



**Stark County Community Action Agency
Head Start & Early Head Start Programs**

3015 Mahoning Road, N.E., Canton, Ohio 44705
330-456-6218 - Office • 330-430-3646 - Fax

2019 - 2020 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.

CENTER	ADDRESS	CITY, ZIP	PHONE
Wm. Hunter Head Start	3015 Mahoning Road, NE	Canton 44705	330-456-6218
Wm. Malloy Head Start	1134 Walnut Road, SE	Massillon 44646	330-834-3567
Franklin Head Start	321 Franklin Street	Alliance 44601	330-821-5977
Metro Head Start	400 Tuscarawas Ave. E	Canton 44702	330-456-3068

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)						
First	Middle	Last	Suffix	Nickname	Birthday (mm/dd/yyyy)	Gender
					___ / ___ / ___	<input type="checkbox"/> Male <input type="checkbox"/> Female
Hispanic	Race (Federal law requires SCCAA to identify race if one is not listed below)		The best way to describe the amount of English your child speaks or understands is		Other Language(s) your child speaks and understands	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> None <input type="checkbox"/> Little (a few words) <input type="checkbox"/> Moderate (many words) <input type="checkbox"/> Proficient (English is the primary language your child speaks)		<input type="checkbox"/> Not Applicable	
What type of medical insurance does the applicant have? If none, have you applied for Medicaid?						
<input type="checkbox"/> Healthy Families/Healthy Start Name of Insurance: _____ Insurance or Medicaid #: _____			<input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Applied <input type="checkbox"/> Not Eligible		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)							
First	Middle	Last	Suffix	Birthdate (mm/dd/yyyy)	Gender		
					___ / ___ / ___	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City & County	Zip Code	Telephone Contacts			
				(___) _____ - _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	
				(___) _____ - _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	
Hispanic	Race		English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	_____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Highest Level Completed		Current Employment Status		Relationship to Child	Family Type	Check All that Apply	
<input type="checkbox"/> Some High School <input type="checkbox"/> HSG or GED <input type="checkbox"/> Some College, Associates Degree, or Vocational Training <input type="checkbox"/> BA/BS or Advanced Degree		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed		<input type="checkbox"/> FT & Training <input type="checkbox"/> PT & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> US Military (Active)	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	<input type="checkbox"/> 1 Parent <input type="checkbox"/> 2 Parents	<input type="checkbox"/> Foster <input type="checkbox"/> Court Order <input type="checkbox"/> Joint/Shared Custody <input type="checkbox"/> Guardian <input type="checkbox"/> Teen Parent <input type="checkbox"/> Visitation Order <input type="checkbox"/> Referred by CPS

Adult 2 (Father/Secondary Caregiver)							
First	Middle	Last	Suffix	Birthdate (mm/dd/yyyy)	Gender		
					___ / ___ / ___	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address		City & County	Zip Code	Telephone Contacts			
				(___) _____ - _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	
				(___) _____ - _____	<input type="checkbox"/> Home	<input type="checkbox"/> Cell	
Hispanic	Race		English Proficiency	Other Language	Other Language Proficiency		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other: _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	_____ <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		
Highest Level Completed		Current Employment Status		Relationship to Child	Family Type	Check All that Apply	
<input type="checkbox"/> Some High School <input type="checkbox"/> HSG or GED <input type="checkbox"/> Some College, Associates Degree, or Vocational Training <input type="checkbox"/> BA/BS or Advanced Degree		<input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed		<input type="checkbox"/> FT & Training <input type="checkbox"/> PT & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> US Military (Active)	<input type="checkbox"/> Natural/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Niece/Nephew <input type="checkbox"/> Foster Parent <input type="checkbox"/> Other _____	<input type="checkbox"/> Does this adult reside with the child? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Foster <input type="checkbox"/> Court Order <input type="checkbox"/> Joint/Shared Custody <input type="checkbox"/> Guardian <input type="checkbox"/> Teen Parent <input type="checkbox"/> Visitation Order <input type="checkbox"/> Referred by CPS
E-mail Address: _____							

Additional Children (Non-Applicant)

First	Last	Suffix	Relationship to Child	Birthday (mm/dd/yyyy)	Gender
				___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female
First	Last	Suffix	Relationship to Child	Birthday (mm/dd/yyyy)	Gender
				___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female
First	Last	Suffix	Relationship to Child	Birthday (mm/dd/yyyy)	Gender
				___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female
First	Last	Suffix	Relationship to Child	Birthday (mm/dd/yyyy)	Gender
				___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female
First	Last	Suffix	Relationship to Child	Birthday (mm/dd/yyyy)	Gender
				___/___/___	<input type="checkbox"/> Male <input type="checkbox"/> Female

Additional Family Information

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

Program Preference

Program Term	Site Preference	Desired Program Preference (1st, 2nd, 3rd, 4th)
2019 - 2020	<input type="checkbox"/> Wm. Hunter (Canton) <input type="checkbox"/> Alliance Franklin (Alliance) <input type="checkbox"/> Wm. Malloy (Massillon) <input type="checkbox"/> Metro (Canton) <input type="checkbox"/> Partners (Family Service Specialist - Please write in the name(s) of partner locations)	<input type="checkbox"/> HS Full Day <input type="checkbox"/> HS Part Day - AM <input type="checkbox"/> HS Part Day - PM <input type="checkbox"/> EHS Full Day <input type="checkbox"/> EHS Home Based

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)

- | | | | | | |
|---|---|--|--|--|---|
| <input type="checkbox"/> Alliance City | <input type="checkbox"/> Northwest Local | <input type="checkbox"/> Lake Local | <input type="checkbox"/> Tuslaw Local | <input type="checkbox"/> North Canton City | <input type="checkbox"/> Marlington Local |
| <input type="checkbox"/> Jackson Local | <input type="checkbox"/> Sandy Valley Local | <input type="checkbox"/> Minerva Local | <input type="checkbox"/> Canton Local | <input type="checkbox"/> Perry Local | <input type="checkbox"/> Plain Local |
| <input type="checkbox"/> Massillon City | <input type="checkbox"/> Canton City | <input type="checkbox"/> Osnauburg Local | <input type="checkbox"/> Louisville City | <input type="checkbox"/> Fairless 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: _____ Birthday: _____

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.

Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example W2, check stub)	Notes
Adult 1	\$		\$			
	\$		\$			
Adult 2	\$		\$			
	\$		\$			

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:** _____

Persons in Family / Household	Poverty Guidelines	Persons in Family / Household	Poverty Guidelines
1	\$12,490	5	\$30,170
2	\$16,910	6	\$34,590
3	\$21,330	7	\$39,101
4	\$25,750	8	\$43,430

For families / households with more than 8 persons, add \$4,420 for each additional person.