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	$12,760	5	$30,680
2	$17,240	6	$35,160
3	$21,720	7	$39,640
4	$26,200	8	$44,120

For families / households with more than 8 persons, add $4,480 for each additional person.

HEAD START & EARLY HEAD START

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

2020 - 2021 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

____ /____ / ____ ❑ Male ❑ Female

Hispanic

❑ Yes
❑ No

Race *(Federal law requires SCCAA to identify race if one is not listed below.)*

❑ Asian ❑ American Indian/Alaska Native
❑ 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:

_____
_____
❑ Not Applicable

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

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

Name of Insurance:

Insurance or Medicaid #:

Medicaid Eligibility
❑ Applied
❑ Not Eligible

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 | Birthday (mm/dd/yyyy) | Gender

____ /____ / ____ ❑ Male ❑ Female

Home Address | City & County | Zip Code | Telephone Contacts:

(____) _____ - _____ ❑ Home ❑ Cell ❑ Work ❑ Other
(____) _____ - _____ ❑ Home ❑ Cell ❑ Work ❑ Other

Hispanic

❑ Yes
❑ No

Race

❑ Asian ❑ American Indian/Alaska Native
❑ Black ❑ Hawaiian/Pacific Islander
❑ White ❑ Multi-Racial
❑ Other: _____

English Proficiency

❑ None
❑ Little
❑ Moderate
❑ Proficient

Other Language
_____
❑ Not Applicable

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

Relationship to Child

❑ Natural/Adopted/Step
❑ Grandchild
❑ Niece/Nephew
❑ Foster Parent
❑ Other _____

Family Type

❑ 1 Parent
❑ 2 Parents

Check All that Apply:

❑ Foster
❑ Court Order
❑ Joint/Shared Custody
❑ Guardian
❑ Teen Parent
❑ Visitation Order
❑ Referred by CPS

Adult 2 *(Father/Secondary Caregiver)*

First | Middle | Last | Suffix | Birthday (mm/dd/yyyy) | Gender

____ /____ / ____ ❑ Male ❑ Female

Home Address | City & County | Zip Code | Telephone Contacts:

(____) _____ - _____ ❑ Home ❑ Cell ❑ Work ❑ Other
(____) _____ - _____ ❑ Home ❑ Cell ❑ Work ❑ Other

Hispanic

❑ Yes
❑ No

Race

❑ Asian ❑ American Indian/Alaska Native
❑ Black ❑ Hawaiian/Pacific Islander
❑ White ❑ Multi-Racial
❑ Other: _____

English Proficiency

❑ None
❑ Little
❑ Moderate
❑ Proficient

Other Language
_____
❑ Not Applicable

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

E-mail Address: _____

Current Employment Status

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

Relationship to Child

❑ Natural/Adopted/Step
❑ Grandchild
❑ Niece/Nephew
❑ Foster Parent
❑ Other _____

Family Type

Does this adult reside wih the child?

❑ Yes
❑ No

Check All that Apply:

❑ Foster
❑ Court Order
❑ Joint/Shared Custody
❑ Guardian
❑ Teen Parent
❑ Visitation Order
❑ Referred by CPS

Additional Children (Non-Applicant)

First	Last	Suffix	Relationship to Child	Birthday (mm/dd/yyyy)	Gender
				____ /____ / ____	❑ Male ❑ Female
				____ /____ / ____	❑ Male ❑ Female
				____ /____ / ____	❑ Male ❑ Female
				____ /____ / ____	❑ Male ❑ Female

Additional Family Information

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

Do you receive WIC? ❑ Yes ❑ No

Program Preference

Program Term

2020 - 2021

Site Preference

❑ Wm. Hunter (Canton)
❑ Alliance Franklin (Alliance)
❑ Wm. Malloy (Massillon)
❑ Metro (Canton)
❑ Partners

_____
_____

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

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

❑ HS Full Day
❑ HS Part Day - AM
❑ HS Part Day - PM

_____ EHS Full Day
_____ 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)

❑ Alliance City ❑ Northwest Local ❑ Lake Local ❑ Tuslaw Local ❑ North Canton City ❑ Marlington Local
❑ Jackson Local ❑ Sandy Valley Local ❑ Minerva Local ❑ Canton Local ❑ Perry Local ❑ Plain Local
❑ Massillon City ❑ Canton City ❑ Osnaburg Local ❑ Louisville City ❑ 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 llimited 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: _____