2020-21 Head Start Application

Have you ever filled out a Head Start application? ☐ **Yes** ☐ **No**

Enrolling Agency		**Enrolling Site**	

Primary Caregiver General Information

First Name [   ] **M. Init.** [   ] **Last Name** [   ]

Gender ☐ *Male* ☐ *Female* **App. Date** [   ] **B-Day** [   ]

Receives WIC ☐ *Yes* ☐ *No* **Social Security #**

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

Employment Status
☐ *Unemployed*
☐ *Self employed*
☐ *Employed seasonal*
☐ *Homemaker*
☐ *Employed Full Time*
☐ *Job training or in school*
☐ *Employed part-time*
☐ *Retired or disabled*

Employer / School Name [   ]

☐ **Veteran of US Military**
☐ **(Active) US Military**

Phone *Home:* [   ] *Mobile:* [   ] *Text* ☐
Work: [   ] *E-mail:* [   ] *Carrier:* [   ]

Home Address [   ]
City [   ] *State* [   ] *Zip Code* [   ]

Other Address [   ]
Address Type:
☐ *Previous* ☐ *Mailing* ☐ *Other*

Family Structure
☐ *Two Parent* ☐ *Single Parent*
☐ *# in Family*
☐ *# in Household* [   ]

Parent(s)/Guardian(s) Best Descriptor
☐ *Parents (biological, step, adoptive)* ☐ *Grandparents*
☐ *Other Relatives (nongrandparent)* ☐ *Foster Parent(s)*
☐ *Other*

Medical Insurance ☐ *Yes* ☐ *No* *Specify:* [   ]

Current Housing ☐ *Homeless* ☐ *Own* ☐ *Rent* ☐ *Other*
Current Housing Start Date [_ _ / _ _ / _ _ _ _] Month / Day / Year
Previous Housing ☐ *Homeless* ☐ *Own* ☐ *Rent* ☐ *Other*

*If "**Homeless**" or "**Other**" is listed for Current Housing, you must complete a McKinney Vento Questionnaire.*

Recruitment Activities: *How did you hear about the Head Start program and our application process?*
(Select Only One)

☐ *Community Event* ☐ *Public Ads (newspaper)* ☐ *Flyers/Posters*
☐ *Former HS Parent* ☐ *Family/Friend* ☐ *Public Service Announcement (tv, radio)*
☐ *Agency Referral* ☐ *Mailings* ☐ *Other*

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*   ☐ *Unspecified*
☐ *Black*   ☐ *Other_____*
☐ *Pacific Islander*

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:* [_____]

Home Address ☐ *Same as Primary Caregiver's*

[_____]

City [_____] *State* [_____] *Zip Code* [_____]

Medical Insurance ☐ *Yes* ☐ *No* **Specify:** [_____]

Comments

Primary:

Secondary:

Child Information

Agency		Applicant For	☐ *Current Year* ☐ *Next Year*

Desired Center	*Center 1*	*Center 2*	*Center 3*

First Name		**Mid. Init.**		**Last Name**	

App. Date		**Gender** ☐ *Male* ☐ *Female*	**B-Day**	

Birth Certificate: _____ **Social Security #:** _____

Demographic Information

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

Ethnicity	☐ *Hispanic*	**Race**	
	☐ *White*	☐ *Bi/Multi-racial*	☐ *Unspecified*
	☐ *Asian*	☐ *Black*	☐ *Other_____*
	☐ *Native American*	☐ *Pacific Islander*	

US Citizen ☐ **Yes** ☐ **No**

Eligibility Information

Parental Status

(Check all that apply)

☐ *Grandparent*	☐ *Teen Parent*	☐ *Student Parent*	☐ *Guardian*	☐ *Group Home*
☐ *Dual Custody*	☐ *Homeless*	☐ *Disabled Parent*	☐ *Foster Parent*	

Relation to Primary Caregiver _____   *Relation to Secondary Caregiver* _____

☐ **Special Need**	**Disability Status** ☐ *No* ☐ *Suspected* ☐ *Certified IEP* ☐ *Certified IFSP*

☐ **Child Protective Services**   ☐ **Death of Immediate Family Member**

☐ **Non-English Speaking**   *(Within the previous 12 months)*

Desired Program Option	☐ *Four Hour Day* ☐ *Full Day 6 Hour Day* ☐ *Home Base*

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 [ ] ☐ Male ☐ Female
D.O.B. [ ] **Relation to Child** [ ]

Name [ ] ☐ Male ☐ Female
D.O.B. [ ] **Relation to Child** [ ]

Name [ ] ☐ Male ☐ Female
D.O.B. [ ] **Relation to Child** [ ]

Name [ ] ☐ Male ☐ Female
D.O.B. [ ] **Relation to Child** [ ]

Name [ ] ☐ Male ☐ Female
D.O.B. [ ] **Relation to Child** [ ]

Total # of family members [ ]
(including child & caregivers)

Transportation

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

Emergency Information

Name [ ] *Release to:* ☐ *Yes* ☐ *No*
Phone # [ ] *Emergency Contact:* ☐ *Yes* ☐ *No*

Name [ ] *Release to:* ☐ *Yes* ☐ *No*
Phone # [ ] *Emergency Contact:* ☐ *Yes* ☐ *No*

Name [ ] *Release to:* ☐ *Yes* ☐ *No*
Phone # [ ] *Emergency Contact:* ☐ *Yes* ☐ *No*

Name [ ] *Release to:* ☐ *Yes* ☐ *No*
Phone # [ ] *Emergency Contact:* ☐ *Yes* ☐ *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.

[ ]	[ ]
Parent / Guardian Signature	***Date***
[ ]	[ ]
Staff Signature	***Title / Position***

Voluntary Disclosure

I voluntarily disclose to STEP Head Start the following risk factors about my child/family in order for my child to receive favorable consideration in the selection process. All information will be kept strictly confidential by program staff.

☐   I voluntarily disclose the following risk factors:

      ☐   Homelessness

      ☐   Child/family is a client of Children and Youth Services

      ☐   Family speaks little or no English

      ☐   Family has problems with substance abuse

      ☐   Serious recent family crisis, including extended illness, death, domestic violence or other emotional, health or financial problems that affect my family life

      ☐   Parent/Guardian has history of special education. Illiteracy or does not have a GED or a High School Diploma

      ☐   Child has a teenage parent

      ☐   Child does not live with either parent

      ☐   No access to Mental Health Services

      ☐   STEP Head Start is the only Early Learning provider in your area

      ☐   Child has a disability or parent is concerned about a disability

      ☐   Mother or Father are incarcerated

      ☐   Other important child or family concerns exist which are not listed above

☐   None of these risk factors listed apply to my child or my family

☐   I do not choose to disclose any information about the special consideration factors

_____   _____
    Parent/Guardian/Caregiver Signature   Date

Head Start Services

- Early Head Start Program promotes healthy prenatal outcomes, healthy families, and infant and toddler development beginning as early as the birth of the child.
- Head Start helps to create healthy development in low-income children ages three to five. Offers services that depend on each child's and family's culture and experience, to influence all aspects of a child's development and learning.
- Family and Community Partnerships Head Start offers parents opportunities and support as they identify and meet their own goals, nurture their children in the context of their family and culture, and advocate for communities that support children and families of all cultures.
- Head Start targets indigenous American peoples' children and families.
- Promotes the school-readiness of children from birth to five years old from low-income families by enhancing their cognitive, social, and emotional development.

Homeless children

The 2007 Head Start reauthorization directed Head Start to serve homeless children. Homeless children "lack a fixed, regular, and adequate nighttime residence". This includes the typical homeless child in a shelter or other outreach program, those living in motels or cars, but also children who are "sharing the housing of others due to loss of housing, economic hardship, or similar reason." Programs must identify such children and provide services within a reasonable period. Head Start programs must provide services to the younger and older siblings of such children.

Is my child eligible for Head Start?

Enrollment is based on age and income.

Children qualify for Head Start/Early Head Start in a number of ways:

- Infant to age three for Early Head Start
- Age three-five years old for Head Start Preschool.
- Family income 100% of the poverty Guideline. A family of 4 can make ($25,750)
- Family receives certain types of public support for the child (such as TANF, SSI payments)
- Foster child
- Child qualifies under the federal definition of homeless

If my family is over the poverty level guidelines, can my child still enroll in Head Start?

Yes, up to thirty five percent of enrollment slots are available for children whose families exceed the federal income guidelines up to 130% and up to 10% of enrollment slots are available for children whose families are above 131% of poverty

How much does it cost?

There is no charge to participate or attend Head Start. The program is federally funded by grant money.

What counties do you serve?

STEP Head Start has centers in Lycoming and Clinton Counties. We cover 90 miles between Renovo to Hughesville.

Will my child participate in a food program?

Yes, children are served breakfast and lunch. Monthly menus, which follow the nutritional guidelines of the Child and Adult Care Food Program, are posted in the Head Start center. Appropriate accommodations are made for children with food allergies.

How can parents be involved?

Parents are encouraged to volunteer and participate in all Head Start components i.e. classroom activities, participating in Head Start trainings, serving on parent committees etc. In addition each center elects an individual to serve on Policy Council. Policy Council representatives work in partnership with management staff and the governing board to develop, review, and approve or disapprove key Policies and Procedures within the Head Start program. It is the job of the Policy Council representative to serve as a link between Parent Committees and the Governing Body.

Can my child be enrolled if he/she has a disability?

Yes, at least 10% of children with documented disabilities are given priority for enrollment. Once the 10% is reached children with disabilities are then given the same opportunity for enrollment as a child without disabilities.

What is required for my child to register?

Head Start requires an up to date immunization record, proof of income, and health insurance information.

How do I submit an application for Head Start?

You can call the Step Head Start office in Williamsport at 570-601-9601 for an appointment to complete the application process. We verify the child's date of birth, immunizations, family income, address and phone number. If the application is complete, your child's name will be placed on the waiting list. If it is incomplete, we cannot place the child on the waiting list until we receive the information needed.

Why are there waiting lists to attend Head Start?

> STEP Head Start has 342 preschool slots in Lycoming and Clinton County. There are 120 Early Head Start slots in both Counties, plus 10 Mc. Total slots = 462. As required by federal regulations, a "priority or risk factor list" is used to make placement decisions of children. For example, four year old children receive more "points" than three year old children since all children should attend at least one year of pre-school before entering kindergarten. That being said, about 40 percent of all children in Head Start begin as three year olds. STEP Head Start also receives state PREK Counts funds for another 54 slots in Lycoming and Clinton County.

STEP HEAD START   **CHILD IMMUNIZATION RECORD**

CHILD'S NAME: _____ DOB: _____ GENDER: _____

CHILD'S ACCESS RECIPIENT# _____ CARD# _____   OR
PRIVATE INSURANCE COMPANY _____ INSURANCE #_____

CIRCLE RACE: White, African American, Bi-racial/Multiracial, Latino, Native American, Asian, Other_____

TYPE	M/D/Y	Doctor/clinic	TYPE	M/D/Y	Doctor/Clinic
Polio 1			Hepatitis B 1		
2			2		
3			3		
4			4		
DTAP 1			Varicella 1		
2			2		
3			Hepatitus A 1		
4			2		
5			Pneumoccal 1		
MMR 1			2		
2			3		
HIB 1			4		
2			Rotavirus 1		
3			2		
4			3		
LABS	M/D/Y	RESULT	Influenza 1		
PPD/TB			2		
SICKLE CELL			3		
LEAD			Other:		
IRON			Other:		

**EXEMPTIONS: If a child is not able to receive a particular immunization or test, enter the code letter of one of the following reasons in the DOCTOR/CLINIC column.

A. HAD DISEASE: Parent must obtain **written note from physician** and forward it to STEP Head Start. For Rubella, on a serologic test is a valid exemption.

B. MAY NOT HAVE PER DOCTOR TO _____ **ALLERGY** _____ **MEDICAL CONDITION**.
Parent must obtain **written note from physician** and forward it to Head Start.

C. PARENT REFUSING TO GET IMMUNIZATION. **ATTACH A NOTE OF WRITTEN REFUSAL FROM PARENT.**

3. CERTIFICATION OF IMMUNIZATION RECORD
I hereby attest that I have seen documentation of immunizations given to the child prior to enrollment in Head Start.

STAFF SIGNATURE: _____ DATE: _____

Kinrix- DtaP & IPV	**Pneumoccal- Prevnar**
Comvax– HIB & Hep B	**Pediarix– Dtap,HepB,& IPV**
Trihibit– DtaP & HIB	**MMRV(Proquad)– MMR & Varicella**
Pedvax- HIB	**Pentacel- HIB,IPV,& DtaP**

STEPS TO ENROLLMENT

STEP INC.

RECRUITMENT CARD

You might phone us,
or you might fill out a recruitment card at a community event.
We recruit year-round!

RECRUITMENT

Recruitment is our chance to get to know each other!

You Are Here Today!

APPLICATION

We will schedule an appointment with you to fill out the application for your child. We verify the child's date of birth, immunizations, family income, address, and phone number. If your application is incomplete, we will help you collect the required information. If all information is complete, your child's name will be placed on the waiting list!

SELECTION

Selections are made from the waiting list in order of eligibility, not by date of application.
90% of total slots must be income eligible for Head Start. Children age 0-5, living below poverty receive priority for Head Start. 3- and 4-year-old children up to 300% above poverty receive priority for PRE-K Counts.

ACCEPTANCE

If we have an opening and your child is the next eligible child on the waiting list, we will call to offer you the slot.

REGISTRATION

After acceptance, we meet for registration.
This gives you a chance to learn about Head Start and gives us more information about your child and your family. At this time, you give signed permission required for Head Start services.

ENROLLMENT

Enrollment is the first day your child starts in class, or the initial home visit for Home-Base.
The open slot must be filled within 30 days.
The teaching staff and the family will choose the best day for the child to begin.

WELCOME TO HEAD START !

STEP HEAD START SELECTION PRIORITIES
2020-2021

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.

2020 FEDERAL POVERTY GUIDELINES, US DEPT OF HEALTH & HUMAN SERVICES AND LOCAL SCHOOL DISTRICT KINDERGARTEN AGE ELIGIBILITY DATES

Family of   2020 GUIDELINES

1	$ 12,760
2	$ 17,240
3	$ 21,720
4	$ 26,200
5	$ 30,680
6	$ 35,160
7	$ 39,640
8	$44,120
$4,480	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	Call District 570-323-3694
Williamsport	September 1

Approved by the Head Start Policy Council: 11/13/19   **Approved by the STEP, Inc. Board of Directors: 12/16/19**