



# Early Head Start Child Application

Washington Morgan 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 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 Community Action Early Head Start 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.**

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

*Please tear off this page and keep it for your records!*

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;  
fax: (202) 690-7442; or  
email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

Application revised 10/21/2024



Return Application to:  
**Washington Morgan Community Action  
Head Start Program**  
218 Putnam Street  
Marietta, OH 45750  
740-373-3745  
**Or**  
**Your Local Head Start Center**

**Office Use Only**

Date received \_\_\_\_\_  
Receiving staff \_\_\_\_\_  
Did staff conduct face to face interview?  
☐ Yes ☐ No  
Income Sources:  
\_\_\_\_\_ Employment  
\_\_\_\_\_ SSI/ TANF  
\_\_\_\_\_ SNAP  
\_\_\_\_\_ Unemployment  
\_\_\_\_\_ Military Income  
\_\_\_\_\_ Other: \_\_\_\_\_

**Part 1. Please choose an option for your child's participation in Early Head Start.**

**Early Head Start Classroom**

EHS classroom operates Monday – Friday. Hours vary based upon program availability and family needs. Contact each site for more information.

Marietta -Jane Edwards Center \_\_\_\_\_

Malta – Play and Learn Center \_\_\_\_\_

**Early Head Start Home Base**

A Home Visitor visits each family **once per week** for 1 ½ 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: \_\_\_\_\_

**Part 2. Please complete all of the following information.**

Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Child's Age \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Please include a copy of your child's birth certificate, if you have it.

Primary Adult: \_\_\_\_\_ Living in home \_\_\_\_ Yes \_\_\_\_ No  
Relationship to child: \_\_\_\_\_ Does adult have legal custody of child? \_\_\_\_ Yes \_\_\_\_ No  
Preferred way of communication: \_\_\_\_ Text \_\_\_\_ Call \_\_\_\_ Email \_\_\_\_ In-person Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ If no phone, a message number (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Is your mailing address the same as your physical address? \_\_\_\_ Yes \_\_\_\_ No  
(If no, please add mailing address) \_\_\_\_\_  
Does Primary Adult work or go to school 25 hours a week? \_\_\_\_ Yes \_\_\_\_ No

Secondary Adult: \_\_\_\_\_ Living in home \_\_\_\_ Yes \_\_\_\_ No  
Relationship to child: \_\_\_\_\_ Does adult have legal custody of child? \_\_\_\_ Yes \_\_\_\_ No  
Preferred way of communication: \_\_\_\_ Text \_\_\_\_ Call \_\_\_\_ Email \_\_\_\_ In-person Phone (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_ If no phone, a message number (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Is your mailing address the same as your physical address? \_\_\_\_ Yes \_\_\_\_ No  
(If no, please add mailing address) \_\_\_\_\_  
Does Secondary Adult work or go to school 25 hours a week? \_\_\_\_ Yes \_\_\_\_ No

Have you ever been to court regarding custody? \_\_\_\_ Yes \_\_\_\_ No (If yes, please attach a copy of custody papers)

Is your child on an IFSP (Individual Family Service Plan)? \_\_\_\_ Yes \_\_\_\_ No (If yes, please attach a copy of Page 1)

Date of child's last Health check of Physical exam \_\_\_\_\_ Dental Exam \_\_\_\_\_

Continued on back



**Part 2, continued: Please complete all of the following information**

**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.)

Name of Family Members	Relationship to EHS Child	Date of Birth

*\* If you need to add additional family members, please add information to separate paper and attach to application.*

**Part 3 Please answer all of the following information.**

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.)

Does your family currently receive SNAP (food stamp) benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does anyone in your family receive Supplemental Security Income (SSI)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does anyone in your family receive TANF assistance (Kinship, Ohio Works First, ADC)? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are your monthly housing costs (i.e. rent, utilities) more than 30% of your gross income? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If you do not receive Public Assistance, you must include 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. Income may include:**

W2 or 1040 Federal Tax Forms

Military Income

Unemployment compensation

Most recent paystub

Pension/Annuity

My annual 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 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?

\_\_\_\_ Friend \_\_\_\_ Family \_\_\_\_ Flyer \_\_\_\_ Social Media/Facebook \_\_\_\_ Past parent/student \_\_\_\_ Head Start employee  
\_\_\_\_ Other agency \_\_\_\_ Internet Search/Google \_\_\_\_ Parade \_\_\_\_ Fair/Festival \_\_\_\_ TV/Radio