

Woonsocket Head Start Child Development Association, Inc. Application and Intake Form

Head Start is a comprehensive child development program offering early childhood education, health and social services as well as parent involvement opportunities to low income pre-school children and their families. Children are screened for vision, hearing, behavior and development and are provided educational opportunities based on their individual needs. Children with disabilities are welcome and are integrated into regular programming with special services offered to meet their needs. Well-balanced nutritional breakfast and lunch are part of the children's daily experience at Head Start. There is no transportation provided, but assistance with finding transportation through the RIPTA Flex Van, the school department and car pooling as appropriate is available if needed.

Although applications are taken year round, the active recruitment period is in the spring for the following fall enrollment. During the active recruitment period, once completed applications are received families are contacted for a selection interview in their home. During this interview a Family Assessment is completed and family income and child age are verified.

Enrollment in Head Start is based on the family income, age of the child and selection criteria related to the family's or child's needs. Family income must meet the Federal Poverty Guidelines established each year by the Government. Children must be three years of age by September 1 to be considered for enrollment, and children who are four by September 1 are given priority. Because we have a limited number of spots and can't enroll everyone who applies, children who are not immediately accepted into the program are put on a waiting list and selected to fill vacancies as they occur. All applications are prioritized based upon established selection criteria.

When applications come in after September your income and your child's age must be verified and information is taken from the application for ranking on the waiting list. Please include proof of income and child's age with the application for verification purposes.

Your child will not be put on the waiting list without proof of income.

Woonsocket Head Start Child Development Association, Inc.

204 Warwick Street
Woonsocket, RI 02895
769-1850
ps@whscda.org

350 Newland Avenue
Woonsocket, RI 02895
766-0112
cp@whscda.org

2 Bourdon Boulevard
Woonsocket, RI 02895
767-1018
bb@whscda.org

Please call if you have any questions.



WOONSOCKET HEAD START CHILD DEVELOPMENT ASSOCIATION, INC.

Center Preference: *Park Square Center* *Cass Park Center* *Bourdon Blvd. Center*
 769-1850 766-0112 767-1018

No Preference

HEAD START APPLICATION

CHILD <input type="checkbox"/> 4 year old 9-2-06 / 9-1-07		<input type="checkbox"/> 3 year old 9-2-07 / 9-1-08	
Child's legal last name:		Child's first name:	
		DOB:	
		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Child's Address		Apt.	Primary Language:
			Secondary Language:
Does your child have any medical problems: <input type="checkbox"/> Allergies, <input type="checkbox"/> asthma, <input type="checkbox"/> high le: <input type="checkbox"/> other			
Does your child have any diagnosed disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, check all that apply: <input type="checkbox"/> Behavior <input type="checkbox"/> Speech <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Delays			
Explanation:			
Date of Diagnosis: _____ Source (check one): <input type="checkbox"/> Physician <input type="checkbox"/> CDC <input type="checkbox"/> School Dept. <input type="checkbox"/> EI			
Any suspected delays? (what?)			
Is your child a foster child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is your child currently attending a Head Start, or preschool or day care program? <input type="checkbox"/> Yes <input type="checkbox"/> No Where?			
How did you hear about Head Start?			
Emergency contact other than parent for information on this application:			
Name		Phone No.	
PARENTS	Primary Parent/Guardian		Secondary Parent/Guardian
Name:			Lives in house? yes no
D.O.B.			
Home Phone:			
Cell Phone:			
Work Phone:			
Email address:			
*What Race/Ethnicity do you consider yourself to be? Check all that apply	<input type="checkbox"/> White/Anglo <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Multi-racial or Other (specify): _____	<input type="checkbox"/> White/Anglo <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Latino/Hispanic <input type="checkbox"/> Multi-racial or Other (specify): _____	
Primary Language:			
Secondary Language:			
What is your employment situation (Check one)	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> seasonal <input type="checkbox"/> retired <input type="checkbox"/> disabled <input type="checkbox"/> training/school <input type="checkbox"/> unemployed	<input type="checkbox"/> full time <input type="checkbox"/> part time <input type="checkbox"/> seasonal <input type="checkbox"/> retired <input type="checkbox"/> disabled <input type="checkbox"/> training/school <input type="checkbox"/> unemployed	
Income/wages	Amount \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	Amount \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly	
Enrolled in school	Where?		Where?
Please list all other household members: (Not including those listed above)			
Name	D.O.B.	Relationship to child	
OFFICE CODE:		OVER →	

Which agencies are you currently working with?
 Family Resources Community Action DHS Mental Health Center _____
 CCF School Dept. FCCP DCYF CEDARR
 Other _____

Are there any specific family needs or crisis (check all that apply)?
 Homeless Other housing crisis Domestic violence
 Child Abuse Mental Health Substance Abuse Other

Are you currently receiving TANF/FIP (cash assistance, etc)? yes no
 Amount\$ _____

Does any family member living in the household receive Social Security? yes no
 Amount\$ _____
 If yes, please write their name and relation to the child:

Are you currently receiving any of the following services on a regular basis (check all that apply)?
 Food stamps Rite Care WIC
 Child Care Subsidy Certificate # _____

***This information is for statistical purposes: Check all that apply**
 Child's Ethnicity: Hispanic/Latino Non Hispanic/Latino
 Child's Race: White, Black, Asian, Native American Other:

Please use PEN:
Parent Signature: _____ **Date:** _____

Who helped you fill out this application?
 Name: _____

Agency: _____ Phone: _____

For Office Use Only

1. Family size for income: _____ **Child's date of entry:** _____

2. Income verified? Y N by: _____

Explanation of No Income: Yes No \$0.00

W-2 (S) \$ _____ Annually \$

Tax Return (1040) \$ _____ Annually \$

Check stub \$ _____ Weekly Bi-weekly Monthly Annually \$

Letter \$ _____ Weekly Bi-weekly Monthly Annually \$

DHS/FIP \$ _____ Weekly Bi-weekly Monthly Annually \$

Child Support \$ _____ Weekly Bi-weekly Monthly Annually \$

SSI/SSDI \$ _____ Weekly Bi-weekly Monthly Annually \$

Unemployment \$ _____ Weekly Bi-weekly Monthly Annually \$

Other _____ \$ _____ Weekly Bi-weekly Monthly Annually \$

Income below federal poverty guidelines Foster status verified (Categorically eligible)

Homeless status verified (Categorically eligible) Public Assistance verified (Categorically eligible)

Birth verified? Y N by: Birth Certificate Medicaid Card Other

Total eligibility income \$ _____ Total Annual Income = \$ _____

Staff Signature: _____ Date: _____ **Income Eligible** Yes No

Signature of Family Services Approval: _____ Date: _____

Revised: April 2011