITY INFORMATION**

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

**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:**

<input type="checkbox"/> Receiving WIC	<input type="checkbox"/> Family violence	<input type="checkbox"/> Divorced	<input type="checkbox"/> Currently pregnant
<input type="checkbox"/> Receiving Medicaid	<input type="checkbox"/> Drug/Alcohol issues	<input type="checkbox"/> Incarceration	<input type="checkbox"/> Parental disability
<input type="checkbox"/> DCFS involved	<input type="checkbox"/> Previously enrolled	<input type="checkbox"/> Mental health issues	
<input type="checkbox"/> Active military parent	<input type="checkbox"/> Parent veteran		

**ADDITIONAL INFORMATION**

Does your child have health concerns the program should be aware of?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(If yes, specify below)
Does your child have special dietary needs?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(If yes, specify below)
Does your child have any behavior concerns or developmental delays?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	(If yes, specify below)
Is your child potty trained?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

## PROGRAM OPTIONS/PREFERENCES

<input type="checkbox"/> <b>Preschool Head Start (PHS)</b> Serving children 3-5 years old <input type="checkbox"/> <b>Early Head Start (EHS)</b> Serving children 0-3 & Expectant mothers	
Center - Based	Homebased (Early Head Start Only)
<b>1<sup>st</sup> Choice</b> _____  <b>2<sup>nd</sup> Choice</b> _____	<b>1<sup>st</sup> Choice</b> _____  <b>2<sup>nd</sup> Choice</b> _____

### 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  
 11:30 AM- 3:30 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 W 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*