South Coast Head Start & Early Head Start

The South Coast Head Start & Early Head Start programs provide comprehensive services to pregnant women and families with children throughout Coos, Curry and Coastal Douglas counties. South Coast Head Start is an equal opportunity provider. All services are provided at no costto enrolled families.

***Check all programs you are applying for and indicate the name of the person applying for services:***

 **HEAD START (AGES 3-5):**

**Please provide proof of the following with your application:**

1. Income **and**
2. Date of birth information

Date of Birth verification includes:

* Birth certificate
* Official shot/ immunization record from a doctor’s office
* DHS printout

Income verification includes:

* Pay stubs
* DHS printouts (TANF)
* Unemployment verification or last pay stub
* Statement from employer
* W-2
* Tax form

**[ ] Center Based Classes (Ages 3-5)** Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Available in Select Areas**
* *Preschool classes* Mon-Thurs. 3.5 hours per day throughout the school year.

**[ ] School Year (Ages 3-5)** Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Available in Select Areas**
* *Preschool classes* Mon-Thurs. 7.25 hours per day with Half Day Friday throughout the school year.

**[ ] Extended Day Class (Ages 3-5)** Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Available in Select Areas**
* *Preschool classes* Mon-Fri. 5.25 hours per day throughout the school year.

**[ ] Full-day Services (Ages 3-5)** Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Available in Select Areas**
* For working parents who have a need for child care during our center’s hours.
* Class times: 7:30am – 5:30pm Mon-Fri.

**EARLY HEAD START (AGES 0-3):**

**[ ] Full-day Services (6 weeks – 3 years)** Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Available in Select Areas**
* For working parents who have a need for child care during our center’s hours.
* Class times: 7:30am - 2:30pm and 7:30am – 5:30pm Mon-Fri.

**[ ] Home Based Services (prenatal – 3 years)** Applicant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Available in Select Areas**
* Weekly 1.5 hour home visits, where a teacher brings school and support to you.
* 2 Family group time gatherings a month

***If you need assistance completing this application please call***

**(541) 888-3717 or Fax 541-888-2877.**

**Applications may take up to 2 weeks to process**

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| --- |
| Return or mail applications to: **1855 Thomas Ave. Coos Bay, OR 97420**Or email to: **enroll@orcca.us** |

**This application is for Head Start WAITLIST ONLY and does not guarantee enrollment in the program. Applications are accepted year-round to fill vacancies as they occur. Waitlist priority in Head Start programs is based on child age, family income, disabilities, and other factors that demonstrate a need for services.**
SOUTH COAST HEAD START IS AN EQUAL OPPORTUNITY EMPLOYER

 5/20/19

Applicant & Family Member Information Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Participant *(Child or Pregnant Mom Applying for Services)* |
| First | M.I. | Last | Nickname | Birthday: *Please Provide Proof* | Gender |
|  |  | [ ]  Male[ ]  Female |
| Race | Ethnicity | Primary Language | Do you prefer information provided in a language other than English? | ***Transportation Needed*** |
| [ ]  Asian [ ] American Indian/Alaska Native[ ]  Black [ ] Hawaiian/Pacific Islander [ ]  White [ ] Multi-Racial [ ]  Other:  | [ ]  Hispanic[ ]  Non-Hispanic |   | [ ]  Yes [ ]  No Language: . | [ ]  Yes [ ]  No  |
| Health Insurance | OHP/Healthy Kids | Doctor | Dentist | **Pregnant Moms Only**  |
|  | [ ]  Not Eligible[ ]  Enrolled[ ]  Applying |       |        | **[ ]  Pregnant Mom & *Due Date*:\_\_\_\_\_\_****High risk pregnancy?** **[ ]  Yes** **[ ] No****Date of first Doctor visit: \_\_\_\_\_\_\_\_\_\_\_** |
| Please list all other children in household *- Is this child also applying for services?*  *[ ]* Yes [ ] No(Use an additional sheet of paper, if needed, to list other members, children/adults, in household) |
| First | M.I. | Last | Nickname | Birthday: *Please Provide Proof* | Gender |
|  |  | [ ]  Male[ ]  Female |
| Race | Ethnicity | Primary Language | Do you prefer information provided in a language other than English? | ***Transportation Needed*** |
| [ ]  Asian [ ] American Indian/Alaska Native[ ]  Black [ ] Hawaiian/Pacific Islander [ ]  White [ ] Multi-Racial [ ]  Other:  | [ ]  Hispanic[ ]  Non-Hispanic |   | [ ]  Yes [ ]  No Language: . | [ ]  Yes [ ]  No  |
| Health Insurance | OHP/Healthy Kids | Doctor | Dentist | **Pregnant Moms Only** |
|  | [ ]  Not Eligible[ ]  Enrolled[ ]  Applying |       |        | **[ ]  Pregnant Mom & *Due Date*:\_\_\_\_\_\_****High risk pregnancy? [ ]  Yes [ ] No****Date of first Doctor visit: \_\_\_\_\_\_\_\_\_\_\_** |
| Adult 1 |
| First | M.I. | Last | Birthday | Gender |
|  |       | [ ]  Male[ ]  Female |
| Race | Ethnicity  | Primary Language(s) | Do you prefer information provided in a language other than English? |
| [ ]  Asian [ ] American Indian/Alaska Native[ ]  Black [ ] Hawaiian/Pacific Islander [ ]  White [ ] Multi-Racial [ ]  Other:  | [ ]  Hispanic[ ]  Non-Hispanic  |  | [ ]  Yes [ ]  No  Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Highest Grade Completed | ***Check all that Apply:*** | Relationship | Custody | Individual: |
| [ ]  Grade/Diploma\_\_\_\_\_\_\_\_\_[ ]  Associates[ ]  Bachelors or higher[ ]  Other Training/Cert. | [ ]  Full Time [ ]  Unemployed [ ]  Part Time [ ]  Retired/Disabled[ ]  Seasonal [ ]  Training/School | [ ]  Natural/Adopted/Step[ ]  Grandchild[ ]  Foster[ ]  Other | [ ]  Yes[ ]  No [ ]  Shared  | [ ]  Lives with Applicant [ ]  Provides Financial Support  |
| **Adult 2** |
| First | M.I. | Last | Birthday | Gender |
|  |       | [ ]  Male[ ]  Female |
| Race | Ethnicity | Primary Language(s) | Do you prefer information provided in a language other than English? |
| [ ]  Asian [ ] American Indian/Alaska Native[ ]  Black [ ] Hawaiian/Pacific Islander [ ]  White [ ] Multi-Racial [ ]  Other:  | [ ]  Hispanic[ ]  Non-Hispanic |  | [ ]  Yes [ ]  No  Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Highest Grade Completed | ***Check all that Apply:*** | Relationship | Custody | Individual:  |
| [ ]  Grade/Diploma\_\_\_\_\_\_\_\_\_[ ]  Associates[ ]  Bachelors or higher[ ]  Other Training/Cert. | [ ]  Full Time [ ]  Unemployed [ ]  Part Time [ ]  Retired/Disabled[ ]  Seasonal [ ]  Training/School | [ ]  Natural/Adopted/Step[ ]  Grandchild[ ]  Foster[ ]  Other | [ ]  Yes[ ]  No [ ]  Shared  | [ ]  Lives with Applicant [ ]  Provides Financial Support  |

|  |
| --- |
| Family Information |
| Living Address | Zip | City | State |  |
|  |  |  |  |  |
| Mailing Address (if different) | Zip | City | State |  |
|  |  |  |  |  |
| Housing Information: | Parental Status (check one) |
| 🞏 Rent | 🞏 Own | 🞏 Homeless | 🞏 Living in a temporary shelter | 🞏 Sharing housing due to hardship | 🞏 One Parent 🞏 Two Parent |
| Phone Numbers | Type (*check one*) | Note (*for example, an extension or best time to call*) | Check box to receive communication by text or email |
|  | 🞏 Cell 🞏 Home 🞏 Work 🞏 Other \_\_\_\_\_\_\_\_\_\_\_ |  |  *Yes Text* |
|  | 🞏 Cell 🞏 Home 🞏 Work 🞏 Other \_\_\_\_\_\_\_\_\_\_\_ |  |  *Yes Text* |
| *Email Address* |  |  |  *Yes Email* |
| Current Number in Household | Primary Language at Home | Referred by Child Welfare Agency | Military Family |
|  |  | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |
| Family Income (Required to complete application): *Please provide 12 months proof of Income* |
| \*TANF | Supplemental Security Income | WIC | WIC ID# | Receiving SNAP/ Food Stamps |
| 🞏 Yes 🞏 No 🞏 Formerly | 🞏 Yes 🞏 No | 🞏 Yes 🞏 No |  | 🞏 Yes 🞏 No |

*\_\_\_\_\_ South Coast Head Start is participating in an Early Learning outreach project to help support coordinated enrollment for waitlisted children and families. An outreach specialist may connect with you about other services available to your child and family. If you do not want to have your family's information exchanged with the outreach project, please initial.*

|  |
| --- |
|  Thank you for completing this application for South Coast Head Start. Your application will be processed in a timely manner when it is received by our enrollment specialist (ERSEA). **When a spot in our program opens up we will review the waitlist and make an enrollment selection based on the selection criteria that is set by our Policy Council, using the information from the applications.** If you have any questions please call South Coast Head Start 541-888-3717.  ***I understand this is an application for Head Start WAITLIST ONLY and does not guarantee enrollment in the program. I understand that not every South Coast Head Start program option will be available in all service areas. All information is confidential. I also understand that I must keep Head Start informed of any changes of address, phone number, or classroom placement needs. I am legally responsible for this child.***  |

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