Mar-25

2025-2026

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
273 S Main Cross St
Hanover, IN 47243
Phone: 812-866-1176

Madison
575 OVO Drive
Madison, IN 47250
Phone: 812-265-8240

North Vernon
3040 N. Hwy 3
North Vernon, IN 47265
Phone: 812-346-8965

Scottsburg
1172 Community Way
Scottsburg, IN 47170
Phone: 812-752-7409

Head Start Adminstration Office
ATTN: Enrollment
P.O. Box 625
Madison, IN 47250
Phone: 812-265-4877
Fax: 812-273-5950

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!

☐ Returning Child

O.V.O Head Start Application

Year: 2025-2026

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 ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Bi or Multi-Racial ☐ Other	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ Proficient	☐ Little ☐ Moderate ☐ Proficient

Primary Health Coverage:	Health Coverage Provider:	Health Coverage Number:

Section B Primary Adult

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

Race:	Hispanic:	Primary Language:	Secondary Language:	Maritial Status:
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Bi or Multi-Racial ☐ Other	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ Proficient	☐ Little ☐ Moderate ☐ Proficient	☐ Single ☐ Married ☐ Separated/ Divorced ☐ 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

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:	Disabled:
☐ Male ☐ Female	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Race:	Hispanic:	Primary Language:	Secondary Language:	Maritial Status:
☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Bi or Multi-Racial ☐ Other	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ Proficient	☐ Little ☐ Moderate ☐ Proficient	☐ Single ☐ Married ☐ Separated/ Divorced ☐ 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

Email:	If employed: Where?

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 ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Bi or Multi-Racial ☐ Other	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ 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 ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Bi or Multi-Racial ☐ Other	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ 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 ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Bi or Multi-Racial ☐ Other	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ 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 ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Bi or Multi-Racial ☐ Other	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ 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 ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White ☐ Bi or Multi-Racial ☐ Other	☐ Yes ☐ No	☐ Little ☐ Moderate ☐ Proficient

Section E *Family Information*

Living Address:	Mailing Address:	Housing:	
Address: City: IN Zip: County:	Address: City: IN Zip: County:	☐ Own/Buying ☐ Rent ☐ Other	

Phone Numbers:			
( ) - Whose: ☐ Cell ☐ Home ☐ Work *If cell checked may we message? ☐ Yes ☐ No	( ) - Whose: ☐ Cell ☐ Home ☐ Work *If cell checked may we message? ☐ Yes ☐ No	( ) - Whose: ☐ Cell ☐ Home ☐ Work *If cell checked may we message? ☐ Yes ☐ No	* If given permission to message a phone number standard text messaging rates may apply.

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

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

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation) , disability, age, or reprisal or retailiation for prior civil rights activity.

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 and verify with parent.

Child's first name: Child's last name:

Child's birthday: