

Head Start/Early Head Start Program Application

Serving Washington County Residents

REQUIRED ELIGIBILITY DOCUMENTATION

For this application to be processed, please include the following:

- ☐ **Child's proof of age:** birth certificate, **or** hospital record, **or** immunization record, **or** OHP award letter, **or** DHS letter
- ☐ **Last year's income:** W2, **or** tax form, **or** TANF award letter, **or** SNAP award letter, **or** SSI award letter, **or** foster placement letter, **or** child support, **or** unemployment benefit, **or** VA/GI Benefit

Child Information

Child 1 - First Name:	Last Name:	Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Child 2 - First Name:	Last Name:	Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Who does the child(ren) live with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Foster Parent(s)			
Who has primary custody of the child(ren)? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian(s) <input type="checkbox"/> DHS			

Parent/Legal Guardian Information

Parent/Guardian First Name:	Parent/Guardian Last Name:	Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Language at home: _____ English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient Need interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: _____ Text opt-in <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____ Email opt-in <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address (Street & Apartment No.)		City	Zip Code
Additional Address (check that apply) <input type="checkbox"/> Mailing <input type="checkbox"/> Pick Up/Drop Off		City	Zip Code
Parent/Guardian First Name:	Parent/Guardian Last Name:	Date of Birth:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Language at home: _____ English Proficiency: <input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient Need interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No		Phone: _____ Text opt-in <input type="checkbox"/> Yes <input type="checkbox"/> No Email: _____ Email opt-in <input type="checkbox"/> Yes <input type="checkbox"/> No	
Home Address (Street & Apartment No.)		City	Zip Code

How did you hear about Community Action Head Start and Early Head Start Program?

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Community Event/Resource Fair | <input type="checkbox"/> Information through Mail | <input type="checkbox"/> DHS | <input type="checkbox"/> Doctor/Dental Office |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> School District | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Flyer | <input type="checkbox"/> WIC | | |

Answer the following questions as completely as possible. This will help us determine your eligibility.

Mark Yes or No	Yes	No
Is your family receiving SNAP (Food Stamps)		
Is your family receiving TANF (Cash Assistance)?		
Is your family receiving Supplemental Security Income (SSI)?		
Is your family homeless? (per the McKinney-Vento Act – see below) The McKinney-Vento Act is for “individuals who lack a fixed, regular, and adequate nighttime residence.” (check that apply)		
<input type="checkbox"/> Family shares a home with family or friends due to economic hardship or loss of housing <input type="checkbox"/> Family lives in a motel, hotel, trailer park, or campground <input type="checkbox"/> Family lives in a shelter (family/domestic violence-safe house/transitional shelter) <input type="checkbox"/> Family's primary night-time residence is not ordinarily used as regular sleeping accommodation (e.g. park benches) <input type="checkbox"/> Family lives in a car, park, public space, abandoned building, substandard housing, or bus/train station		
Did any parent(s)/guardian(s) get paid in cash in the last 12 months? **If yes, complete the Declaration of Income/No Income on page 3. **If no, please submit the application with W2, tax return, TANF award letter, SNAP award letter, SSI award letter, foster placement letter, unemployment benefits, or VA/GI benefits.		
Was there a parent(s)/guardian(s) unemployed in the last 12 months? **If yes, complete the Declaration of Income/No Income on page 3.		

Additional Child/Family Information		
Mark Yes or No	Yes	No
Are you receiving services through the Northwest Regional Education Service District (NWRES D) and/or do you have an Individual Family Service Plan (IFSP)? **If yes, the child's name:		
Are you receiving services through Lifeworks Northwest? **If yes, the child's name:		
Are you receiving services through other agencies? **If yes, who?		
Are you a single parent/guardian?		
Do you have a child already on our waitlist or enrolled in the program?		
Is English your family's second language?		
Is your child transitioning from another Head Start Program?		
Is the parent(s)/guardian(s) currently enrolled in school/job training		
Were you referred by another program within Community Action or other agencies?		
Are any parent(s)/guardian(s) was/is a teen parent? (now or at birth of 1st child)		
Has the parent(s)/guardian(s) been diagnosed with a medical condition?		
Are you a previous Head Start family?		
Do you have a lack of childcare?		
Are you a current CAO employee?		
Is there any parent(s)/guardian(s) pregnant? **If yes, due date:		
Please check any environmental issues affecting your family (check all that apply): <input type="checkbox"/> Death of an immediate family member <input type="checkbox"/> Incarceration experience/deported parent/guardian or refugee <input type="checkbox"/> Domestic violence/sexual abuse/mental health/substance misuse		

Number in Family: _____

List additional children/dependents living in the home (non-applicants)				
Full Name	Birth Date	Gender	Relationship to Applicant	Financially Supported by Parent(s)/Guardian(s)
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent/Legal Guardian Signature		
I affirm that to the best of my knowledge, all the information that I have provided is complete and correct. I understand that if I deliberately misrepresent my family circumstances, my family may not be eligible for services. By signing this application, I authorize Community Action Head Start to release this information to Early Learning Washington County, Beaverton School District, Hillsboro School District, Tigard/Tualatin School District, Sherwood School District, Oregon Child Development Coalition, NWRES D, LifeWorks Northwest, Other Head Start programs, DHS and programs within Community Action Organization for enrollment purposes.		
Parent/Guardian's Signature: Office use only <input type="checkbox"/> Verbal consent was received for the parent/guardian signature.	Date:	
Staff Name/Title:	Staff Signature:	Date:

Declaration of Income/No Income

Participant Name: _____ Date of Birth: _____

Participant Name: _____ Date of Birth: _____

Please complete the questions below:

Declaration of Income without Proof of Documentation:

Parent/Guardian Name: _____

Did you receive income in the last 12 months? ☐ Yes ☐ No – *if NO, Skip to Declaration of NO Income*

If yes, how much did you receive in the last 12 months? \$ _____

What was the source of your income? _____

Additional Comments: _____

Declaration of Income without Proof of Documentation:

Additional Parent/Guardian Name: _____

Did you receive income in the last 12 months? ☐ Yes ☐ No – *if NO, Skip to Declaration of NO Income*

If yes, how much did you receive in the last 12 months? \$ _____

What was the source of your income? _____

Additional Comments: _____

Declaration of NO Income:

If **NO** to having income in the last 12 months, how have you paid for the following costs:

How did you buy food? _____

How did you pay rent? _____

How did you pay bills or utilities? _____

I certify that all the above information is true and correct. I understand that this information will be used to determine my eligibility for the Community Action Head Start program. I understand that if I provide false information, my participation in the program may be denied or terminated.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Enrollment Assistant Name: _____ Signature: _____ Date: _____

ERSEA Supervisor Signature: _____ Date: _____

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Parent/Guardian:

Detach this page before submitting the application & keep it for your records.

How to apply

If you need help completing this application or have questions, please call the Enrollment Department at 503-693-3262 or email us at headstart@caowash.org.

The application cannot be processed if the required eligibility documents are missing.

Community Action Mailing and Drop-Off Locations		
Hillsboro Multi-Service Center 1001 SW Baseline St., Hillsboro, OR 97123	Beaverton Multi-Service Center 17933 NW Evergreen Place Ste 315 Beaverton, OR 97006	Tigard Multi-Service Center 11515 SW Durham Rd. Ste E8 Tigard, OR 97224
OR email the application to us at headstart@caowash.org OR fax the application to us at 503-400-3669		

What to send with the application?**The complete application must include:**

- Parent/Guardian Signature and date
- Proof of last year's income or within the 12 months from when the application is submitted.
 - **Proof of income should be:**
 - W-2s or previous year's tax returns of both parent/guardian if the child/ren lives with both parent/guardian in the home.
 - TANF, SNAP, or SSI award letter
 - Child Support
 - Unemployment benefit
 - Written income statement from the parent/guardian or employer.
- **For foster children**, a Foster Care placement letter must be included. **No proof of income is needed.**
- Proof of age could be a birth certificate, Immunization record, OHP card, DHS letter with the child/ren name and date of birth, or well-child exam with the child/ren name and date of birth.

What happens after Community Action Head Start Program receives the application?**When an application is received:**

- Enrollment staff will call the parent/guardian to verify eligibility information as needed.
- Enrollment staff will send a letter/text to the parent(s)/guardian to inform them about the application status.
- When an opening becomes available, the Enrollment staff will contact the parent/guardian to enroll.

Community Action Head Start and Early Head Start Program Options

Early Head Start: Home-Based Prenatal - 3 years old	Early Head Start: Center-Based 6 weeks – 3 years old	Head Start: Center-Based Duration 3 – 5 years old
<ul style="list-style-type: none"> Weekly home visits and twice-monthly socialization events are offered for families and children from September to August. Prenatal services are also available to those who are pregnant. <p>No transportation available</p>	<ul style="list-style-type: none"> Schedule: The program runs Monday–Friday, 8:00 AM – 3:00 PM daily for 199 contact days from September to August. Location: Hillsboro Child Development Center <p>No transportation available</p>	<ul style="list-style-type: none"> Schedule: The program runs Monday–Friday, 6 hours and 45 minutes daily from September to May. Class times vary by location. Multiple Locations: Classrooms in public schools across Washington County, plus St. Andrew Lutheran Church, Beaverton Child Development Center, and Hillsboro Child Development Center. <p>Very limited transportation</p>

OTHER COMMUNITY ACTION SERVICES AND RESOURCES



Heat or Electricity is Shut Off

Contact the **Utility Assistance** program and leave a message:
(503) 615-0771

Emergency Food Assistance

For a food box, contact the **Hillsboro Family Shelter**:
(503) 726-0812

Help Paying Utility Bills

Contact the **Utility Assistance** by visiting our website:
www.caowash.org

Career Development for SNAP Recipients

Contact the **Family Development** Career Coach at:
careerboost@caowash.org

Interested in Opening a Child Care Business, Providing Child Care, and/or Professional Development Opportunities in Early Childhood Education

Contact the **Child Care Resource & Referral** program:
(971) 223-6100 or crr@caowash.org

Financial Education Classes

Contact the **Family Development** program:
(503) 726-0823 or ida@caowash.org

Experiencing Homelessness

If you are homeless or will lose your housing within 30 days, contact **Community Connect**:
(503) 640-3263 or
communityconnect@caowash.org

Eviction Prevention or Behind on Rent

Contact the **Emergency Rent** program:
(503) 615-0770

Home Energy Upgrades and Heating, and Health & Safety Repairs

Contact the **Energy Conservation** program:
(503) 906-6550 weatherization@caowash.org

Prenatal Care, Parenting Support, and/or Home Visiting Services

Contact the **Help Me Grow** program:
(503) 726-0879 or helpmegrow@caowash.org