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| --- | --- | --- | --- |
| Feb-20 |  |  |  |
| **2020-2021** | | | |
| **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 | | | |
| All of our classes are Full Day and are 4 days a week. | | | |
| The child **DOES NOT** have to be potty trained! | | | |
| No school supplies (or backpacks) needed! | | | |
| If you have questions, want to pick up, or turn in an application please visit your local center: | | | |
| Hanover | Madison | North Vernon | |
| 273 S Main Cross St | 575 OVO Drive | 3040 N. Hwy 3 | |
| Hanover, IN 47243 | Madison, IN 47250 | North Vernon, IN 47265 | |
| 812-866-1176 | 812-265-8240 | 812-346-8965 | |
| Scottsburg |  | Head Start Adminstration Office | |
| 1172 Community Way |  | ATTN: Enrollment | |
| Scottsburg, IN 47170 |  | P.O. Box 625 | |
| 812-752-7409 |  | Madison, IN 47250 | |
| 812-265-4877 | | | |
| 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 | | SSI |  |
| Workers Comp. | | Social Security |  |
| W-2s |  | Child Support |  |
| Check Stubs | | Veterans Benefits |  |
| Unemployment | | Disability (Short or Long Term) | |
| Self Employment | | Pension |  |
| TANF |  | Retirement |  |
| Employer Wage Statement | | | |
| \*Any other regular income | | | |
| If the Child is a Foster child/ Ward of State- include DCS letter. | | | |
| If you DO NOT HAVE ANY INCOME please call your local center. | | | |
| Please notify us if your address or phone number changes! | | | |
| Phone: 812-265-4877 | Fax: 812-273-5950 | Email: | [mkimmel@ovoinc.org](mailto:mkimmel@ovoinc.org) |
| No hablas inglés? Llame para asistencia. | | |  |



Returning Child O.V.O Head Start Application Year: 2020-2021



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| ***Section A*** | | ***Child Information ( Applying for services)*** | | | |  |  |  |  |
| Legal First Name: | | | Legal Middle Name: | | | Legal Last Name: | | | Suffix: |
|  | | |  | | |  | | |  |
| Preferred Name: | | | Birthday: | | Gender: | |  | | |
|  | | |  | | Male | Female |
| Race: | | | | Hispanic: | Primary Language: | | Secondary Language: | |  |
| Asian | Indian/Alaska Native | | | Yes |  | |  | |
| Black | Hawaiian/Pacific Islander | | | No | Little |  | Little |  |
| White | Bi or Multi-Racial | |  |  | Moderate | | Moderate | |
| Other |  | |  |  | Proficient | | Proficient | |
| Primary Health Coverage: | | | Health Coverage # | | | Medicaid: | |  | |
|  | | |  | | | Not Eligible | |
| Trying to get on | |
| ***Section B*** | | ***Primary Adult*** | |  |  |  |  |  |  |
| Legal First Name: | | | Legal Middle Name: | | | Legal Last Name: | | | Birthday: |
|  | | |  | | |  | | |  |
| Gender: | | Health Insurance: | | Lives with Child: | | Custody: | |  | |
| Male | Female | Yes | No | Yes | No | Yes | No |
| Race: | | | | Hispanic: | Primary Language: | | Secondary Language: | | Maritial Status: |
| Asian | Indian/Alaska Native | |  | Yes |  | |  | | Single |
| Black | Hawaiian/Pacific Islander | | | No | Little |  | Little |  | Married |
| White | Bi or Multi-Racial | |  |  | Moderate | | Moderate | | Separated/ Divorced |
| Other |  | |  |  | Proficient | | Proficient | | Living Together |
| Highest Grade Completed: | | | | | Employment Status: | | | Relationship to Child: | |
| Grade 8 or below | | High school Grad | | GED | Retired | Seasonal |  | Biological, Adopted, Stepchild | |
| Grade 9 |  | Some College/Technical | | | Disabled | School/ Training | | Grandchild | |
| Grade 10 |  | Technical Certificate | |  | Part Time | Full Time |  | Niece/Nephew | |
| Grade 11 |  | Associate's | |  | Unemployed (6 months or less) | | | Foster |  |
| Grade 12 (non grad) | | Master |  |  | Unemployed (7 months or more) | | | Other |  |
| Email: | | | | | | If employed: Where? | | | |
| ***Section C*** | | ***Secondary Adult*** | |  |  |  |  |  |  |
| Legal First Name: | | | Legal Middle Name: | | | Legal Last Name: | | | Birthday: |
|  | | |  | | |  | | |  |
| Gender: | | Health Insurance: | | Lives with Child: | | Custody: | |  | |
| Male | Female | Yes | No | Yes | No | Yes | No |
| Race: | | | | Hispanic: | Primary Language: | | Secondary Language: | | Maritial Status: |
| Asian | Indian/Alaska Native | |  | Yes |  | |  | | Single |
| Black | Hawaiian/Pacific Islander | | | No | Little |  | Little |  | Married |
| White | Bi or Multi-Racial | |  |  | Moderate | | Moderate | | Separated/ Divorced |
| Other |  | |  |  | Proficient | | Proficient | | Living Together |
| Highest Grade Completed: | | | | | Employment Status: | | | Relationship to Child: | |
| Grade 8 or below | | High school Grad | | GED | Retired | Seasonal |  | Biological, Adopted, Stepchild | |
| Grade 9 |  | Some College/Technical | | | Disabled | School/ Training | | Grandchild | |
| Grade 10 |  | Technical Certificate | |  | Part Time | Full Time |  | Niece/Nephew | |
| Grade 11 |  | Associate's | |  | Unemployed (6 months or less) | | | Foster |  |
| Grade 12 (non grad) | | Master |  |  | Unemployed (7 months or more) | | | Other |  |
| Email: | | | | | | If employed: Where? | | | |

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| ***Section D*** | | ***Additional Family Members living in the home full time*** | | | | | |  |  |
| Legal First Name: | | | Legal Middle Name: | | | Legal Last Name: | | | Birthday: |
|  | | |  | | |  | | |  |
| Gender: | | Health Insurance: | | Disabled: | | Relationship to Child: | | Highest Grade Completed: | |
| Male | Female | Yes | No | Yes | No |  | |  | |
| Race: | | | | Hispanic: | Primary Language: | |  | | |
| Asian | Indian/Alaska Native | | | Yes |  | |
| Black | Hawaiian/Pacific Islander | | | No | Little |  |
| White | Bi or Multi-Racial | |  |  | Moderate | |
| Other |  | |  |  | Proficient | |
| Legal First Name: | | | Legal Middle Name: | | | Legal Last Name: | | | Birthday: |
|  | | |  | | |  | | |  |
| Gender: | | Health Insurance: | | Disabled: | | Relationship to Child: | | Highest Grade Completed: | |
| Male | Female | Yes | No | Yes | No |  | |  | |
| Race: | | | | Hispanic: | Primary Language: | |  | | |
| Asian | Indian/Alaska Native | | | Yes |  | |
| Black | Hawaiian/Pacific Islander | | | No | Little |  |
| White | Bi or Multi-Racial | |  |  | Moderate | |
| Other |  | |  |  | Proficient | |
| Legal First Name: | | | Legal Middle Name: | | | Legal Last Name: | | | Birthday: |
|  | | |  | | |  | | |  |
| Gender | | Health Insurance: | | Disabled: | | Relationship to Child: | | Highest Grade Completed: | |
| Male | Female | Yes | No | Yes | No |  | |  | |
| Race: | | | | Hispanic: | Primary Language: | |  | | |
| Asian | Indian/Alaska Native | | | Yes |  | |
| Black | Hawaiian/Pacific Islander | | | No | Little |  |
| White | Bi or Multi-Racial | |  |  | Moderate | |
| Other |  | |  |  | Proficient | |
| Legal First Name: | | | Legal Middle Name: | | | Legal Last Name: | | | Birthday: |
|  | | |  | | |  | | |  |
| Gender: | | Health Insurance: | | Disabled: | | Relationship to Child: | | Highest Grade Completed: | |
| Male | Female | Yes | No | Yes | No |  | |  | |
| Race: | | | | Hispanic: | Primary Language: | |  | | |
| Asian | Indian/Alaska Native | | | Yes |  | |
| Black | Hawaiian/Pacific Islander | | | No | Little |  |
| White | Bi or Multi-Racial | |  |  | Moderate | |
| Other |  | |  |  | Proficient | |
| Legal First Name: | | | Legal Middle Name: | | | Legal Last Name: | | | Birthday: |
|  | | |  | | |  | | |  |
| Gender: | | Health Insurance: | | Disabled: | | Relationship to Child: | | Highest Grade Completed: | |
| Male | Female | Yes | No | Yes | No |  | |  | |
| Race: | | | | Hispanic: | Primary Language: | |  | | |
| Asian | Indian/Alaska Native | | | Yes |  | |
| Black | Hawaiian/Pacific Islander | | | No | Little |  |
| White | Bi or Multi-Racial | |  |  | Moderate | |
| Other |  | |  |  | Proficient | |



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| ***Section E*** | | ***Family Information*** | |  |  |  |  |  |  |  |
| Living Address: | | | | Mailing Address: | | | | Housing: | |  |
| Address: |  |  |  | Address: |  |  |  | Own/Buying | |
| City: |  | IN | Zip: | City: |  | IN | Zip: | Rent |  |
| County: |  |  |  | County: |  |  |  | Other |  |
| Phone Numbers: | | | | | | | | |  | |
| ( ) | - |  | ( ) | - |  | ( ) | - |  | \* If given permission | |
| Whose: |  |  | Whose: |  |  | Whose: |  |  | to message a phone | |
| Cell | Home | Work | Cell | Home | Work | Cell | Home | Work | number standard | |
| \*If cell checked may we message? | | | \*If cell checked may we message? | | | \*If cell checked may we message? | | | text messaging rates | |
| Yes | No |  | Yes | No |  | Yes | No |  | may apply. |  |
| 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? | | | | | | Yes | No | If yes, List/explain: | | |
| (Example asthma, heart problems, diabetes, bronchitis, seizures, etc) | | | | | |  |  |
| 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: | | |



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| --- | --- | --- | --- | --- |
| 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? | | | | |



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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  |  |  |  |  |
| Completed Application Date: | | | | | Enrolled | |
| Accepted |  | Wait List |  |  |
| Over Income |  | 2 year old |  |  | Other note |  |
| ChildPlus ID# | Application entered by: | | |  |  | Date: |