|  |  |  |  |
| --- | --- | --- | --- |
| 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 |
| 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 byChild 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: |