



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

- A copy of your Child's Birth Certificate
- Total Family Income- Include any of the following

Most Recent Tax Return	Check Stubs	Employer Wage Statement	Alimony	Grant Awards
W-2's	TANF	SSI	Dividends	1 Time Awards
Social Security	Unemployment	Workman's Comp.	Strike Pay	Training Stipends
Self Employment	Foster Child, DCS Letter	Child Support	Rental Income	Scholarships
Alimony	Military Allotments	Veterans Benefits	Interest	Lottery/Gambling
Strike Pay	Rental Income	Royalties	Royalties	Estate or Trust
Dividends	Interest			

Any regularly received income through any sources.

If you do not have any income please call the Enrollment Coordinator at 812-265-4877.

Applications CANNOT BE PROCESSED without the above information!

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

Children do not have to be potty trained

If you have any questions or need help completing this application,
call 812-265-4877, 812-346-8965 or 812-752-7409

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

O.V.O. Head Start
P.O. Box 625
Madison, IN 47250

812-265-4877 Fax: 812-273-5950 E-Mail: scicenas@ovoinc.org

PLEASE NOTIFY US IF YOUR ADDRESS OR PHONE NUMBER CHANGES!

O.V.O. Head Start Application

If you have any questions or need help completing this application, please call our Admin Office @812-265-4877
or your local Head Start Center.

Jennings Co. 812-346-8965

All Jefferson Co. 812-265-4877

Scott Co. 812-752-7409

Child (applying for services)					
First	Middle	Last	Nickname	Birthday	Gender
Race		Hispanic	Primary Language	English Fluency	Other Language Fluency
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None	<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Little	<input type="checkbox"/> Moderate
<input type="checkbox"/> White	<input type="checkbox"/> Bi or Multi-Racial			<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient
Primary Health Coverage		Other Coverage	Medicaid	Insurance/Medicaid #	
			<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially Eligible		

Mother (or Legal Guardian) In situations of custody or divorce, please provide legal records (such as court order or divorce papers).						
First	Middle	Last	Birthday	Gender		
Race		Hispanic	Primary Language	English Fluency	Other Language Fluency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None	<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Bi or Multi-Racial			<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child Is My	Custody	Lives With Child
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> F/T	<input type="checkbox"/> Training or School	<input type="checkbox"/> Biological/ Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Bachelor/Master	<input type="checkbox"/> Grade 11	<input type="checkbox"/> P/T	<input type="checkbox"/> Retired		Health Ins.	Marital Status
<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Disabled			
<input type="checkbox"/> Voc/Tech Cert.	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed				
<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad	If employed, where?				
Address						

Father (or Legal Guardian) In situations of custody or divorce, please provide legal records (such as court order or divorce papers).						
First	Middle	Last	Birthday	Gender		
Race		Hispanic	Primary Language	English Fluency	Other Language Fluency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None	<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander			<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Bi or Multi-Racial			<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other: _____				<input type="checkbox"/> Proficient	<input type="checkbox"/> Proficient	
Highest Grade Completed		Employment Status		Child Is My	Custody	Lives With Child
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> F/T	<input type="checkbox"/> Training or School	<input type="checkbox"/> Biological/ Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Disabled			
<input type="checkbox"/> Voc/Tech Cert.	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed				
<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad	If employed, where?				
Address						

Additional Family Member Living in Home Full-time							
First	Middle	Last			Birthday	Gender	Health Ins.
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	Disabled	Relationship to applying child	Highest Grade of School Completed		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> Bachelor/Master	<input type="checkbox"/> Grade 11	
<input type="checkbox"/> White	<input type="checkbox"/> Bi or Multi-Racial				<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 12	
<input type="checkbox"/> Other: _____					<input type="checkbox"/> Voc/Tech Cert.	<input type="checkbox"/> < Grade 9	
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> Bachelor/Master	<input type="checkbox"/> Grade 11	
<input type="checkbox"/> White	<input type="checkbox"/> Bi or Multi-Racial				<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 12	
<input type="checkbox"/> Other: _____					<input type="checkbox"/> Voc/Tech Cert.	<input type="checkbox"/> < Grade 9	
					<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad	

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							<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	Disabled	Relationship to applying child	Highest Grade of school completed		
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> Bachelor/Master	<input type="checkbox"/> Grade 11	
<input type="checkbox"/> White	<input type="checkbox"/> Bi or Multi-Racial				<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 12	
<input type="checkbox"/> Other: _____					<input type="checkbox"/> Voc/Tech Cert.	<input type="checkbox"/> < Grade 9	
					<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad	

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							<input type="checkbox"/> Yes <input type="checkbox"/> No
Race		Hispanic	Disabled	Relationship to applying child	Highest Grade of School Completed		
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<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> Bachelor/Master	<input type="checkbox"/> Grade 11	
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<input type="checkbox"/> Other: _____					<input type="checkbox"/> Voc/Tech Cert.	<input type="checkbox"/> < Grade 9	
					<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad	

If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Family Information and Income

Child's Name: _____ DOB: _____

Information About Child's Home								
Address		Address Line 2		Zip	City	State	County	
Mailing Address (if different)		Address Line 2		Zip	City	State	County	
Phone Number		Type (check one)				Whose #	Notes (text only, times to call, etc.)	
		<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other			
		<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other			
		<input type="checkbox"/> Cell	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Other			
Parental Status (check one)	Primary Language at Home	Veteran Military Family	Active Military Family	Referred by Child Welfare Agency	Receiving SNAP (Food Stamps)	Homeless Family	WIC	
<input type="checkbox"/> One <input type="checkbox"/> Two		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Active Email	Whose	Notes

Family Income						
TANF			Supplemental Security Income			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Formerly	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Family Member	Amount per week	Amount per last 3 months	Amount per year	Description (for example: SSI, Job, Child Support or see cover letter for more examples)	Verification (for example: W2, check stub)	Notes
	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			

Proof of income must be turned in with this application in order to be processed. If a family has more than one source of income, we must see proof of ALL income.

A copy of last year's tax return or W-2 from may be turned in OR your family's income from the last month (copy of your check stubs or your employee wage statements.) Income may include unemployment, TANF, child support, SSI, retirement, self-employment, etc.

Concerns of Applying Child

Check all that your child shows signs of:

- Speech/Language Impairment
- Hearing Impairment/Deafness
- Serious Emotional Disturbance
- Mental Impairment
- Visual Impairment/Blindness
- Health Impairment Explain: _____
- Impairment of Motor Function _____

Has your child been screened or referred by another agency? Yes No

If yes, who saw your child and why?

Additional Qualifying Information

Housing:

- Rent Own/buying Homeless Other _____

Check all that apply to anyone currently living in your home:

- Domestic Violence
- Mental Abuse
- 5 or more children
- Unsafe/Unstable Living Conditions
- Substance Abuse
- Foster Child
- Ward of Court
- Living beyond Transportation
- Alcoholism
- Absent/Deceased Parent
- Parent/ Sibling Documented Disability
- Mental Health Issues

Has this child been in any other preschool program before? Yes No

If yes, please list where your child attended (for example: First Steps, Head Start, etc.): _____

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. The 5 day a week program starts early August and ends in late May.

_____ 4 days (Transportation to most areas)	_____ 5 days (No transportation available)	_____ Home Based (Scott County Only)
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Certification: *I certify that this information is true and correct to the best of my knowledge. I authorize verification 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** _____