

**HHWP CAC Head Start  
2024-2025 Application**

**Child's Name** \_\_\_\_\_ **Sex** M or F **Birthdate** \_\_\_\_\_  
(First Middle Last)

**Address** \_\_\_\_\_ **PO Box** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**County** \_\_\_\_\_ **Language child speaks at home** \_\_\_\_\_

**Preferred Site:**

**Mark 1<sup>st</sup>/2<sup>nd</sup>/3<sup>rd</sup> choice**

Findlay: \_\_\_\_\_ Full Day \_\_\_\_\_ AM Part Day \_\_\_\_\_ PM Part Day  
Kenton: \_\_\_\_\_ Full Day \_\_\_\_\_ AM Part Day \_\_\_\_\_ PM Part Day  
Upper Sandusky: \_\_\_\_\_ Full Day  
Angeline: \_\_\_\_\_ Full Day  
Forest: \_\_\_\_\_ Full Day  
Ottawa: \_\_\_\_\_ Full Day

**Who has legal custody of this child?** \_\_\_\_\_

**Are there custody, visitation, or foster care court orders for this child?**  Yes  No

**Were parents legally married when this child was born?**  Yes  No

**Child's Parents/Guardians are now:** \_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Widowed \_\_\_ Living Together \_\_\_ Single Parent

**List all people in your home:**

Name	Date of Birth	Relationship to <u>Custodial</u> Parent/Guardian(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Alternate or Emergency Contact:**

Name	Address	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

**How did you hear about Head Start?** \_\_\_\_\_

**Has this child ever attended a different Head Start Program or another preschool?** \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_ Biological \_\_\_ Adopted \_\_\_ Foster \_\_\_ Guardian \_\_\_ Other \_\_\_\_\_ \_\_\_ Male \_\_\_ Female

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Accept text: \_\_\_ Yes \_\_\_ No

Which languages can you: Speak \_\_\_\_\_ Understand \_\_\_\_\_ Read \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Employer \_\_\_\_\_  Full Time  Part Time Phone \_\_\_\_\_

Highest grade completed: (circle one) 9<sup>th</sup>/10<sup>th</sup>/11<sup>th</sup> Grade \_\_\_ HS diploma/GED \_\_\_ Some college  
\_\_\_ Associate's Degree \_\_\_ Bachelor's Degree \_\_\_ Master's Degree

Are you currently in school or training?  Yes  No

Parent/Guardian Name \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_ Biological \_\_\_ Adopted \_\_\_ Foster \_\_\_ Guardian \_\_\_ Other \_\_\_\_\_ \_\_\_ Male \_\_\_ Female

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Accept text: \_\_\_ Yes \_\_\_ No

Which languages can you: Speak \_\_\_\_\_ Understand \_\_\_\_\_ Read \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Employer \_\_\_\_\_  Full Time  Part Time Phone \_\_\_\_\_

Highest grade completed: (circle one) 9<sup>th</sup>/10<sup>th</sup>/11<sup>th</sup> Grade \_\_\_ HS diploma/GED \_\_\_ Some college  
\_\_\_ Associate's Degree \_\_\_ Bachelor's Degree \_\_\_ Master's Degree

Are you currently in school or training?  Yes  No

Legal Step-Parent Name \_\_\_\_\_ DOB \_\_\_\_\_ \_\_\_ Male \_\_\_ Female

Cell Phone: \_\_\_\_\_ Accept text: \_\_\_ Yes \_\_\_ No

Employer \_\_\_\_\_  Full Time  Part Time Phone \_\_\_\_\_

Language Spoken \_\_\_\_\_ Understood \_\_\_\_\_ Read \_\_\_\_\_ In school/training?  Yes  No

Highest grade completed: (circle one) 9<sup>th</sup>/10<sup>th</sup>/11<sup>th</sup> Grade \_\_\_ HS diploma/GED \_\_\_ Some college  
\_\_\_ Associate's Degree \_\_\_ Bachelor's Degree \_\_\_ Master's Degree

**Parent/Step-parent/Guardian's Work History**

Parent Name	List all Employers in 2023	Date Started	Dated Ended	Gross Pay <i>(before taxes)</i>

If at any time in the year 2023, a parent in the home had no income, complete this box.

Parent Name	Dates (month/day/year) to (month/day/year)	Explain Lack of Income (unemployed, did not work, med leave, etc.)
	to	
	to	
	to	

N/A

If at any time in the year 2023, a parent in the home was self-employed or there is no record of income, complete this box.

Parent Name	Gross Amount	Dates (month/day/year) to (month/day/year)	Source of income/Reason no record of income
		to	
		to	
		to	

N/A

### Other Family Income

Check *yes* or *no* if anyone in the home received any of the income listed in 2023.

\_\_\_ Yes \_\_\_ No **Child Support:** Who receives: \_\_\_\_\_  
County: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No **Unemployment:** Who receives: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No **SSI:** (Supplemental Social Security): Who receives: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No **Social Security: (SSDI, Survivor's Benefits, SS Retirement)** Who receives: \_\_\_\_\_  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No **TANF/OWF (Cash Assistance):** Who receives: \_\_\_\_\_  
County: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No **Currently receive SNAP/Food Stamps**

\_\_\_ Yes \_\_\_ No **WIC**

\_\_\_ Yes \_\_\_ No **Student Grants:** (Money you received that was not paid directly to the school)  
Amount of cash received: \$ \_\_\_\_\_ Year received: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No **Student Loans:** (Student Loans are money you must pay back)  
Amount of cash received: \$ \_\_\_\_\_ Year received: \_\_\_\_\_

\_\_\_ Yes \_\_\_ No **Other income:** Explain: \_\_\_\_\_

If you have had very little or no income, please explain how you have obtained food and shelter for the past year: (lived with parents, recent separation, help with from family, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Housing Situation

(Check all that apply):

Living in your own home

Check one:  Own/Buying  Rent  Metro or Subsidized Housing

Living in the home of family or friends

Check all that apply:

- due to eviction or foreclosure of your old home
- due to lack of money to get/keep own home
- due to recent marital or family break-up
- to care for family member who needs help
- because we choose to, or it is our culture
- other (explain below)

Overcrowded/Substandard Housing

Child is in care of friends/relatives temporarily

Temporary Living Situation

Shelter

Homeless

Other (explain below)

**Please Explain Your Living Situation:**

---



---

## Family Circumstances

The following information is used to prioritize applications but is not a requirement. Please check all that apply.

Family Matter	Does this apply	If so, when
Absent Parent (due to work, military, illness, etc.)		
History of child abuse or neglect		
Current open case or investigation with Children Services		
Parent in jail/prison		
Legal issues		
Bankruptcy/Financial issues		
Developmental Disability (anyone in the home)		
Substance or Alcohol Misuse (current or past)		
Domestic violence		
Teen Parent		

Family Matter	Does this apply	If so, when
Serious family concerns		
Counseling		
Mental health concerns (depression, bipolar, schizophrenia, etc.)		
Serious illness in family		
Deceased parent		
Death in the family		
Parent served in military		
Parent/Guardian has a driver's license	Yes	No
Parent/Guardian has reliable transportation	Yes	No
Other:		

## Health Information

This information is used to ensure the safety and well-being of your child.

Health Information	YES	NO	Explain
Know or suspect a disability			
Current or previous IEP			
Mental health concerns			
Behavioral challenges (running away, hitting, throwing, biting)			
Toilet trained			
Does your child have a doctor?			Name:
Does your child have a dentist?			Name:
Health Insurance			<input type="checkbox"/> Private <input type="checkbox"/> Medicaid
Food allergies			Foods:
Medication allergies			Medication name:
Seasonal allergies			Allergy type:
Special health or medical condition (asthma)			List:
Currently taking medication			Medication name:
Special diet due to medical, religious, or cultural reasons			
Any other health concerns			

**Share any additional information that would be helpful for  
Head Start staff to know about your child.**

---



---



---



---



---

# Signatures & Release of Information

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

I give permission for HHWP CAC Head Start to exchange information with any school district, regarding IEP services if my child has a disability/suspected disability.

I give permission for HHWP CAC Head Start to exchange information with medical/dental providers/hospitals, as needed to follow up on any information provided on the Head Start physical and/or dental, or other Head Start forms regarding medical screenings, vision/hearing, iron/lead levels, allergies, and any special dietary concerns. This information could be used to provide for the safety and well-being of my child, and to determine the best way to provide quality services, and to meet funding requirements.

I give the HHWP CAC Head Start permission to verify any information contained in or needed to complete this Head Start application.

Medical providers, hospitals, employers, DJFS, Social Security, CSEA, other agencies, and other entities may release information to HHWP CAC Head Start for the purpose of verifying family income, immunization records, health information, date of birth, custody, and for the purpose of enrolling my child in the Head Start Program.

All information will be kept confidential and HIPAA rules will be followed.

I attest that all information in this application is true and all sources of income received in 2023 are listed on the application. By signing below I am affirming I am the child's legal parent or guardian.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

This release expires two years from the date of this signature unless revoked in writing.