## 2023-2024

## 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
Phone: 812-866-1176	Phone: 812-265-8240	Phone: 812-346-8965

## Scottsburg

1172 Community Way ATTN: Enrollment Scottsburg, IN 47170 P.O. Box 625 Phone: 812-752-7409 Madison, IN 47250

Phone: 812-265-4877 Fax: 812-273-5950

Email: mkimmel@ovoinc.org

**Head Start Adminstration Office** 

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 SNAP award letter

\*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!

Legal First Name:   Legal Middle Name:   Legal Last Name:   Birthday:	Retu	rning Child	O.V.O Head Start Application					Year: 2023	3-2024		
Preferred Name: Birthday: Gender:  Race: Hispanic: Primary Language: Secondary Language: Black Hawaiian/Pacific Islander Proficient Primary Health Coverage Number:  Section B Primary Adult Legal First Name: Legal Middle Name: Legal Last Name: Birthday:  Section B Primary Adult Legal First Name: Legal Middle Name: Legal Last Name: Birthday:  Section B Primary Adult Legal First Name: Legal Middle Name: Legal Last Name: Birthday:  Section B Primary Adult Legal First Name: Legal Middle Name: Legal Last Name: Birthday:  Section B Primary Adult Legal First Name: Legal Middle Name: Legal Last Name: Birthday:  Section B Primary Adult Legal First Name: Legal Middle Name: Legal Last Name: Birthday:  Section B Primary Adult Legal First Name: Legal Last Name: Birthday:  Section B Primary Language: Secondary Language: Maritial Status: Secondary Language: Maritial Status: Asian American Indian/Alaska Native Yes No Yes No Yes No Yes No Maritial Status: Single Black Hawaiian/Pacific Islander No Little Married Moderate Moderate Separated Noverced Universed Devocate Separated Noverced Devocate Separated Noverced Name: Maritial Status: Relationship to Child: Separated Proficient Proficien	Section A	Child Infor	mation ( App	olying for se	rvices)						
Male   Female   Fem	Legal First Nan	ne:	Lega	al Middle Name:		Leg	gal Last Nam	e:	Suffix:		
Male   Female   Fem											
Race:	Preferred Nan	ne:	Birth	nday:	Gen	der:					
Asian   American Indian/Alaska Native   Black   Hawaiian/Pacific Islander   No   Little   Little   Moderate   Moderate   Proficient   Primary Health Coverage:   Health Coverage Provider:   Health Coverage Number:					☐ Male	☐ Male ☐ Female					
Black   Hawaiian/Pacific Islander   No   Little   Little   Moderate   Proficient	R	ace:		Hispanic:	Primary L	anguage: Secondary		Language:			
White   Bi or Multi-Racial   Moderate   Proficient   Pr	Asian American	Indian/Alaska	Native	Yes							
Other	Black Hawaiiai	n/Pacific Islar	nder	☐ No	Little		Little				
Primary Health Coverage   Health Coverage Provider:   Health Coverage Number:		ulti-Racial									
Legal First Name:   Legal Middle Name:   Legal Last Name:   Birthday:											
Legal First Name:   Legal Middle Name:   Legal Last Name:   Birthday:	Primary Health Coverage	2:	Health Cover	age Provider:		Health Cove	rage Numbe	r:			
Legal First Name:   Legal Middle Name:   Legal Last Name:   Birthday:											
Gender:						<u> </u>			<u> </u>		
Male   Female   Yes   No   Yes	Legal First Nan	ne:	Lega	al Middle Nar	ne:	Leg	gal Last Nam	e: Birtho		thday:	
Male   Female   Yes   No   Yes	Candan	1111-	<u> </u>	15 21.5	L-11-1.	Co. 1		Dis III I			
Race:   Hispanic:   Primary Language:   Secondary Language:   Maritial Status:   Single   Black   Hawaiian/Pacific Islander   No   Little   Married   Moderate   Separated/Divorced   Dither   Disabled:   Proficient   Living Together   Highest Grade Completed:   Employment Status:   Relationship to Child:   Grade 10   Technical Certificate   Disabled   School/ Training   Grandchild   Grade 11   Associate's   Duemployed (6 months or less)   Foster   High School Grad   Master's   Lives with Child:   Custody:   Disabled:   Birthday:   Birthday:						_					
Asian   American Indian/Alaska Native   Yes   Little   Little   Married   Moderate   Separated/ Divorced   Proficient   Proficient   Proficient   Living Together   Highest Grade Completed:   Livas With Child:   Light   Little   Married   Moderate   Separated/ Divorced   Disabled   Secondary Language:   Race:   High School Grade   Moderate   Living Together   Proficient   Proficient   Disabled   Secondary Language:   Moderate   Moderate   Living Together   Moderate   Divisorced   Disabled   Secondary Language:   Moderate   Moderate   Moderate   Divisorced   Moderate   Moderat		□ Yes	□ NO							tatus.	
Black   Hawaiian/Pacific Islander   No   Little   Little   Married   Moderate   Moderate   Separated/ Divorced   Living Together		Indian/Alaska	Mativo		Primary Language:		Secondary Language:		<del></del>		
White   Bi or Multi-Racial   Moderate   Proficient   Bi or Multi-Racial   Divorced		•			☐ Little	☐ Little					
Other		-	idei								
Highest Grade Completed:   Employment Status:   Relationship to Child:		aiti Naciai					_				
Grade 9 or below   Some College   GED   Retired   Seasonal   Biological, Adopted, Stepchild   Grade 10   Technical Certificate   Disabled   School/ Training   Grandchild   Misce/Nephew   Grade 11   Associate's   Part Time   Full Time   Niece/Nephew   Foster   High School Grad   Master's   Unemployed (6 months or less)   Foster   High School Grad   Master's   Unemployed (7 months or more)   Other    Section C Secondary Adult   Female   Legal Middle Name:   Legal Last Name:   Birthday:    Gender:   Health Insurance:   Lives with Child:   Custody:   Disabled:      Male   Female   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No   Yes   No    Race:   Hispanic:   Primary Language:   Secondary Language:   Maritial Status:    Asian   American Indian/Alaska Native   Yes   Single   Black   Hawaiian/Pacific Islander   No   Little   Little   Married   Moderate   Separated/ Divorced   Universed   Proficient   Proficient   Living Together    Highest Grade 2 Or below   Some College   GED   Retired   Seasonal   Biological, Adopted, Stepchild   Grade 10   Technical Certificate   Disabled   School/ Training   Grandchild   Grade 11   Associate's   Part Time   Full Time   Niece/Nephew   Foster   High School Grad   Master's   Unemployed (6 months or less)   Foster   High School Grad   Master's   Unemployed (6 months or nore)   Other   Cother   Cot					Employment Status: Relation						
Grade 10				GED		_			•		
Grade 11				_		School/	Training	_		•	
High School Grad				Part Time		J	☐ Niece/	Nephew			
Email:    Section C   Secondary Adult	Grade 12 (non grad) Bachelor's			Unemploy	ed (6 months or	less)	☐ Foste	r			
Legal First Name:   Legal Middle Name:   Legal Last Name:   Birthday:	High School Grad	☐ Master's	S		Unemployed (7 months or more)			$\square$ Other			
Legal First Name: Legal Middle Name: Legal Last Name: Birthday:  Gender: Health Insurance: Lives with Child: Custody: Disabled:  Male Female Yes No Yes No Yes No Yes No Yes No Single  Hispanic: Primary Language: Secondary Language: Maritial Status:  Asian American 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 9 or below Some College GED Retired Seasonal Biological, Adopted, Stepchild  Grade 10 Technical Certificate Disabled School/ Training Grandchild  Grade 11 Associate's Part Time Full Time Niece/Nephew  Grade 12 (non grad) Bachelor's Unemployed (6 months or more) Other	Email:					If employed	: Where?				
Gender:	Section C Secondary Adult										
Male Female Yes No	Legal First Name: Legal		al Middle Name: Leg			gal Last Nam	e:	Bir	thday:		
Male Female Yes No											
Race: Hispanic: Primary Language: Secondary Language: Maritial Status:  Asian American Indian/Alaska Native Yes Single Black Hawaiian/Pacific Islander No Little Little Married White Bi or Multi-Racial Moderate Separated/ Divorced Other Proficient Proficient Living Together  Highest Grade Completed: Employment Status: Relationship to Child: Grade 9 or below Some College GED Retired Seasonal Biological, Adopted, Stepchild Grade 10 Technical Certificate Sizabled School/ Training Grandchild Grade 11 Associate's Part Time Full Time Niece/Nephew Grade 12 (non grad) Bachelor's Unemployed (6 months or less) Foster High School Grad Master's Unemployed (7 months or more) Other	Gender:	: Health Insurance: Lives with Child:		hild:							
Asian American 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 9 or below Some College GED Retired Seasonal Biological, Adopted, Stepchild Grade 10 Technical Certificate Disabled School/Training Grandchild Grade 11 Associate's Part Time Full Time Niece/Nephew Grade 12 (non grad) Bachelor's Unemployed (6 months or less) Foster High School Grad Master's Unemployed (7 months or more) Other	☐ Male ☐ Female		☐ No	☐ Yes	∐ No				∐ No		
Black       Hawaiian/Pacific Islander       No       Little       Little       Married         White       Bi or Multi-Racial       Moderate       Moderate       Separated/ Divorced         Other       Proficient       Proficient       Little       Living Together         Highest Grade Completed:       Employment Status:       Relationship to Child:         Grade 9 or below       Some College       GED       Retired       Seasonal       Biological, Adopted, Stepchild         Grade 10       Technical Certificate       Disabled       School/ Training       Grandchild         Grade 11       Associate's       Part Time       Full Time       Niece/Nephew         Grade 12 (non grad)       Bachelor's       Unemployed (6 months or less)       Foster         High School Grad       Master's       Unemployed (7 months or more)       Other				Primary Lan	guage:	Secondary L	.anguage:	_			
White								_ `			
Other       Proficient       Proficient       Living Together         Highest Grade Completed:       Employment Status:       Relationship to Child:         Grade 9 or below       Some College       GED       Retired       Seasonal       Biological, Adopted, Stepchild         Grade 10       Technical Certificate       Disabled       School/Training       Grandchild         Grade 11       Associate's       Part Time       Full Time       Niece/Nephew         Grade 12 (non grad)       Bachelor's       Unemployed (6 months or less)       Foster         High School Grad       Master's       Unemployed (7 months or more)       Other											
Highest Grade Completed:  Grade 9 or below Some College GED Retired Seasonal Biological, Adopted, Stepchild Grade 10 Technical Certificate Size Full Time Niece/Nephew Grade 11 Associate's Part Time Full Time Niece/Nephew Grade 12 (non grad) Bachelor's Unemployed (6 months or less) Foster High School Grad Master's Unemployed (7 months or more)				<u> </u>							
Grade 9 or below Some College GED Retired Seasonal Biological, Adopted, Stepchild Grade 10 Technical Certificate Sissing Grade 11 Associate's Part Time Full Time Niece/Nephew Grade 12 (non grad) Bachelor's Unemployed (6 months or less) Foster Unemployed (7 months or more)											
Grade 10								•			
Grade 11 Associate's Full Time Niece/Nephew Grade 12 (non grad) Bachelor's Unemployed (6 months or less) Foster High School Grad Master's Unemployed (7 months or more)			_	☐ GED							
Grade 12 (non grad) Bachelor's Unemployed (6 months or less) Foster High School Grad Master's Unemployed (7 months or more) Other		=									
High School Grad Master's Unemployed (7 months or more) Other		_				_			·		
		=						I			
lewali. ■It ewployed, where s	Email:	IVIGSTEL	<i>.</i>		If employed: Where?						

Section D Additional Family Members living in the home full time									
Legal First Nam	ne:	Legal Middle Name:		Leg	gal Last Nam	Birthday:			
-								•	
Gender:	Health Insur	ance:	Disabled:	Disabled: Relat		elationship to Child:		ade Completed:	
☐ Male ☐ Female	Yes	No	☐ Yes	☐ No				•	
Race:			Hispanic:	Primary Lan	guage:				
	ın Indian/Alasl	ca Native	Yes	, , , ,	88				
	n/Pacific Isla		☐ No	Little					
	ulti-Racial			☐ Modera	te				
Other	arti Naciai		☐ Proficient						
Legal First Nam	١٥٠	Legs	al Middle Nar			gal Last Nam	٥٠	Birthday:	
Legalilist Nali	ic.	Lego	ai iviidule ivai	iic.	Les	gai Last Ivaiii	С.	bii tiiday.	
Gender:	Health Insur	anco	Disabled:		Relationship	to Child: Highest G			
☐ Male ☐ Female	Yes	No No	Yes	□ No	Relationship	to Cilia.	nigilest di	ade Completed:	
	☐ fes	□ INO		_					
Race:			Hispanic:	Primary Lan	guage:				
	n Indian/Alaska		☐ Yes						
	n/Pacific Isla	inder	∐ No	☐ Little					
	ulti-Racial			☐ Modera					
☐ Other		1		Proficie					
Legal First Nam	ne:	Lega	al Middle Name:		Leg	gal Last Nam	e:	Birthday:	
			•						
Gender Health Insurance:		ance:	Disabled:		Relationship to Child:		Highest Grade Completed:		
☐ Male ☐ Female		☐ No	☐ Yes	☐ No					
Race:			Hispanic:	Primary Language:					
Asian America	n Indian/Alask	a Native	☐ Yes						
🗌 Black 🗌 Hawaiia	n/Pacific Isla	ınder	☐ No ☐ Little						
☐ White ☐ Bi or M	ulti-Racial		☐ Modera		te				
Other				nt					
Legal First Nam	ne:	Lega	al Middle Name:		Leg	gal Last Nam	ne: Birthday:		
Gender:	Health Insur	ance:	Disabled:		Relationship to Child:		Highest Gr	ade Completed:	
☐ Male ☐ Female	Yes	No	☐ Yes	☐ No					
Race:			Hispanic:	Primary Lan	guage:				
Asian America	n Indian/Alask	a Native	Yes						
☐ Black ☐ Hawaiia	n/Pacific Isla	inder	☐ No	Little					
☐ White ☐ Bi or M	ulti-Racial			☐ Modera	te				
Other				Proficie					
Legal First Nam	ne:	Lega	al Middle Nar	ne:	Les	gal Last Nam	e:	Birthday:	
<u> </u>		78.						,	
Gender: Health Insurance:		Disabled:		Relationship to Child:		Highest Grade Completed:			
☐ Male ☐ Female ☐ Yes ☐ No		Yes	☐ No						
Race:		Hispanic:	Primary Lan	anage.		1			
		ca Native	Yes	. Thilaly Lall	გოოგნ.				
Asian American Indian/Alaska Native			☐ No	Little					
☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Bi or Multi-Racial		INU	☐ Modera						
	uiti-NaCiai			Proficie					
					10				

Section E	Family Info	ormation									
Living Address:	Mailing Addres		ress:					Housing:			
Address:			Address:						Own,	/Buying	1
City:	IN	Zip:	City:		IN		Zip	:	Rent		
County:			County:						Other		
Phone Numbers:											
( ) -		( )	-		(	)		-		* If given	permission
Whose:		Whose:			Who	se:				to messag	e a phone
☐ Cell ☐ Home	Work	Cell	Home	Work		Cell		Home	□Work	number st	andard
*If cell checked may we	message?	*If cell check	ed may we m	essage?	*If ce	ell check	ked	may we i	message?	text messa	aging rates
☐ Yes ☐ No		Yes	☐ No		□ \	⁄es		No		may apply	<b>'.</b>
				Referred by Child	Daa	-1					
		Active	Military	Welfare		eiving P (Food	Re	eceiving			
Parental Status:	Homeless:	Military	Veteran	agency		mps)		WIC	TANF	SSI	
One Parent	Yes	Yes	Yes	Yes	□ \	⁄es		Yes	Yes	Yes	
☐ Two Parent	☐ No	☐ No	☐ No	☐ No		No		No	☐ No	☐ No	
											d
Section F	Income										
											Week,
- 11 44 1	Description	on (example SS	SI, job, child	Verification	-		W2,	check			Month,
Family Member		support)		stub)				Amount Year?			
									\$	per	
									\$ ¢	per	
									\$ ¢	per	
Section G	Child Infor	mation The f	ollowing guest	ions are to n	ovida	tha hast	con	iicas nass	ible for you	per	
Does your child have an						res	Jen	No	If yes, List		
•	•				י בו	163	Ш	NO	ii yes, Lisi	./ехріаііі.	
(Example asthma, heart problems, diabetes, bronchitis, seizures, etc)				, etc)		⁄es		No	If yes, List	·/ovnlain:	
Does your child have an active Individual Education Plan (IEP)?  Does your child have any speech/language delays?				/oc	$\frac{\square}{\square}$	No	If yes, List				
Does your child have any speech/language delays?  Does your child have any emotional problems?				res res	$\overline{\Box}$	No	If yes, List				
Does your child have any visual problems/blindness?				res res	$\overline{\Box}$	No	If yes, List	-			
Does your child have any movement problems?				res /es	$\overline{\Box}$	No	† - '				
Does your child have any hearing issues?				es/es	$\overline{\Box}$	No	If yes, List/explain: If yes, List/explain:				
·											
Does your child have a developmental delay?				/es		No	If yes, List/explain:  If yes, List/explain:				
Has your child been tested or referred by another agency?				/es		No	<del>                                     </del>	•			
Does your child have any diagnosed food or medical allergies?				/es		No	If yes, List/explain:				
Do you have any health concerns about your child?				⁄es		No	If yes, List/explain:				
•	Do you have any developmental concerns about your child?				es .		No	If yes, List	-		
	ske any prescription medication?				es .		No	If yes, List	-		
Is your child receiving co						⁄es		No	If yes, List		
Has your child received	a mental hea	Ith evaluation	?		$II \mid I$	⁄es	1	No	If ves. List	/explain·	

Check all that apply to anyone curre					
Domestic Violence	Mental Abuse	Parent/Sibling Documented Disability			
<ul><li>☐ Substance Abuse</li><li>☐ Alcoholism</li></ul>	<ul><li></li></ul>	☐ Absent/Deceased parent			
Has this child been to any other pres		Yes No If yes, where			
How did you hear about Head Start?					
Is there anything you would like for t	us to know about your child or family?				
-		f my knowledge. I authorize cerification of the information information. I also understand that the information in this ence within the agency.			
	Parent/Guardian Signature	Date			
	ted from discriminating on the basis xual orientation), disability, age, or	of race, color, national origin, sex reprisal or retailiation for prior civil rights			
Central Office Staff Use ONLY					
Date:	In person interview	Phone/ Virtual 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:					
Accepted	Wait List	Enrolled Class			
Over Income	2 year old	Other note			
ChildPlus ID# Application entered by: Date:					
Staff: Refer to birth certificate an	d verify with parent.				
Child's first name:	Child's las	name.			
	Ciliu's ias	. Hame.			