

HEAD START of LANE COUNTY

221 B Street, Springfield OR 97477-4522 • 541-747-2425 • (FAX) 541-747-6648 • <http://www.hsolc.org>
 "Ensuring that our youngest children have a solid foundation for life."



Eligibility Application (Revised 1/20)

Applicant & Family Member Information

CHILD OR PREGNANT APPLICANT					
First name		Middle name		Last name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X _____			Birthdate (please provide proof) - -	Nickname	
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Health Insurance	OHP Eligibility (choose one) <input type="checkbox"/> Not Eligible <input type="checkbox"/> Applying <input type="checkbox"/> On Medicaid/OHP: #:		Doctor/Clinic – Dentist/Clinic	Pregnant Only Due Date: High risk pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADULT LISTINGS					
Adult – 1					
First name		Middle name		Last name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X _____			Active Duty Military <input type="checkbox"/> Veteran <input type="checkbox"/>	Birthdate - -	Nickname
Adult's Relationship to Applying Child <input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other:					
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled		Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Email Address:					
Adult – 2					
First name		Middle name		Last name	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X _____			Active Duty Military <input type="checkbox"/> Veteran <input type="checkbox"/>	Birthdate - -	Nickname
Adult's Relationship to Applying Child <input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Foster <input type="checkbox"/> Other:					
Race <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	English Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	Other Language	Other Language Proficiency <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed <input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates		Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled		Custody <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	Check all that apply: <input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent
Email Address:					

ADULT LISTINGS

Adult – 3

First name		Middle name		Last	
Gender			Birthdate		Nickname
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X _____			-		-
Adult's Relationship to Applying Child		<input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Other:		<input type="checkbox"/> Grandchild <input type="checkbox"/> Foster	
Race		Hispanic	English Proficiency		Other Language
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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
Highest Grade Completed		Employment Status		Custody	
<input type="checkbox"/> Grade/Diploma/GED: _____ <input type="checkbox"/> Associates <input type="checkbox"/> Bachelor or Higher <input type="checkbox"/> Other Training/Certificates		<input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Part Time <input type="checkbox"/> Training/School <input type="checkbox"/> Seasonal <input type="checkbox"/> Retired/Disabled		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Shared	
Check all that apply:					
<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent					

Email Address:

NOTE

If there are more adults or children than spaces please list additional adults and children on a separate page and include with application. Don't forget to list all children living at this address including Foster Children.

CHILD LISTINGS

Additional Child 1		Is this child also applying for services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First name		Middle name		Last	
Gender			Birthdate		Nickname
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X _____			-		-
Adult's Relationship to Applying Child		<input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Other:		<input type="checkbox"/> Grandchild <input type="checkbox"/> Foster	
Race		Hispanic	English Proficiency		Other Language
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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
Additional Child 2		Is this child also applying for services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First name		Middle name		Last	
Gender			Birthdate		Nickname
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> X _____			-		-
Adult's Relationship to Applying Child		<input type="checkbox"/> Bio/Adopted/Step <input type="checkbox"/> Other:		<input type="checkbox"/> Grandchild <input type="checkbox"/> Foster	
Race		Hispanic	English Proficiency		Other Language
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islanders <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<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

ELIGIBILITY INFORMATION	
<input type="checkbox"/> Income for the Past Calendar Year	TANF Status: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF but not at this time
<input type="checkbox"/> Income for the Past 12 months	SSI: <input type="checkbox"/> Yes <input type="checkbox"/> No

Family Information & Emergency Contacts

FAMILY INFORMATION				
Family Address				
Living Address	City	State	Zip	County
Mailing Address (if different)	City	State	Zip	County

Housing Information					
Mailing address is the same as the living address? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date started using mailing address - -		
Phone Number(s)	Type (check one)	Note (extension or best time to call)	Opt in for Text Messages		
	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (Check one)	Homeless Family	Referred by Child Welfare Agency	Receiving SNAP (Food stamps)	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMERGENCY CONTACTS						
Name			Relationship		Can Pick Up Child?	
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Address		City		State		Zip
Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Name			Relationship		Can Pick Up Child?	
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Address		City		State		Zip
Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		
Name			Relationship		Can Pick Up Child?	
<input type="checkbox"/> Yes <input type="checkbox"/> No						
Address		City		State		Zip
Phone Number 1 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone Number 2 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		Phone Number 3 <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work		

I certify that this information is true. If any part is false, my participation may be terminated and I may be subject to legal action. I affirm that I am the parent or legal guardian of the child applying for Head Start. I authorize Head Start to share my enrollment information with Oregon Department of Human Services, Preschool Promise, Relief Nursery, and McKinney-Vento liaisons, for the purpose of coordinating enrollment services.

Parent/Guardian Signature: _____ Date: _____

OTHER ASSISTANCE

Are you currently receiving assistance from any other agency? *(Please check all that apply)*

- Energy Assistance
 Food Stamps
 Subsidized Housing *(Low income, Section)*

PRIORITY

The following information will be used to prioritize your placement on the waiting list. *(Check all that apply)*

DIAGNOSED MEDICAL OR BIOLOGICAL ISSUES

Please indicate any diagnosed medical or biological issues currently affecting your child.

- | | | |
|---|---|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Traumatic brain injury | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Asthma <i>(requiring medication)</i> | <input type="checkbox"/> Visual impairment | <input type="checkbox"/> Hearing impairment |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Eczema <i>(requiring medication)</i> | <input type="checkbox"/> Seizure disorder <i>(requiring medication)</i> |
| <input type="checkbox"/> Other: | | |

IDENTIFIED DISABILITIES

To provide the best placement for your child, please indicate any disabilities that have been diagnosed for which your child is receiving Early Childhood Special Education Services.

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Development delay |
| <input type="checkbox"/> Communication disorder | <input type="checkbox"/> Orthopedic impairment |

Signature required to exchange with information with Early Childhood CARES:

FAMILY CIRCUMSTANCES

Please indicate any issues which have occurred to your child's immediate family.

Within the Last 2 Years

- Child abuse or neglect
- Death in the family
- Divorce / Family Breakup
- Domestic violence
- Drug or alcohol abuse
- Parent or guardian in jail / incarceration
- Migrant worker
- Homelessness *(Including families living in temporarily in shelters, hotels, or vehicles; or moving frequently between the homes of relatives and friends)*

Currently

- Parent or guardian needs an interpreter
- Child is in foster care, and was placed with you by the State of Oregon
- Child is not in foster care, but is not living with a biological or adoptive parent
- Only one adult lives in the home
- Military deployment
- Parent or guardian is receiving disability payments *(Please provide proof)*
- Other:

SPECIAL CIRCUMSTANCES

If you would like to be considered for Head Start even though you may not otherwise qualify, please describe the special challenges and circumstances of your family.