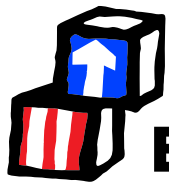


# Washington Morgan

COMMUNITY ACTION



## Early Head Start Program Application

The Community Action Early Head Start program is a free service for income eligible pregnant women and children from birth to three (3) years of age. The mission of this program is to assist young families to move towards self-sufficiency by providing high quality child care and to collaborate with all community agencies to give each participating family the services and support they need to develop into strong, knowledgeable, self-sufficient families.

The Community Action Early Head Start program will provide enrollment to income eligible families regardless of race, creed, color, national origin or disability.

The program will include these free services for you and your child:

- Full year child care at a center while working or going to school
- Learning based on your child's needs
- Ways to help parents become better parents
- Information about other community services
- Well balanced breakfast, lunch and snack at the center
- Special services when needed for children with disabilities
- Weekly home-based services for pregnant women and children

To ensure accuracy in processing, please complete all of the questions on this application.

**Print this form and fill it out by hand, or type the information into the boxes before printing it out.**

Return this application to your local Head Start Center or to:

Washington Morgan Community Action Head Start Program  
218 Putnam Street  
Marietta, Ohio 45750

If you have any questions regarding Early Head Start, please call (740) 373-3745.

*Please keep this page for your records.*

**Early Head Start Program Application**

<b>Office Use Only</b>	
Date Received	_____
Staff Initials	_____
In-person Interview	

1. Please choose an option for your child's participation in Early Head Start. *Please read the following ways that your child can attend Early 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.*

**EHS Full Day Center**

Full Day options are for families who have an identified need for full day services such as work or school.

Marietta (Edwards)

**Early Head Start Home Base**

A Home Visitor visits each family once per week for 1-1/2 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: \_\_\_\_\_

2. Please complete all of the following information.

Has this child participated in Early Head Start before?  YES  NO

Child's Name: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Living in Home?  YES  NO

Father's Name: \_\_\_\_\_ Living in Home?  YES  NO

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If no phone, a number where we can leave a message: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever been to court regarding custody?  YES  NO

*If yes, please attach a copy of custody papers to this application.*

Is your child on an IFSP (Individual Family Service Plan)?  YES  NO

*If yes, please attach a copy of Page 1 of the IFSP.*

Date of child's last health check or physical exam: \_\_\_\_\_

Date of child's last dental exam, if applicable: \_\_\_\_\_

3. Please list all FAMILY Household Members. A "family" is all persons living in the household who are supported by the income of the child's parents or guardians and related to the parents or guardians by blood, marriage or adoption.

If you need to add more family members, use a separate piece of paper and attach to this application.

Name of Family Member	Relationship to Head Start Child	Date of Birth

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, etc.

Please 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.

Verification of income may include:

- W2 or 1040 Federal Tax Forms
- 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 EARLY HEAD START PROGRAM. Notification of denial or enrollment will follow at a later date.

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

\_\_\_\_\_  
Date

How did you hear about Early Head Start? Please check all that apply.

- Friend    Flier    TV/Radio    Past parent/student    Head Start employee    Other