



# O.V.O. Head Start

The following information must be received before your application can be processed:

- A **COMPLETE** Head Start Application (Must have both parents information)

- **TOTAL FAMILY INCOME**

*Documentation should include any of the following that apply:*

Check stubs or employer statement of wages (last 3 months), Most recent tax return or W-2('s), TANF, Social Security or SSI verification, Unemployment or Workmen's Compensation, Foster child, letter from foster care worker indicating child's status, Alimony, Child Support, Military Allotments, Other regular support from an absent family member or someone not living in the household, Veterans Benefits, Pension, Retirement, Strike Benefits, Sick Pay, Rental Income, Self Employment (tax return or profit/loss statement), Dividends, Interest or Royalties, Net Gambling or Lottery Winnings, Scholarship, Grant Awards, Training Stipends, Emergency Assistance or other One-Time Award, Periodic Receipts from Estates or Trusts. Any regularly received income through any source(s)

- A copy of your child's **BIRTH CERTIFICATE**
- A copy of your child's **MOST CURRENT IMMUNIZATION (SHOT) RECORD**
- A copy of your child's **INSURANCE CARD**

**Applications without the above information  
CANNOT BE PROCESSED!**

Head Start determines eligibility by a priority system including:

- Child's age (must be 3 by August 1<sup>st</sup>)
- Family income
- Identified special needs of the child and/or family

Children who are enrolled will be required to get a dental and well child exam including vision/hearing screening, blood pressure, height & weight, lead and hemoglobin and current immunization status.

Head Start, after exhausting all other resources, may help pay for these exams/screenings if needed.

If you have any questions or need help completing this application, please call 812-265-4877, or your local Head Start Center:

Jennings Co. 346-8965      Scott Co. 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

**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"/> None	<input type="checkbox"/> Poor
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<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	
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"/> None	<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<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		
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"/> F/T & Training	<input type="checkbox"/> Nat/Adopted/Step	<input type="checkbox"/> Yes	<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"/> P/T & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	
<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew	<b>Health Ins.</b>	<b>Marital Status</b>
<input type="checkbox"/> Voc/Tech Cert.	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Foster		
<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad		<input type="checkbox"/> Disabled	<input type="checkbox"/> Other _____		
		IF employed, where?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living together <input type="checkbox"/> Widowed
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"/> None	<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No		<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		
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"/> F/T & Training	<input type="checkbox"/> Nat/Adopted/Step	<input type="checkbox"/> Yes	<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"/> P/T & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No	
<input type="checkbox"/> Some College	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Niece/Nephew	<b>Health Ins.</b>	<b>Marital Status</b>
<input type="checkbox"/> Voc/Tech Cert.	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Foster		
<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad		<input type="checkbox"/> Disabled	<input type="checkbox"/> Other _____		
		IF employed, where?			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living together <input type="checkbox"/> Widowed
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	
					<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad	

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	
					<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad	

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	
					<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad	

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	
					<input type="checkbox"/> GED	<input type="checkbox"/> HS Grad	

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	
					<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	Homeless Family	Military Family	Referred by Child Welfare Agency	Receiving SNAP (Food Stamps)	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

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
	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			
<b>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, <u>we must see proof of ALL income.</u></b>						
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.						

O.V.O. Head start offers both home based, part day and full day programs in some areas. To be eligible for **Full Day** Head Start, you must meet the eligibility requirements of the part day regular Head Start program. You also will need to meet priority requirements such as parents working or going to school at least part time.

Which program would you most likely be interested in?      **Full Day**      **Part Day**      **Home Based**

**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 \_\_\_\_\_

**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
- Alcoholism
- Absent/Deceased Parent
- Parent/ Sibling Documented Disability

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?

\_\_\_\_\_  
\_\_\_\_\_