2018 - 2019 PRE-SCHOOL APPLICATION

Eligibility is determined by using guidelines that are established by the federal government. We provide service to children and families who live in Stark County. This application along with the supporting documentation must be submitted before your child can participate in the program.

✓ PROOF OF YOUR CHILD'S BIRTH DATE (a COPY from ONE of the following sources):
  - Birth Certificate
  - Passport

✓ PROOF OF TOTAL INCOME FOR THE PREVIOUS YEAR, OR MOST RECENT 12 MONTHS

✓ IMMUNIZATION RECORD

✓ MEDICAL INSURANCE CARD

✓ CUSTODY DOCUMENTS (IF APPLICABLE)

✓ ADDRESS / PHONE NUMBER OF PEOPLE TRANSPORTING CHILD.

<table>
<thead>
<tr>
<th>CENTER</th>
<th>ADDRESS</th>
<th>CITY, ZIP</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wm. Hunter Head Start</td>
<td>3015 Mahoning Road, NE</td>
<td>Canton 44705</td>
<td>330-456-6218</td>
</tr>
<tr>
<td>Wm. Malloy Head Start</td>
<td>1134 Walnut Road, SE</td>
<td>Massillon 44646</td>
<td>330-834-3567</td>
</tr>
<tr>
<td>Franklin Head Start</td>
<td>321 Franklin Street</td>
<td>Alliance 44601</td>
<td>330-821-5977</td>
</tr>
<tr>
<td>Metro Head Start</td>
<td>400 Tuscarawas Ave. E</td>
<td>Canton 44702</td>
<td>330-454-9721</td>
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</tbody>
</table>

Once your child has been accepted into the Head Start / Early Head Start program, additional forms will need to be completed with your Family Service Specialist. Additional health documents (physical / dental exams) will be needed to make your child's file complete.

If you need any assistance, please contact a Family Service Specialist at the administrative office 330-456-6218, or the location nearest you.

DON'T DELAY! SUBMIT YOUR COMPLETED PRE-SCHOOL APPLICATION TODAY!
### Applicant & Family Member Information

**Applicant (child applying for services or Pregnant Mother)**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Nickname</th>
<th>Birthday (mm/dd/yyyy)</th>
<th>Gender</th>
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**Hispanic Race (Federal law requires SCCAA to identify race if one is not listed below):**

- Yes
  - Asian
  - American Indian/Alaska Native
- No
  - Black
  - Hawaiian/Pacific Islander
  - White
  - Multi-Racial
  - Other: ___________

The best way to describe the amount of English your child speaks or understands is:

- None
- Little (a few words)
- Moderate (many words)
- Proficient (English is the primary language your child speaks)

Other Language(s) your child speaks and understands: ___________

**What type of medical insurance does the applicant have? If none, have you applied for Medicaid?**

- Healthy Families/Healthy Start
- Private
- Medicaid
- Other
- None

**Medicaid Eligibility**

Doctor's Name/Phone: ___________

Dentist's Name/Phone: ___________

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

### Adult 1 (Parent/Legal Guardian/Primary Caregiver)

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Birthday (mm/dd/yyyy)</th>
<th>Gender</th>
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</table>

**Home Address**

- City & County
- Zip Code
- Telephone Contacts:
  - (____) _______ - _______
  - (____) _______ - _______

**Hispanic Race:**

- Yes
  - Asian
  - American Indian/Alaska Native
- No
  - Black
  - Hawaiian/Pacific Islander
  - White
  - Multi-Racial
  - Other: ___________

**English Proficiency**

- None
- Little
- Moderate
- Proficient

**Other Language Proficiency**

- Poor
- Moderate
- Proficient

**Highest Level Completed**

- Some High School
- HSG or GED
- Some College, Associates Degree, or Vocational Training
- BA/BS or Advanced Degree

**Current Employment Status**

- FT
- FT & Training
- PT
- PT & Training
- Seasonal
- Training or School
- Unemployed
- Retired or Disabled
- US Military (Active)

**Relationship to Child**

- Natural/Adopted/Step
- Grandchild
- Niece/Nephew
- Foster Parent
- Other

**Family Type**

- 1 Parent
- 2 Parents
- Foster
- Court Order
- Joint/Shared Custody
- Guardian
- Teen Parent
- Visitation Order
- Referred by CPS

### Adult 2 (Father/Secondary Caregiver)

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<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Birthday (mm/dd/yyyy)</th>
<th>Gender</th>
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**Home Address**

- City & County
- Zip Code
- Telephone Contacts:
  - (____) _______ - _______
  - (____) _______ - _______

**Hispanic Race:**

- Yes
  - Asian
  - American Indian/Alaska Native
- No
  - Black
  - Hawaiian/Pacific Islander
  - White
  - Multi-Racial
  - Other: ___________

**English Proficiency**

- None
- Little
- Moderate
- Proficient

**Other Language Proficiency**

- Poor
- Moderate
- Proficient

**Highest Level Completed**

- Some High School
- HSG or GED
- Some College, Associates Degree, or Vocational Training
- BA/BS or Advanced Degree

**Current Employment Status**

- FT
- FT & Training
- PT
- PT & Training
- Seasonal
- Training or School
- Unemployed
- Retired or Disabled
- US Military (Active)

**Relationship to Child**

- Natural/Adopted/Step
- Grandchild
- Niece/Nephew
- Foster Parent
- Other

**Family Type**

- Does this adult reside with the child?
- Yes
- No
- Foster
- Court Order
- Joint/Shared Custody
- Guardian
- Teen Parent
- Visitation Order
- Referred by CPS
Additional Children (Non-Applicant)

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<th>First</th>
<th>Last</th>
<th>Suffix</th>
<th>Relationship to Child</th>
<th>Birthday (mm/dd/yyyy)</th>
<th>Gender</th>
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</table>

Additional Family Information

Do you receive SNAP (food stamps)? □ Yes □ No  Do you receive WIC? □ Yes □ No

Program Preferences

Program Term  Site Preference  Desired Program Preference (1st, 2nd, 3rd, 4th)

2018 - 2019  □ Wm. Hunter (Canton)  □ HS Full Day  EHS Full Day
□ Alliance Franklin (Alliance)  □ HS Part Day - AM  EHS Home Based
□ Wm. Malloy (Massillon)  □ HS Part Day - PM
□ Metro (Canton)  □ Partners

(Family Service Specialist - Please write in the name(s) of partner locations)

FOR FULL DAY ENROLLMENT, PARENTS MUST BE EITHER WORKING 30 HOURS PER WEEK, ENROLLED ON A FULL TIME BASIS IN COLLEGE, IN A SCCAA HEAD START APPROVED JOB TRAINING PROGRAM, OR IN A COMBINATION OF PART-TIME WORK AND PART-TIME SCHOOL/TRAINING.

Current Public School District: (Please check one box below)

□ Alliance City  □ Jackson Local  □ North Canton City  □ Osnaburg Local
□ Northwest Local  □ Sandy Valley Local  □ Canton Local  □ Louisville City
□ Lake Local  □ Minerva Local  □ Perry Local  □ Fairless Local
□ Tuslaw Local  □ Canton City  □ Plain Local
□ Marlington Local

Transportation Information

Does your family have reliable transportation? □ Yes □ No

Will you be able to transport your child to and from the Head Start/Early Head Start Program? □ Yes □ No

Please understand that transportation is available on a very limited basis for part day classes and Early Head Start Socialization only, and it is NOT available for children attending the Full Day Program. We attempt to provide this service to families with the greatest need and work with families to ensure they are informed of other transportation options that may be available in the community.

HOW DID YOU HEAR ABOUT OUR PROGRAM?

□ Newspaper □ Radio □ Flyer □ Television □ Other: ____________________________

E-mail Address: ____________________________
Parents - Please complete the highlighted Area ONLY

This Box is for Agency Use Only:

Applicant Name: ___________________________ Birth: ___________________________

Family Income / Eligibility Verification

Foster / Kinship Care Status
Is the child currently in foster care? ☐ Yes ☐ No
If yes, attach the type of documentation used to verify Foster Care Status.
Name of Agency

Public Assistance Status
Is the family receiving cash public assistance benefits? ☐ Yes ☐ No
If yes, please check which type of cash benefits and attach documentation:
☐ SSI (Supplemental Security Income)
☐ OWF/TANF (Ohio Works First/Temporary Assistance to Needy Families)

Homelessness Status
Is the family currently homeless? ☐ Yes ☐ No
If yes, please have the family review and sign homeless verification sheet, or attach shelter documentation.

Declared Income Statement
Please have family complete and sign the Declared Income Statement & Questionnaire and attach to the application.

Number in the Family: ___________________________

FAMILY MEANS ALL PERSONS LIVING IN THE SAME HOUSEHOLD THAT ARE SUPPORTED BY THE INCOME OF THE PARENT(S)/GUARDIAN(S) OF THE CHILD ENROLLING OR PARTICIPATING IN THE PROGRAM, AND ARE RELATED TO THE PARENT(S) OR GUARDIAN(S) BY BLOOD, MARRIAGE, OR ADOPTION.

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Amount</th>
<th>Per (for example: week, month, year)</th>
<th>Annual Amount</th>
<th>Description (for example: SSI, Job, Child Support)</th>
<th>Verification (for example: W2, check stub)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult 1</td>
<td>$</td>
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<td>Adult 2</td>
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Total Gross Income $ _____________

Income Notes

Verification of Age - List DOB and check box for the type documentation provided

Child's Date of Birth ___________________________ ☐ Birth Certificate or Birth Verification ☐ Passport

Eligibility Determination (check only one box)

☐ SSI ☐ Homeless ☐ Foster / Kinship Care ☐ TANF
☐ Income Eligible - Below Federal Poverty Guidelines _____________ ☐ Over-Income _____________ 

Parent Certification: I have carefully reviewed the information on this form and I certify that this information is true. I understand that this is an application for services that are paid for with federal funds and that if any part is false, my participation in this agency's programs may be terminated and there may be serious legal consequences.

Parent/Guardian Signature: ___________________________ Date: ___________________________

Staff Certification: I have carefully reviewed the information on this form and have examined the documents provided for determining eligibility for this family. I certify that the information provided in this application is accurate and truthful to the best of my knowledge.

Staff Signature: ___________________________ Date: ___________________________

<table>
<thead>
<tr>
<th>Persons in Family / Household</th>
<th>Poverty Guidelines</th>
<th>Persons in Family / Household</th>
<th>Poverty Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$12,140</td>
<td>5</td>
<td>$29,420</td>
</tr>
<tr>
<td>2</td>
<td>$16,460</td>
<td>6</td>
<td>$33,740</td>
</tr>
<tr>
<td>3</td>
<td>$20,780</td>
<td>7</td>
<td>$38,060</td>
</tr>
<tr>
<td>4</td>
<td>$25,100</td>
<td>8</td>
<td>$42,380</td>
</tr>
</tbody>
</table>

For families / households with more than 8 persons, add $4,320 for each additional person.