

South Coast Head Start and Early Head Start

IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION PLEASE CALL

(541) 888-3717 or your Local Site

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

Family Information					
Living Address		Zip	City	State	
Mailing Address (if different)		Zip	City	State	
Housing Information:					Parental Status (check one)
<input type="checkbox"/> Rent	<input type="checkbox"/> Own	<input type="checkbox"/> Homeless	<input type="checkbox"/> Living in a temporary shelter	<input type="checkbox"/> Sharing housing due to financial hardship	<input type="checkbox"/> One Parent <input type="checkbox"/> 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
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes Text
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other			<input type="checkbox"/> Yes Text
Email Address				<input type="checkbox"/> Yes Email	
Current Number in Household	Primary Language at Home	Referred by Child Welfare Agency	Military Family	WIC	Receiving SNAP/ Food Stamps
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Veteran	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Income (Required to complete application): <i>Please provide 12 months proof of income</i>					
TANF		Supplemental Security Income			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly		<input type="checkbox"/> Yes <input type="checkbox"/> No			

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 we will review the waitlist and make an enrollment selection based on the selection criteria that is set by our Policy Council, using information from applications.** If you have any questions please call South Coast Head Start at 541-888-3717.

Please provide proof of the following with your application:

- 1) Income and
- 2) Date of birth information

<u>Date of Birth Verification Includes:</u>	<u>Income Verification Includes:</u>
<ul style="list-style-type: none"> • Birth Certificate • Official shot/Immunization record from a doctor's office • DHS printout 	<ul style="list-style-type: none"> • Pay stubs • DHS printouts (TANF/SNAP) • Unemployment verification or last pay stub • Statement from employer • W-2/Tax form

I understand this is an application for South Coast 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 South Coast Head Start informed of any changes of address, phone number, or classroom placement needs. I am legally responsible for this child.

_____ South Coast Head Start is participating with *Preschool Promise* and *Baby Promise* to help support coordinated enrollment for waitlisted children and families. You may be contacted 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.

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

*****Signature: _____ Date: _____**