

Does your child show signs of the following? (Please Circle)

Speech/Language Impairment	Visual Impairment/ Blindness	Hearing Impairment/ Deafness	Mental Impairment
Serious Emotional Disturbance	Impairment of Motor Function	Health Impairment (explain) _____ _____	
Has your child been screened or referred by another agency?		Yes	No
If yes, please tell us who saw your child and the reason why. _____ _____			

MOTHER (or legal guardian) In case of guardianship or divorce, please provide legal records (such as court order or divorce papers).

Name _____
First Name Middle Initial Last Name

If address is different from child:

Address: _____
Street

Town/City State Zip Code

Home Phone # (_____) _____ Work Phone # (_____) _____

Message Phone #(_____) _____

I am the child's (Circle One): Birth Parent Adoptive Parent Foster Parent Step Parent

Grandparent Aunt Sibling Step/Half Sibling Godparent Other Relative Not Related

Date of Birth: ____/____/____ Social Security # ____-____-____

What is your ethnicity (Please Circle)

Hispanic or Latino origin

Non-Hispanic or Non-Latino origin

What is your race? (Please Circle) American Indian/Alaskan Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

Biracial/Multiracial

Other _____

What is the last grade of school you completed (Circle One): 0-8th Grade 9th-12th Grade High School Graduate

GED Some College Associates Degree Technical Certificate College Graduate

Marital Status (Circle One): Single Married Separated Divorced Widowed

Where Do You Work:

Employer's Name _____

Address City State Zip

Do you work? Full-time Part-time

Do you attend school? Yes No If yes, do you attend school: Full-time Part-time

FATHER (or legal guardian) In case of guardianship or divorce, please provide legal records (such as court order or divorce papers).

Name _____
First Name Middle Initial Last Name

If address is different from child:

Address: _____
Street

_____ Town/City State Zip Code

Home Phone # (_____) _____ Work Phone # (_____) _____

Message Phone #(_____) _____

I am the child's (Circle One): Birth Parent Adoptive Parent Foster Parent Step Parent

Grandparent Uncle Sibling Step/Half Sibling Godparent Other Relative Not Related

Date of Birth: ____/____/____ Social Security # ____-____-____

What is your ethnicity? (Please Circle) Hispanic or Latino origin Non-Hispanic or Non-Latino origin

What is your race? (Please Circle) American Indian/Alaskan Native
Asian Black/African American Native Hawaiian/Pacific Islander
White Biracial/Multiracial Other _____

What is the last grade of school you completed (Circle One): 0-8th Grade 9th-12th Grade High School Graduate
GED Some College Associate Degree Technical Certificate College Graduate

Marital Status (Circle One): Single Married Separated Divorced Widowed

Where Do You Work:

Employer's Name

Address City State Zip

Do you work? Full-time Part-time

Do you attend school? Yes No If yes, do you attend school: Full-time Part-time

Is there anything you would like for us to know about your child or family? _____

How did you hear about Head Start? _____

TELL US ABOUT OTHER PEOPLE WHO LIVE IN YOUR HOME FULL-TIME

First Name	Last Name	Birthdate	Relationship To Applying Child	Last Grade of School Completed

O.V.O. Head Start offers both part day and full day programs in some areas. To be eligible for **full day** Head Start, you must meet the eligibility requirements of the part day regular Head Start program. You also will need to meet priority requirements such as parents working or going to school at least part time.

Which program would you most likely be interested in? Full Day Part Day

Proof of income must be turned in with this application in order to be processed. If family has more than one source of income, **we must see proof of ALL income.** A copy of last year's tax return or W-2 form may be turned in **OR** your family's income from the last month (copy of your check stubs or your employee wage statements). Income may include unemployment, TANF, child support, SSI, retirement, self-employment, etc.

Total Family Income \$ _____ for 12 months OR
\$ _____ for the last 3 months.

I certify that all information in this application is true and correct to the best of my knowledge and I authorize verification of the information I have provided. I understand that I could be prosecuted for providing false information.

 Signature of Legal Parent/Guardian

 Date

How many household members have health insurance/Medicaid? _____			
Does your child receive WIC? Yes	No	Does your family receive food stamps? Yes	No
Is your household receiving TANF? Yes	No	Have you recently gone off of TANF? Yes	No
Tell us about your housing. Do you: Rent Own/Buying Homeless Other _____			
Do any of the following describe anyone living in your home? Please circle those that you see in your family.			
Domestic Violence	Substance Abuse	Alcoholism	Mental Abuse Foster Child
Illiteracy (cannot read)	5 or more Children In our Home	Child is a Ward of Court	Parent/Sibling with w/Documented Disability
Unsafe/Unstable Living Conditions	Chronic Illness of Permanent Household Member	Parent/Guardian participates in Literacy/JOBS Program	
Absent/Deceased Parent	No English Spoken In Home	Homelessness	