

No Secondary Caregiver (skip application for secondary caregiver) ☐

Secondary Caregiver General Information

First Name

M. Init.

Last Name

Gender

☐

Male

☐

Female

B-Day

Language

- ☐ English
☐ Middle-Eastern Languages
☐ Spanish
☐ Pacific Island Languages
☐ Other _____

Other Language

- ☐ English
☐ Middle-Eastern Languages
☐ Spanish
☐ Pacific Island Languages
☐ Other _____

Ethnicity

☐

Hispanic

- ☐ White
☐ Asian
☐ Native American

Race

- ☐ Bi/Multi-racial
☐ Black
☐ Pacific Islander

☐ Unspecified

☐ Other _____

Education Level

- ☐ Bachelor or Advanced Degree
☐ Some College/Vocational/
Associates Degree
☐ High School Graduate
☐ GED
☐ Grade 11
☐ Grade 10
☐ Grade 9 or less

Employment Status

- ☐ Employed full time
☐ Homemaker
☐ Employed part time
☐ Retired or disabled
☐ Job training or in school
☐ Employed seasonal
☐ Self employed
☐ Unemployed

Employer / School Name

☐ (Active) Member of
US Military

☐ Veteran of US Military

Phone

Home:

Mobile:

Carrier:

Text

☐

Work:

E-mail:

☐ Same as Primary Caregiver's

Home Address

City

State

Zip Code

Medical Insurance

☐

Yes

☐

No

Specify:

Comments

Primary:

Secondary:

Child Information

Agency	<input type="text"/>	Applicant For	<input type="checkbox"/> <i>Current Year</i>	<input type="checkbox"/> <i>Next Year</i>
Desired Center	<i>Center 1</i>	<i>Center 2</i>	<i>Center 3</i>	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
First Name	<input type="text"/>	Mid. Init.	<input type="text"/>	Last Name <input type="text"/>
App. Date	<input type="text"/>	Gender	<input type="checkbox"/> <i>Male</i>	<input type="checkbox"/> <i>Female</i>
Birth Certificate:	<input type="text"/>	B-Day	<input type="text"/>	
		Social Security #:	<input type="text"/>	

Demographic Information

Language	<input type="checkbox"/> <i>English</i> <input type="checkbox"/> <i>Middle-Eastern Languages</i> <input type="checkbox"/> <i>Spanish</i> <input type="checkbox"/> <i>Pacific Island Languages</i> <input type="checkbox"/> <i>Other</i> _____	Other Language	<input type="checkbox"/> <i>English</i> <input type="checkbox"/> <i>Middle-Eastern Languages</i> <input type="checkbox"/> <i>Spanish</i> <input type="checkbox"/> <i>Pacific Island Languages</i> <input type="checkbox"/> <i>Other</i> _____
Ethnicity	Race		
<input type="checkbox"/> <i>White</i> <input type="checkbox"/> <i>Hispanic</i> <input type="checkbox"/> <i>Asian</i> <input type="checkbox"/> <i>Native American</i>	<input type="checkbox"/> <i>Bi/Multi-racial</i> <input type="checkbox"/> <i>Black</i> <input type="checkbox"/> <i>Pacific Islander</i>	<input type="checkbox"/> <i>Unspecified</i> <input type="checkbox"/> <i>Other</i> _____	
US Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No			

Eligibility Information

Parental Status			
(Check all that apply)			
<input type="checkbox"/> <i>Grandparent</i>	<input type="checkbox"/> <i>Teen Parent</i>	<input type="checkbox"/> <i>Student Parent</i>	<input type="checkbox"/> <i>Guardian</i>
<input type="checkbox"/> <i>Dual Custody</i>	<input type="checkbox"/> <i>Homeless</i>	<input type="checkbox"/> <i>Disabled Parent</i>	<input type="checkbox"/> <i>Foster Parent</i>
Relation to Primary Caregiver <input type="text"/>		Relation to Secondary Caregiver <input type="text"/>	
<input type="checkbox"/> Special Need	Disability Status <input type="checkbox"/> <i>No</i> <input type="checkbox"/> <i>Suspected</i> <input type="checkbox"/> <i>Certified IEP</i> <input type="checkbox"/> <i>Certified IFSP</i>		
<input type="checkbox"/> Child Protective Services		<input type="checkbox"/> Death of Immediate Family Member	
<input type="checkbox"/> Non-English Speaking		<i>(Within the previous 12 months)</i>	
Desired Program Option			
<input type="checkbox"/> <i>Four Hour Day</i>			
<input type="checkbox"/> <i>Full Day 6 Hour Day</i>			
<input type="checkbox"/> <i>Home Base</i>			

Additional Information

Family Size

In order to help establish program eligibility, we must determine the size of your family using the definition of "family" found in **45 CFR Part 1305.2(e)** of the Head Start Program Performance Standards. *This definition states that family means "all persons living in the same household who are: (1) Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, **AND** (2) related to the parent(s) or guardian(s) by blood, marriage, or adoption OR (3) the child's authorized caregiver or legally responsible party.*

Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>
Name	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
D.O.B.	<input type="text"/>	Relation to Child <input type="text"/>
Total # of family members <input type="text"/>		
(including child & caregivers)		

Transportation

Will you need Head Start to transport your child to and from school each day? ☐ Yes ☐ No

Emergency Information

Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	<input type="text"/>	Release to:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone #	<input type="text"/>	Emergency Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

I authorize the above designated persons to be contacted in case of emergencies and/or for release of my child. I certify that all information that I have provided in this application is complete and correct. I understand that if I knowingly provided false information, participation in this agency's program may be terminated and my family may not be eligible for further services. I also understand that the information provided will be kept confidential.

<input type="text"/>	<input type="text"/>
Parent / Guardian Signature	Date
<input type="text"/>	<input type="text"/>
Staff Signature	Title / Position

STEP HEAD START SELECTION PRIORITIES 2021-2022

STEP IS COMMITTED TO A POLICY OF NON-DISCRIMINATION IN ACCORDANCE WITH FEDERAL AND STATE CIVIL RIGHTS LAWS AND REGULATORY REQUIREMENTS. ADMISSIONS, SERVICES, EMPLOYMENT AND REFERRALS ARE MADE WITHOUT REGARD TO RACE, COLOR, NATIONAL ORIGIN, GENDER, DISABILITY, AGE, RELIGIOUS CREED, ANCESTRY OR ANY OTHER PROTECTED CLASS.

STEP Head Start selection is made in accordance to the guidelines found in the Federal Head Start Performance Standards. The following criteria are used in selection:

- 1. CATEGORICALLY ELIGIBLE (Eligible, regardless of income):**
 - a. A child in foster care,
 - b. A child whose family is homeless. (As defined under the McKinney Vento Act)
 - c. Kinship Care (As per guidelines found in the McKinney Vento Act)
- 2. INCOME:**
 - a. Children from families or caregivers (Kinship Care) whose income falls below 100% of the Federal Poverty Guidelines for the family's size or eligible for Public Assistance (TANF/SSI).
 - b. After priority is given to those meeting the above criteria, a limited number of families with incomes between 100-130% of the Federal Poverty Guideline (up to a maximum of 35%), and an additional 10% with incomes above 130% of the Federal Poverty Guideline may be selected.
- 3. CHILD'S AGE:**
 - a. **EARLY HEAD START serves pregnant women, infants, and toddlers through age 3.**
 - 1) Youngest children.
 - 2) For center-based classes:
 - (a) Children of various child ages.
 - (b) Children whose parents/guardians work, attend school or training.
 - b. **PRESCHOOL HEAD START serves children one and two years younger than kindergarten entrance age for the district in which the child lives.**
 - 1) In order of priority, income-eligible children who are:
 - (a) Continuing their preschool Head Start enrollment.
 - (b) Transitioning from Early Head Start as appropriate.
 - (c) One year younger than kindergarten entrance age.
 - (d) Two years younger than kindergarten entrance age.
 - 2) For center-based: Children whose parents/guardians work, attend school or training.
- 4. DISABILITY:**

Up to 10% of the enrollment slots are reserved for children with identified disabilities. This requirement must be met prior to meeting the needs of children from higher income families.
- 5. CHILD AND/OR FAMILY RISK FACTORS:**

Voluntary disclosure of certain risk factors by a child's parent or guardian.

2021 FEDERAL POVERTY GUIDELINES, US DEPT OF HEALTH & HUMAN SERVICES AND LOCAL SCHOOL DISTRICT KINDERGARTEN AGE ELIGIBILITY DATES

Family of 2021 GUIDELINES

1	\$ 12,880
2	\$ 17,420
3	\$ 21,960
4	\$ 26,500
5	\$ 31,040
6	\$ 35,580
7	\$ 40,120
8	\$44,660
\$4,540	Additional person

SCHOOL DISTRICT KINDERGARTEN DATE if 5 before

East Lycoming	September 1
Jersey Shore Area	September 1
Keystone Central	September 1
Loyalsock Township	September 1
Montgomery	September 1
Montoursville	September 1
Muncy	September 1
South Williamsport	August 30
Williamsport	September 1

Approved by the Head Start Policy Council: 11/18/20

Approved by the STEP, Inc. Board of Directors: 11/16/20