

## UCAN Head Start/Early Head Start

2018-2019 Pre-Application

Cover Letter & Instructions (Pre-Application is attached)



### How to Apply

If you would prefer to complete an online application, rather than returning this form, please go to [www.ucancap.org](http://www.ucancap.org) and click on the online application under the *need help...* → *getting HS services tab*

Please read this pre-application carefully and fill it out completely. **If you need help in completing this form, or have any questions, please call us at 541-673-6306.** Return form ASAP to the address below. **Keep this cover letter for quick access to our phone/fax and address.**

### What Happens Next?

**When we receive your pre-application:**

- ➔ An intake worker will call you and set up an eligibility interview (unless done when you turned in the app)
- ➔ At the interview, we will collect the required documentation and complete the application process
- ➔ When we have an opening for your child, we will contact you to complete the registration process
- ➔ You should make sure that your child's Well Child/Baby Checks, Dental exams (HS only), and Immunizations are up to date or scheduled

### What to Bring to the Intake Appointment

**We MUST have the ★ Red Starred documents listed below to process the application. Bring these to the interview**

- ★ **INCOME:** We need proof of income as outlined on the Family Income Worksheet
- ★ **PROOF OF BIRTH/PREGNANCY:** Include birth certificate or other legal document *with the child's name and date of birth printed. If you a pregnant mother, please send a doctor's note or other form of verification of pregnancy*
- ★ **SHOT RECORD:** Please send your child's shot record, it's Head Start's expectation that all shots are up to date
- ➔ You may bring in these items to intake or return at a later date. We are able to process the application without them:
- ➔ **Community Referral:** If a doctor, service agency or other has written a referral, please attach or have them send it in.
- ➔ **Medical Diagnosis:** If applying pregnant mom or applying child diagnosed with chronic condition include documentation.
- ➔ **Legal Documents:** For custody, power of attorney, restraining orders or any pertinent legal actions, send documents.

### **WE MUST BE ABLE TO REACH YOU!**

**If you move or change your phone number after completing this application, please notify us.**

*If your phone is out of minutes, we may try to contact you via FaceBook, with your consent (see pre-app)*

***Submitting this application does not ensure enrollment.***

***Applications are prioritized based on need.***

Please mail or drop the application off at 948 SE Roberts Ave., Roseburg, OR 97470

Or Fax to 541-492-1663. *Questions?* 541-673-6306/800-320-6306

Si necesita una aplicación en Español, por favor llame al 541-391-3770

## What is Head Start?

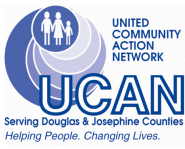
Head Start is a comprehensive **preschool** program serving families with low-income. Children receive education services to increase their school readiness. Parents are assisted in overcoming barriers to self-sufficiency. Head Start works with the entire family and offers all family members opportunities to develop to their full potential. We provide a positive, respectful environment for growth and awareness for both parents and children. UCAN Head Start serves families in communities throughout Douglas County with children ages 3 and 4 by Sept. 1, 2017.

## What is Early Head Start?

Early Head Start provides 2 options: **Home-Based** service which provides service through weekly home visits. The home visitor provides child-focused visits promoting the parents' ability to support the child's development. Twice a month, the families come together as a group for learning, discussion, and social activity. **Center-Based** service is designed for families who have both parents working outside the home, actively seeking employment, in school or in recovery programs. Children receive 6.25 hours of care and instruction during the work week. Parents self-transport their children to the center. In both programs, parents are assisted in overcoming barriers to self-sufficiency. Early Head Start works with the entire family and offers family members opportunities to develop to their full potential. We provide a positive, respectful environment for growth and awareness for both parents and children. UCAN Early Head Start serves the families of pregnant moms and children aged zero-three in communities throughout Douglas County.

Please mail or drop the application off at 948 SE Roberts Ave., Roseburg, OR 97470

Or Fax to 541-492-1663. *Questions?* 541-673-6306/800-320-6306



**UCAN Head Start/Early Head Start/Healthy Start 2018-2019 Pre-Application for Enrollment**

948 SE Roberts Ave. Roseburg OR 97470 \* 541-673-6306 / 800-320-6306 / FAX: 541-492-1663

Please fill out the form completely and accurately. All information will be kept confidential. Information is used to help us determine if your family is eligible for Head Start/Early Head Start services and to prioritize your application



Did you apply LAST YEAR? Y N      Applying for a foster child Y N CW Name

**General Information (the home in which this child/pregnant mom lives)**

Living Address	Apt. #	City	State	Zip
OR				

Mailing Address (if different)	Apt. #	City	State	Zip
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✓ Primary	Phone Number	Phone Type (HOME, CELL, WORK)

May we text your cell number? Y / N      Make we contact you via FB if not able to reach by phone Y / N

Email address:

**Child's Information (Pregnant moms, please fill out for unborn baby)**

First	Last	Middle
Date of Birth or child's due date / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> undetermined	<input type="checkbox"/> Hispanic or Latino Origin <input type="checkbox"/> Non-Hispanic or Latino Origin

Race (check all that apply)  American Indian  Asian  Black/African American  Multi/Bi-racial  White  
 Native Hawaiian/Pacific Islander  Other \_\_\_\_\_

Is English the primary language of the child?  Yes  No List other language spoken \_\_\_\_\_

**Parent/Guardian— Living in the home with applied Child**

First	Last	Middle	Birthday	Gender
Relationship to Child _____ Are you a pregnant mother applying Y / N If yes, High Risk Pregnancy? Y/N				

Employment Status: (circle one)  
 Full Time    Full time & training    Part Time    Part time & training    Retired    Disabled    Training or School  
 Seasonally Employed    Stay at home Parent    Seeking employment

**Parent/Guardian \* Related by blood, marriage or adoption**

First	Last	Middle	Birthday	Gender
Relationship to Child _____ Same address as child? Y / N Are you a pregnant mother applying Y / N High Risk? Y/N				

Address (if different) \_\_\_\_\_ Phone Number \_\_\_\_\_

Employment Status: (circle one)  
 Full Time    Full time & training    Part Time    Part time & training    Retired    Disabled    Training or School  
 Seasonally Employed    Stay at home Parent    Seeking employment

A family is all people living in the same household who are supported by the income of the parent(s) or guardian(s) of the child applying to Head Start/Early Head Start and related to the parent(s) or guardian(s) by blood, marriage, or adoption

**Family Members living in the household (include the applicant) (See explanation above)**

Name	M / F	Birthdate	Relationship to Applicant	Language spoken/Race

**Other Household Members (Not financially supported by applicant's parent/guardian, but living in the home):**

Name	M / F	Birthdate	Relationship to Applicant	Language spoken/Race

**CIRCUMSTANCES (CHECK ALL THAT APPLY)**

- |                                                                                           |                                                                                       |
|-------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Family Member has a diagnosed Medical condition                  | <input type="checkbox"/> Applied Child has a diagnosed disability (IFSP / ECSE)       |
| <input type="checkbox"/> A parent is incarcerated/parole/probation                        | <input type="checkbox"/> Parent absent from home due to military deployment           |
| <input type="checkbox"/> Family has been affected by alcohol/drug use with the last 2 yrs | <input type="checkbox"/> Parent does not have a HS diploma or GED                     |
| <input type="checkbox"/> Parent was under the age of 18 at the birth of this child        | <input type="checkbox"/> Parent is unemployed and seeking employment                  |
| <input type="checkbox"/> Child exposed to Drugs/alcohol/tobacco during pregnancy          | <input type="checkbox"/> Family is in need of High Quality Child Care                 |
| <input type="checkbox"/> Family is affected by domestic violence last 2 yrs               | <input type="checkbox"/> Child has a diagnosed medical condition _____                |
| <input type="checkbox"/> Child abuse or neglect last 2 yrs                                | <input type="checkbox"/> Family has experienced divorce/separation within 2 yrs       |
| <input type="checkbox"/> Family has experienced Homelessness within the last 2 yrs        | <input type="checkbox"/> Child returned from foster care in last 2 yrs                |
| <input type="checkbox"/> Child previously attended a HS/EHS program _____                 | <input type="checkbox"/> Child received low APGAR scores                              |
|                                                                                           | <input type="checkbox"/> Death of a loved one that affects the family with last 2 yrs |

I have concerns for my child in

- Speech    Development    Behavior    Mental Health    Other \_\_\_\_\_
- Child has dietary restrictions (please specify) \_\_\_\_\_
- Child receives services from another agency (mental health, CDRC, FDC, NFP, etc.) Agency name \_\_\_\_\_

**Affirmation:** Under penalty of Perjury, I affirm that I am the parent or legal guardian of the child applying for Head Start/Early Head Start, and that to the best of my knowledge, all of the information that I have provided is complete and correct. I further understand that this is an application for services that are paid for with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in disenrolling my child from Head Start/Early Head Start and could have serious legal consequences for me:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Parent/Guardian/Caretaker or \*Case Worker's**      **Date Signed**

**(\*If you are a FOSTER PARENT or DHS is the legal guardian, you will need to have the application signed by your caseworker or provide Placement Papers at the intake appointment )**

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, audiotape, American Sign Language, etc.), 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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: (1) mail: U.S. Department of Agriculture; Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW; Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). Head Start, UCAN and USDA are equal opportunity providers and employers.

# Family Income Worksheet

Step 1 Is your family currently homeless? (Doubled up with others because you cannot find or afford housing; in a motel, shelter or abandoned building; on the streets; or in a car or abandoned building or child is living with a caregiver who is not the legal guardian)

- YES If yes, a form will be supplied at intake. Go to **STEP 7**  
 NO If no, go onto step 2

Step 2 Is the child in a state approved foster care placement?

- YES If yes, bring in proof of foster placement from DHS to intake. Go to **STEP 7**  
 NO If no, go onto step 3

Step 3 Does your family receive SSI? (Supplemental Security Income—Not Social Security)

- YES If yes, bring in current proof of SSI to intake. Go to **STEP 7**  
 NO If no, go onto step 4

Step 4 Does your family receive TANF (Temporary Assistance to Needy Families) or ERDC (Employment Related Daycare)?

- YES If yes, bring in current proof of TANF/ERDC to intake. Go to **STEP 7**  
 NO If no, go onto step 5

Step 5 If your family has had earned income this year, what is your estimated Gross Annual Income? \_\_\_\_\_ Please mark the documentation that you will bring in with you to intake. All income must be reported for all parent/guardians who are living with the child. You do not need to report income of other family members who live in the household, or for a parent/guardian who does not live with the child. **If you had no income for the past 12 months or last calendar year, go to step 6**

- 1040 Tax Return  
 W2 form(s) all W2 forms issued for year  
 Pay stubs (for all pay periods during the past 12 months or last calendar year)  
 Unemployment statement or printout (we can assist you with this at intake)  
 Child support statement or history (we can assist you with this at intake)  
 Financial aid or scholarship Award letters (not student loans)  
 Other (specify) \_\_\_\_\_

Step 6 If you had no income for the past 12 months, a form will be provided at intake, please bring names and contact information of individuals that can attest to this statement and be prepared to explain how you and your child were supported for each of the last twelve months.

Step 7 Sign and date to indicate that you declare the above information to be true and correct. We will review this information at the intake appointment.

Name of Parent/Guardian/Caretaker (Print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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948 SE Roberts Ave.  
Roseburg, OR 97470  
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