4-18 AA

## 2018-2019

# O.V.O. Head Start
# FREE Pre-School

Head Start determines eligibility by a priority system including:

Child's Age (must be 3 or 4)
Family Income
Identified special needs of the child and/or family

The child **DOES NOT** have to be potty trained!

Applications may be turned in at your local O.V.O. Head Start or mailed to the address below:

O.V.O. Head Start
ATTN: Susan Cicenas
P.O. Box 625
Madison, IN 47250

If you have any questions or need help completing this application please call the following:

Administration office- 812-265-4877 Jennings County Center 812-346-8965
Jefferson County Center 812-265-8240 Scott County Center 812-752-7409

Applications CANNOT BE PROCESSED without the following information!

1. A completed application
2. A copy of your Child's Birth Certificate
3. Total Family Income- Include any of the following:

| | | |
|---|---|---|
| Most Recent Tax Return | Check Stubs | Employer Wage Statement |
| Workers Comp. | Alimony | Grant Awards |
| W-2s | TANF | SSI |
| Dividends | 1 time awards | Social Security |
| Unemployment | Strike Pay | Training Stipends |
| Self Employment | Child Support | Rental Income |
| Scholarships | Alimony | Veterans Benefits |
| Military Allotments | Lottery/Gambling | Interest |
| Royalities | Veterans Benefits | Estate or Trust |

If the Child is a Foster child/ Ward of State- include DCS letter.

If you DO NOT HAVE ANY INCOME please call the Enrollment Coordinator at 812-265-4877

Please notify us if your address or phone number changes!

*Susan Cicenas*

Susan Cicenas Enrollment Coordinator
Phone: 812-265-4877 Fax: 812-273-5950 Email: scicenas@ovoinc.org

| **Central Office Staff Use ONLY** | | | | |
|---|---|---|---|---|
| Date: | ☐ In person interview | | ☐ Phone Interview | Staff Initials: |
| Application complete? | ☐ Yes | ☐ No | *If no is checked, mark what info is needed below | |
| Info Needed ☐ Income | ☐ BC | ☐ Shot record | ☐ Insurance Card | ☐ Disability Info |
| ☐ Other | | | | |
| ☐ Accepted | ☐ Wait List | | ☐ Enrolled | ☐ Over Income |
| ChildPlus ID# | Application entered by: | | | Date: |

O.V.O. Head Start Application Year: 2018-2019

**Section A** ***Child Information ( Applying for services)***

| Full First Name: | Full Middle Name: | Full Last Name: | Suffix: |
|---|---|---|---|
| | | | |

| Preferred Name: | Birthday: | Gender: |
|---|---|---|
| | | ☐ Male ☐ Female |

| Race: | Hispanic: | Primary Language: | Secondary Language: |
|---|---|---|---|
| ☐ Asian ☐ Indian/Alaska Native<br>☐ Black ☐ Hawaiian/Pacific Islander<br>☐ White ☐ Bi or Multi-Racial<br>☐ Other | ☐ Yes<br>☐ No | <br>☐ Little<br>☐ Moderate<br>☐ Proficient | <br>☐ Little<br>☐ Moderate<br>☐ Proficient |

| Primary Health Coverage: | Health Coverage # | Medicaid: |
|---|---|---|
| | | ☐ Not Eligible<br>☐ Trying to get on |

**Section B** ***Primary Adult***

| Full First Name: | Full Middle Name: | Full Last Name: | Birthday: |
|---|---|---|---|
| | | | |

| Gender: | Health Insurance: | Lives with Child: | Custody: |
|---|---|---|---|
| ☐ Male ☐ Female | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

| Race: | Hispanic: | Primary Language: | Secondary Language: |
|---|---|---|---|
| ☐ Asian ☐ Indian/Alaska Native<br>☐ Black ☐ Hawaiian/Pacific Islander<br>☐ White ☐ Bi or Multi-Racial<br>☐ Other | ☐ Yes<br>☐ No | <br>☐ Little<br>☐ Moderate<br>☐ Proficient | <br>☐ Little<br>☐ Moderate<br>☐ Proficient |

| Highest Grade Completed: | Employment Status: | Relationship to Child: | Maritial Status: |
|---|---|---|---|
| ☐ Grade 9 or below ☐ GED<br>☐ Grade 10 ☐ Voc/Tech Cert.<br>☐ Grade 11 ☐ Associate's<br>☐ High School Grad ☐ Bachelor/Master<br>☐ Other | ☐ Full Time ☐ Retired<br>☐ Part Time ☐ Disabled<br>☐ Seasonal<br>☐ School<br>☐ Unemployed | ☐ Biological, Adopted, Stepchild<br>☐ Grandchild<br>☐ Niece/Nephew<br>☐ Foster<br>☐ Other | ☐ Single<br>☐ Married<br>☐ Separated/ Divorced<br>☐ Widowed<br>☐ Living Together |

| If employed: Where? | Email: |
|---|---|

**Section C** ***Secondary Adult***

| Full First Name: | Full Middle Name: | Full Last Name: | Birthday: |
|---|---|---|---|
| | | | |

| Gender: | Health Insurance: | Lives with Child: | Custody: |
|---|---|---|---|
| ☐ Male ☐ Female | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

| Race: | Hispanic: | Primary Language: | Secondary Language: |
|---|---|---|---|
| ☐ Asian ☐ Indian/Alaska Native<br>☐ Black ☐ Hawaiian/Pacific Islander<br>☐ White ☐ Bi or Multi-Racial<br>☐ Other | ☐ Yes<br>☐ No | <br>☐ Little<br>☐ Moderate<br>☐ Proficient | <br>☐ Little<br>☐ Moderate<br>☐ Proficient |

| Highest Grade Completed: | Employment Status: | Relationship to Child: | Maritial Status: |
|---|---|---|---|
| ☐ Grade 9 or below ☐ GED<br>☐ Grade 10 ☐ Voc/Tech Cert.<br>☐ Grade 11 ☐ Associate's<br>☐ High School Grad ☐ Bachelor/Master<br>☐ Other | ☐ Full Time ☐ Retired<br>☐ Part Time ☐ Disabled<br>☐ Seasonal<br>☐ School<br>☐ Unemployed | ☐ Biological, Adopted, Stepchild<br>☐ Grandchild<br>☐ Niece/Nephew<br>☐ Foster<br>☐ Other | ☐ Single<br>☐ Married<br>☐ Separated/ Divorced<br>☐ Widowed<br>☐ Living Together |

| If employed: Where? | Email: |
|---|---|

***Section D Additional Family Members living in the home full time***

| Full First Name: | Full Middle Name: | Full Last Name: | Birthday: |
| --- | --- | --- | --- |
| | | | |

| Gender: | Health Insurance: | Disabled: | Relationship to Child: |
| --- | --- | --- | --- |
| ☐ Male ☐ Female | ☐ Yes ☐ No | ☐ Yes ☐ No | |

| Race: | Hispanic: |
| --- | --- |
| ☐ Asian ☐ Indian/Alaska Native<br>☐ Black ☐ Hawaiian/Pacific Islander<br>☐ White ☐ Bi or Multi-Racial<br>☐ Other | ☐ Yes<br>☐ No |

| Full First Name: | Full Middle Name: | Full Last Name: | Birthday: |
| --- | --- | --- | --- |
| | | | |

| Gender: | Health Insurance: | Disabled: | Relationship to Child: |
| --- | --- | --- | --- |
| ☐ Male ☐ Female | ☐ Yes ☐ No | ☐ Yes ☐ No | |

| Race: | Hispanic: |
| --- | --- |
| ☐ Asian ☐ Indian/Alaska Native<br>☐ Black ☐ Hawaiian/Pacific Islander<br>☐ White ☐ Bi or Multi-Racial<br>☐ Other | ☐ Yes<br>☐ No |

| Full First Name: | Full Middle Name: | Full Last Name: | Birthday: |
| --- | --- | --- | --- |
| | | | |

| Gender | Health Insurance: | Disabled: | Relationship to Child: |
| --- | --- | --- | --- |
| ☐ Male ☐ Female | ☐ Yes ☐ No | ☐ Yes ☐ No | |

| Race: | Hispanic: |
| --- | --- |
| ☐ Asian ☐ Indian/Alaska Native<br>☐ Black ☐ Hawaiian/Pacific Islander<br>☐ White ☐ Bi or Multi-Racial<br>☐ Other | ☐ Yes<br>☐ No |

| Full First Name: | Full Middle Name: | Full Last Name: | Birthday: |
| --- | --- | --- | --- |
| | | | |

| Gender: | Health Insurance: | Disabled: | Relationship to Child: |
| --- | --- | --- | --- |
| ☐ Male ☐ Female | ☐ Yes ☐ No | ☐ Yes ☐ No | |

| Race: | Hispanic: |
| --- | --- |
| ☐ Asian ☐ Indian/Alaska Native<br>☐ Black ☐ Hawaiian/Pacific Islander<br>☐ White ☐ Bi or Multi-Racial<br>☐ Other | ☐ Yes<br>☐ No |

| Full First Name: | Full Middle Name: | Full Last Name: | Birthday: |
| --- | --- | --- | --- |
| | | | |

| Gender: | Health Insurance: | Disabled: | Relationship to Child: |
| --- | --- | --- | --- |
| ☐ Male ☐ Female | ☐ Yes ☐ No | ☐ Yes ☐ No | |

| Race: | Hispanic: |
| --- | --- |
| ☐ Asian ☐ Indian/Alaska Native<br>☐ Black ☐ Hawaiian/Pacific Islander<br>☐ White ☐ Bi or Multi-Racial<br>☐ Other | ☐ Yes<br>☐ No |

| ***Section E*** | ***Family Information*** | | |
|---|---|---|---|
| Living Address:<br>Address:<br>City: IN Zip:<br>County: | Mailing Address:<br>Address:<br>City: IN Zip:<br>County: | Housing:<br>☐ Own/Buying<br>☐ Rent<br>☐ Other | |

| Phone Numbers: | | |
|---|---|---|
| ( ) -<br>Whose:<br>☐ Cell ☐ Home ☐ Work<br>*If cell checked may we message?<br>☐ Yes ☐ No | ( ) -<br>Whose:<br>☐ Cell ☐ Home ☐ Work<br>*If cell checked may we message?<br>☐ Yes ☐ No | ( ) -<br>Whose:<br>☐ Cell ☐ Home ☐ Work<br>*If cell checked may we message?<br>☐ Yes ☐ No |

| Parental Status: | Homeless: | Active Military | Military Veteran | Referred by Child Welfare agency | Receiving SNAP (Food Stamps) | Receiving WIC | TANF | SSI |
|---|---|---|---|---|---|---|---|---|
| ☐ One Parent | ☐ Yes | ☐ Yes | ☐ Yes | ☐ Yes | ☐ Yes | ☐ Yes | ☐ Yes | ☐ Yes |
| ☐ Two Parent | ☐ No | ☐ No | ☐ No | ☐ No | ☐ No | ☐ No | ☐ No | ☐ No |

| ***Section F*** | ***Income*** | | | |
|---|---|---|---|---|
| Family Member | Description (example SSI, job, child support) | Verification (example W2, check stub) | Amount | Week, Month, Year? |
| | | | $ per | |
| | | | $ per | |
| | | | $ per | |
| | | | $ per | |

| ***Section G*** | ***Child Information*** ***The following questions are to provide the best services possible for your child.*** | | |
|---|---|---|---|
| Does your child have any current or chronic medical conditions?<br>(Example asthma, heart problems, diabetes, bronchitis, seizures, etc) | ☐ Yes | ☐ No | If yes, List/explain: |
| Does your child have an active Individual Education Plan (IEP)? | ☐ Yes | ☐ No | If yes, List/explain: |
| Does your child have any speech/language delays? | ☐ Yes | ☐ No | If yes, List/explain: |
| Does your child have any emotional problems? | ☐ Yes | ☐ No | If yes, List/explain: |
| Does your child have any visual problems/blindness? | ☐ Yes | ☐ No | If yes, List/explain: |
| Does your child have any movement problems? | ☐ Yes | ☐ No | If yes, List/explain: |
| Does your child have any hearing issues? | ☐ Yes | ☐ No | If yes, List/explain: |
| Does your child have a developmental delay? | ☐ Yes | ☐ No | If yes, List/explain: |
| Has your child been tested or referred by another agency? | ☐ Yes | ☐ No | If yes, List/explain: |
| Does your child have any diagnosed food or medical allergies? | ☐ Yes | ☐ No | If yes, List/explain: |
| Do you have any health concerns about your child? | ☐ Yes | ☐ No | If yes, List/explain: |
| Do you have any developmental concerns about your child? | ☐ Yes | ☐ No | If yes, List/explain: |
| Does your child take any prescription medication? | ☐ Yes | ☐ No | If yes, List/explain: |
| Is your child receiving counseling or mental health services? | ☐ Yes | ☐ No | If yes, List/explain: |
| Has your child received a mental health evaluation? | ☐ Yes | ☐ No | If yes, List/explain: |

| Check all that apply to anyone currently living in your home: | | |
|---|---|---|
| ☐ Domestic Violence | ☐ Mental Abuse | ☐ Parent/Sibling Documented Disability |
| ☐ Substance Abuse | ☐ Ward of Court | ☐ Absent/Deceased parent |
| ☐ Alcoholism | ☐ Unsafe/unstable living conditions | |

| Has this child been to any other preschool program before? | ☐ Yes | ☐ No | If yes, where |
|---|---|---|---|

How did you hear about Head Start?

Is there anything you would like for us to know about your child or family?

O.V.O Head Start offers full day programs, 4 days a week and 5 days a week. The 5 day a week program does not provide transportation. If you are interested in the 5 day a week program you must provide transportation for your child.

| ☐ 4 days<br>Transportation to most areas | ☐ 5 days<br>No Transportation | ☐ Home Based<br>Scott County Only | |
|---|---|---|---|

Certification: I certify that this information is true and correct to the best of my knowledge. I authorize cerification of the information I have provided. I understand that I could be prosecuted for providing false information. I also understand that the information in this application will be held in strict confidence within the agency.

Parent/Guardian Signature Date