Early Childhood Program

Community Action Committee of Pike County
941 Market Street, P.O. Box 799 Piketon, Ohio 45661
(740) 289-2371 Office (740) 289-1321 Fax

Thank you for your interest in the Early Childhood Program. We look forward to serving you and your family. In order to fulfill the eligibility guidelines required for participation in Early Head Start / Head Start / Early Childhood Education, the following information is required.

Please bring in or mail the following checked items with your application:

- ☐ Verification of household income
  - Most current federal tax form
  - Income/benefit verification letter from Social Security
  - Ohio Works First temporary cash assistance (OWF) verification
  - Child support payment data for the previous 12 months
  - SNAP Verification (current approval letter Head Start Only)
- ☐ Certified copy of birth record for your child
- ☐ Social Security Card for your child
- ☐ Health insurance card for your child
- ☐ Most recent (within past 12 months) physical exam for your child
- ☐ Up-to-date immunization record for your child
- ☐ Any/all legal documents regarding the child
  - Divorce decree
  - Separation agreement
  - Shared parenting plan
  - Civil and/or criminal protection order (CPO / TPO)
  - Minor child power of attorney form
  - Foster care verification letter

If your child has not had a physical and dental exam in the past 12 months, please call now to get your child scheduled. Your child will be required to have a physical and dental exam.

We also need the names and addresses of at least two emergency contacts that may get your child off the bus or pick them up from school in the event of an emergency.

If you have any questions or concerns, please contact me at (740) 289-2371 ext. 7006.

Sincerely,

Kristi Maust

Kristi Maust
Enrollment Coordinator

EARLY CHILDHOOD PROGRAM

COMMUNITY ACTION COMMITTEE OF PIKE COUNTY
941 Market Street, Piketon, OH 45661
(740) 289-2371 ▪ Fax (740) 289-1321 ▪ http://www.pikecac.org

Program Application

Please fill in the form completely and accurately. All information will be kept confidential. It will be used to help us determine if your family is eligible for Early Head Start or Head Start services and to prioritize your placement on the waiting list.

If you have any questions about this application please call us at 740-289-2371. **We will be glad to help!**

Child's Name:_______________________________ Date of Birth:_______________
First, Middle, Last

City and State of Birth: _______________ Mother's Maiden Name: _______________________

Sex: ☐ Male ☐ Female

What language does your child speak most fluently: ☐ English ☐ Spanish ☐ Other _______________

What other language does your child speak: ☐ None ☐ _______________

Race: ☐ White ☐ Black ☐ Bi/Multi Racial ☐ Hispanic ☐ Asian ☐ American Indian ☐ Alaskan

Primary Adult

Name**:**_______________________________
First, Middle, Last

Date of Birth: _______________ Relationship to Child: _______________________
(Example: Mother, Father, Foster Parent, grandparent, etc.)

Home: _______________ _______________ _______________
Address City Zip

Mail (if different): _______________ _______________ _______________
Address City Zip

Telephone: _______________ _______________ _______________ _______________
Home Cell Work Message

Highest level of education completed: ☐ Some high school ☐ GED ☐ High School Diploma
☐ Some college ☐ Bachelor degree ☐ Other _______________

Are you currently employed?.. ☐ Yes ☐ No

Are you currently in training or attending school? .... ☐ Yes ☐ No

Other Adult

Name**:**_______________________________
First, Middle, Last

Date of Birth: _______________ Relationship to Child: _______________________
(Example: Mother, Father, Foster Parent, grandparent, etc.)

Home: _______________ _______________ _______________
Address City Zip

Mail (if different): _______________ _______________ _______________
Address City Zip

Telephone: _______________ _______________ _______________ _______________
Home Cell Work Message

Highest level of education completed: ☐ Some high school ☐ GED ☐ High School Diploma
☐ Some college ☐ Bachelor degree ☐ Other _______________

Are you currently employed?.. ☐ Yes ☐ No

Are you currently in training or attending school? .... ☐ Yes ☐ No

Are you now or have you ever been married to the child's father/mother?.. ☐ Yes ☐ No

Have any legal documents ever been filed for custody, shared parenting, power of attorney, restraining order, etc. regarding this child?.. ☐ Yes ☐ No

Active Military?.. ☐ Yes ☐ No

Military Veteran?.. ☐ Yes ☐ No

Family Size and Income

Family Size

In order to determine if your family is at or below the Federal poverty guidelines, we must know how many people are living in your household, as well as your family income. For our purposes, a family is "…all persons living in the same household who are (1) supported by the income of the parent(s) or guardian(s) of the child enrolling in the program, **and** (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption."

Please list all people in the household (including the child being applied for). If you need more room, use another sheet of paper.

	Name (First, Middle, Last)	**Relationship to Child**	**Date of Birth**
1)	______________________	______________________	____________
2)	______________________	______________________	____________
3)	______________________	______________________	____________
4)	______________________	______________________	____________
5)	______________________	______________________	____________
6)	______________________	______________________	____________

☐ **Single Parent Family** ☐ **Two-Parent Family** ☐ **Foster Parent(s)**

Automatic Eligibility

Is your family receiving TANF or SNAP benefits?.. ☐ Yes ☐ No

(TANF benefits include on-going TANF cash grant, PRC, and other TANF-funded benefits and services as well as SNAP benefits for HS only. (Medical Card or Emergency Assistance are not included.)

Are you or anyone in your family receiving Supplemental Security Income (SSI)?....................................... ☐ Yes ☐ No

(If you have any questions about the type of Social Security you are receiving, please call the Social Security Office at 1-800-772-1213.)

Is this application for a foster child placed with you through the State of Ohio? .... ☐ Yes ☐ No

Is your family **currently** Homeless? .... ☐ Yes ☐ No

(living temporarily in shelters, hotels, or vehicles; or moving frequently between the homes of relatives and friends)

Income

Estimated Annual Gross Income: $__________________.00

Income *(see definition below)* must include the total income of all members of the family listed above for either the past twelve months or for the previous calendar year, **whichever more accurately reflects your family's current situation.**

I HAVE ENCLOSED ONE OF THE FOLLOWING REQUIRED DOCUMENTS FOR INCOME VERIFICATION

☐ Pay Stubs (12 months) ☐ Individual Income Tax Form 1040

☐ W-2 Forms ☐ Written Statement from Employer/Pay Envelopes

I HAVE ENCLOSED ONE OF THE FOLLOWING ADDITIONAL TYPES OF INCOME VERIFICATION

☐ Unemployment Information ☐ Child Support Information

☐ Social Security Benefits ☐ Financial Aid Award Letter

HEAD START PROGRAM DEFINITION OF INCOME: Income means total cash receipts before taxes from all sources, with certain exceptions. Income includes: (1) money, wages or salary before deductions; (2) net income from non-farm or farm self-employment; (3) social security or railroad retirement; (4) unemployment compensation, strike benefits, workers' compensation, veterans benefits, or public assistance; (5) training stipends; (6) alimony, child support, military family allotments, other regular support from absent family member or someone not living in the household; (7) private pensions, government pensions including military retirement, insurance or annuity payments; (8) college scholarships, grants, fellowships, assistantships; (9) dividends, interest, net rental income, net royalties, receipts from estates or trusts; (10) net gambling or lottery winnings.

Other Assistance

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

☐ Food Stamps ☐ WIC ☐ Subsidized Child Care ☐ None

Priority

The following information will be used to prioritize your placement on the waiting list. **Please check all that apply.**

DIAGNOSED DISABILITIES/MEDICAL ISSUES

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

☐ ADHD/ADD
☐ Asthma
☐ Diabetes
☐ Hearing impairment
☐ Communication disorder
☐ Behavioral disorder
☐ Other ____________________________
☐ Heart condition
☐ Seizure disorder
☐ Traumatic brain injury
☐ Autism
☐ Developmental delay
☐ Orthopedic impairment
☐ Visual Impairment

FAMILY CIRCUMSTANCES

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

Within the last 12 months

☐ Child abuse or neglect
☐ Divorce
☐ Domestic violence
☐ Drug or alcohol abuse
☐ Incarceration of a parent or guardian

Currently

☐ Military deployment
☐ Child is in foster care
☐ Child is in kinship care
☐ Other ______________________________

MEDICAL INFORMATION

Does your child currently have health insurance?........................ ☐ Yes ☐ No

Does your child have a physician/medical home?........................ ☐ Yes ☐ No

Does your child have a dental home?........................ ☐ Yes ☐ No

OTHER VOLUNTARY INFORMATION THAT MAY HELP US TO BETTER SERVE YOUR NEEDS:

Does your child have any food, medication, or environmental allergies? .... ☐ Yes ☐ No

Is your child currently using any medication or dietary supplement? .... ☐ Yes ☐ No

Does your child have any dietary restrictions for medical, religious, or cultural reasons?........................ ☐ Yes ☐ No

Is your child toilet trained? .... ☐ Yes ☐ No

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Program Options

Please review the program options below and indicate which would best meet your family's needs.

Child Care Program

Are you applying for Child Care?............ ☐ Yes ☐ No

- Designed for parents who are working, in job training, or attending school and need full-day/year-round child care
- Transportation is **not** provided
- Home visits throughout the year
- Open Monday – Friday 6:00 a.m. to 6:00 p.m.

Head Start

Are you applying for Head Start?............ ☐ Yes ☐ No

- Preschool educational experience combined with socialization
- Limited transportation available

Can you provide transportation for your child to attend? .... ☐ Yes ☐ No

Home Base Program Option

Are you applying for Home Base?............ ☐ Yes ☐ No

- Provides activities, educational material, encouragement, and support in your home
- Opportunity to attend socializations with other enrolled children twice per month
- Services are provided through 1½ hour weekly home visits

Would you need someone to come to your home to complete enrollment forms?.................................... ☐ Yes ☐ No

Affirmation

By signing, I certify that the information provided in this application is accurate and truthful to the best of my knowledge. I understand that incorrect information given by me on this form may lead to the dismissal of my child from the program. I hereby agree to limit any and all claims I may have against Community Action Committee of Pike County and its staff to the maximum coverage under the agency's liability insurance. I understand that I must provide proof of income before my child can be considered for the program.

______________________________	______________________	______________________
Parent or Guardian Signature	Social Security Number	Date Signed