

Head Start Application



Head Start program is a free preschool program for children ages 3 – 5. Children who are 4 years old before or on August 1st will be accepted first. Head Start is an income-based program, so family income must be at or below a level established by the federal government. If you would like a copy of the income guidelines, it is available from the Office of Head Start. Although priority is given to the neediest children, each application is reviewed individually, taking into consideration any special needs of the child or family.

Head Start provides children with activities and a learning environment that help prepare them for Kindergarten. In addition, Head Start provides these services for your child and family:

- Learning based on your child's individual needs;
- Healthy, nutritious meals;
- Special services for children with disabilities;
- Sensory and developmental screenings;
- On-going progress monitoring and assessment of child's abilities;
- Referrals to community agencies to help meet family needs;
- Ways to help parents become better parents;
- Opportunities to volunteer and be involved.



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

For more information or questions about your submitted application, 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.

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 select program preference. Check all that apply. Please note that this is your preference at time of application- placement is not guaranteed until enrollment.

Head Start Centers

Center based programs serve children in a Head Start classroom **four days per week.**

- ☐ Half Day AM-**Marietta** Ewing Learning Center
☐ Half Day PM-**Marietta** Ewing Learning Center
☐ Half Day AM-**Marietta** Jane Edwards Center
☐ Half Day PM-**Marietta** Jane Edwards Center
☐ Full Day 7.5 Hour-**Belpre** Head Start
☐ Full Day 7.5 Hour-**Malta** Play and Learn
☐ Full Day 7.5 Hour-**Marietta** Jane Edwards Center
☐ Full Day 7.5 Hour-**Matamoras** MELC

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: Child Information – 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 IEP(Individual Education 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 HS 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 Head Start?

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