



2017-2018 School Year

Thank you for your interest in Durham Head Start. Please fill in this entire application. Your answers will determine where your child is placed on the waiting list. All information is kept confidential and will not be shared without your prior consent. Once your application is processed, your child will be placed on our waiting list for an available slot in our program. **Applications are accepted year round.**

Head Start is a comprehensive child development program for eligible children 3 to 4 years old designed in collaboration with families and the community to prepare children for success in school and life. Meals and snacks are provided while children are in our care. From enrollment to transition to Kindergarten, parents are engaged and supported as their child's first and most important teachers.*

**Children must be 3 or 4 years old by August 31.*

***Family must live in Durham County.*

Please mail, fax or drop off application and all required paperwork to

(Copies of documents can be made at either location if needed)

Durham Head Start Program
215 W. Seminary Ave.
Durham, NC 27701
Fax to: (919) 688-0237

Leathers-Mechem
908 Liberty Street
Durham, NC 27701
Fax to: (919) 536-5566

IMPORTANT: Please keep this page and contact us to verify that we received your application. **Your application will be placed on our waiting list** once all required documentation is received. Applications cannot be *processed* without the necessary documents. In the event that your child is selected, we will contact you by phone. Please contact us if your phone number(s) changes.

For more information visit or call:

Durham Head Start
215 W. Seminary Avenue
Durham, NC 27701
(919) 688-5541

Leathers Mechem CDC
908 Liberty Street
Durham, NC 27701
(919) 536-5560

<http://www. chtop.org>



Required Materials Needed from Parents

Copy of child's Birth Certificate

Most recent copy of child's immunizations

Proof of Risk Factors-If Applicable

- Documented medical reports regarding chronic health conditions
- Private Service Plan
- IEP/IFSP

Proof of address (current)

- Mortgage or lease statement, utility bill, driver's license or State issued photo ID.
- In some cases a family is living in somebody else's apartment and they do not pay the bills nor do they have anything being sent to the house in their name. In such circumstances we have accepted a letter from the owner/renter stating that the family lives in their house/apartment accompanied by a copy of proof of residency of said owner/renter.

- Copy of Child's Current Medicaid Card/Insurance Card**

Proof of ALL monthly household income

Sources of income include:

- Paystubs for all jobs held by parents, or legal guardians including long term temporary positions (including: part time jobs and income from current military service)
- Child Support for any child in the home
- Pension of the parents, or legal guardians
- SSA and/or SSI of the parents, or legal guardians
- Disability of child, parents, or legal guardians
- Alimony payments
- Commissioned Sales income
- Scholarships and/or grants
- If the parent/parents are students, proof of enrollment will be necessary.
- Financial Assistance forms
- Employment Letter

Proof of ALL annual household income

Sources include:

- 2016 W-2 statements
- 2016 Copy of prepared tax forms
- 2016 Self Employment or 1099 Statement

Application Date: _____ School Year Applying For: _____

CHILD'S INFORMATION

CHILD APPLYING

_____/_____/_____
Date of Birth

Male Female

HOME ADDRESS

CITY/STATE

ZIP CODE

MAILING ADDRESS (If different from above)

What race do you consider this child to be? (Check all that apply):

- American Indian or Alaskan Native Asian (Specify Country) _____ Black or African-American
 Native Hawaiian or other Pacific Islander White Other (specify): _____

What Ethnicity do you consider this child? (Check only one): Latino or Hispanic Origin Non-Latino or Non-Hispanic Origin

Who is this child being raised by?

- Married Parent/Guardian(s) Unmarried Parent/Guardian(s) who live together
 Single/widowed/separated or divorced Parent/Guardian (only one parent or guardian is involved in raising child)
 Divorced or Separated Parent/Guardians (both parents are actively involved in raising the child)

What health insurance does this child have? Medicaid # _____ Health Choice None
 Other _____

Is this child potty trained? Yes No

Are you applying for more than one child this school year? No Yes, child's name: _____

IMPORTANT: We encourage families to provide a physical exam and shot record when applying for DHS. We require a copy of the child's most recent physical exam and shot record for all enrolled children. Please call us at (919) 688-5541 if you are having trouble getting these records.

Write in name, address and phone number:

Where does this child go for check-ups/shots? Name: _____

Address: _____ Phone: _____

Where does this child go for dental care? Name: _____

Address: _____ Phone: _____

Where does this child go to the hospital/ER? Name: _____

Where does this child go for other health care (please list all)?

Name: _____

Address: _____ Phone: _____

Name: _____

Address: _____ Phone: _____

NAME OF CHILD APPLYING _____

DATE OF BIRTH _____/_____/_____

All information in this application is kept confidential

PARENT & FAMILY INFORMATION

	Primary Parent/Guardian	Secondary Parent/Guardian
Name:		
Date of Birth:		
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Female <input type="checkbox"/> Male
Relationship to Child:	<input type="checkbox"/> Biological Parent <input type="checkbox"/> Step or Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative (Specify) _____ <input type="checkbox"/> Other/No Relationship (Explain) _____	<input type="checkbox"/> Biological Parent <input type="checkbox"/> Step or Adoptive Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative (Specify) _____ <input type="checkbox"/> Other/No Relationship (Explain) _____
Custody of Child:	<input type="checkbox"/> Physical (lives with) <input type="checkbox"/> Joint <input type="checkbox"/> Legal <input type="checkbox"/> None	<input type="checkbox"/> Physical (lives with) <input type="checkbox"/> Joint <input type="checkbox"/> Legal <input type="checkbox"/> None
Home Address		
Mailing Address if Different from Above:	<input type="checkbox"/> Same	<input type="checkbox"/> Same
Best Contact Phone #:		
Work Phone #:		
E-Mail Address:		
Member of U.S. Military:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired/Discharged	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Retired/Discharged
Race: (✓ all that are appropriate)	<input type="checkbox"/> Asian (Specify Country): _____ <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Asian (Specify Country): _____ <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> Other (Specify): _____
Ethnicity:	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Latino/Hispanic (Specify Country): _____	<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Latino/Hispanic (Specify Country): _____
What is the primary language spoken in your home?		
Speaking, writing and reading in English	How well do you speak English? <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much <input type="checkbox"/> None How well do you read and write English? <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much <input type="checkbox"/> None	How well do you speak English? <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much <input type="checkbox"/> None How well do you read and write English? <input type="checkbox"/> Well <input type="checkbox"/> Some <input type="checkbox"/> Not much <input type="checkbox"/> None
What is your employment situation? (Check all that apply)	<input type="checkbox"/> Full-time (30 +hours) <input type="checkbox"/> Part-time job (29 hours or less) <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Self-employed (explain): _____ <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed or Retired <input type="checkbox"/> In Job-training program: _____ <input type="checkbox"/> Student Full-Time (where): _____ <input type="checkbox"/> Student Part-Time (where): _____ <input type="checkbox"/> Other: (please specify): _____	<input type="checkbox"/> Full-time (30 +hours) <input type="checkbox"/> Part-time job (29 hours or less) <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Self- employed (explain): _____ <input type="checkbox"/> Unable to work due to disability <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed or Retired <input type="checkbox"/> In Job-training program: _____ <input type="checkbox"/> Student Full-Time (where): _____ <input type="checkbox"/> Student Part-Time (where): _____ <input type="checkbox"/> Other: (please specify): _____
Provides Financial Support for Child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Last School Grade You Completed (please circle):	0 1 2 3 4 5 6 7 8 9 10 11 12 College? 1 2 3 4 5+	0 1 2 3 4 5 6 7 8 9 10 11 12 College? 1 2 3 4 5+
What Degree Did You Receive? (check highest):	<input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> No degree	<input type="checkbox"/> GED <input type="checkbox"/> HS Diploma <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate <input type="checkbox"/> No degree

NAME OF CHILD APPLYING

DATE OF BIRTH

MALE INVOLVEMENT- Applicable to Durham Head Start Children Only

Can Durham Head Start send information regarding center activity to any significant male role model(s) (father, uncle grandfather, cousin, family friend, etc...) in your child's life? Yes ___ No ___ Initials _____

If yes, please complete the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____ Email Address: _____

Additional Family and Household Information

Is this child's parent/primary guardian pregnant? Yes No How many people live in this same house including you? _____

List below everyone who lives in the home with this child (Brothers, Sisters, Aunts, Uncles, Grandparents and Non-relatives, etc., attach additional pages if necessary):

NAME	Sex	Age	Date of Birth	Relationship to Child	Speak English?	Does the child's parent/legal guardian pay for this person's living expenses?
				CHILD APPLYING	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Some	<input type="checkbox"/> Yes <input type="checkbox"/> No

HOUSING HISTORY

1. How many times have you changed residences in the past year? _____
2. How would you describe your current housing situation: safe, secure and adequate for me and my children overcrowded
 Unsafe unstable/have to move soon other: _____
3. Is your current address a temporary living arrangement? No Yes
4. Is this temporary living arrangement due to loss of housing or economic hardship? No Yes
5. Sharing housing with others due to loss of housing, economic hardship, or a similar reason? No Yes (specify how long)

6. Living in an emergency or transitional shelter or not had a regular place to sleep for one or more nights in the past 12 months? No
 Yes (specify how long) _____
7. Living in a vehicle of any kind, trailer park or campground without running water/electricity or in an abandoned building? No
 Yes (specify how long) _____

EMPLOYMENT AND FINANCIAL SUPPORT INFORMATION

Does your family receive any of the following services or assistance? (Check all that apply):

- Medicaid/Medicare Food Stamps/SNAP/EBT WIC Housing Assistance SSI for: _____
 SSA for: _____ Work First/TANF Unemployment Child Support
 Dept. of Social Services – Day Care Voucher DSS Foster Care (DSS Foster Care Worker: _____)

Are you currently receiving child care subsidy (CCSA) or DSS voucher? Yes No

If yes, for which children? _____

Applications cannot be processed without income documentation attached.

List all money received by parents/guardians and provide documentation of the amount. Write N/A if not applicable.

Child Support (for all children): Monthly Amount \$ _____	Foster Care Payments: Monthly Amount \$ _____
Work First/TANF: Monthly Amount \$ _____	Supplemental Security Income (SSI): Monthly Amount \$ _____
Social Security Benefits (SSA): Monthly Amount \$ _____	Work Study, Fellowship or Grant Award: Amount \$ _____
Unemployment: Monthly Amount \$ _____	Wages: Monthly Amount \$ _____
Retirement/Pension: Monthly Amount \$ _____	Other _____ : Monthly Amount \$ _____

EMERGENCY CONTACT

List 3 people to contact in case of an emergency:

NAME	PHONE NUMBER	ADDRESS, CITY & ZIP	RELATIONSHIP

Reminder: All information you provide will be held in strict confidence according to program policy.

Has this child been in Early Head Start or Head Start before? Yes No If yes, when? _____

Has this child ever attended a child care center or been cared for out of the home? Yes No

If yes, where? _____ How Long? _____

Is this child attending this child care program now? Yes No

Does this child have a sibling who is currently enrolled in Head Start? Yes No

Was this child born prematurely (34 weeks or less) or had a birth weight of less than 3 lbs. and 4 oz.? Yes No

If yes, at how many weeks? _____ How much did he/she weigh? _____

Does this child have a chronic health condition or is he/she medically fragile? Please explain: _____

Check all conditions your child have which could be important in an emergency: If none, check N/A

Asthma Diabetes Seizures, Convulsions Allergy, Foods _____

Allergy, Bites _____ Allergy, Meds _____ Other _____

NOTE: Action Plans are requested for all conditions checked (✓) and all allergies must be documented by the child's physician.

Has anyone expressed concerns or recommended services based on this child's health, learning, development or behavior?

No Yes, Family Member Yes, Pediatrician/Health Care Professional: _____

Yes, Teacher Yes, Child Service Coordinator or other caseworker: _____

Yes, I have concerns

If yes, please explain those concerns: _____

Does this child have a history of problem behaviors and/or other social/emotional concerns? No Yes if yes please explain: _____

Has this child received any developmental screening, assessment or evaluation because of concerns about his/her behavior, health or development, or for early intervention or special education services?

No Yes, Preschool Exceptional Education (IEP) through local school system

Yes, CDSA (Infant-Toddler Program) Yes, Pediatrician/Doctor Yes, Hospital or Clinic

Yes, Psychologist or Social Worker Yes, CC4C/Health Dept. Yes, CIDD or TEACCH

Yes, Private Therapy Agency Yes, other: _____

If **YES**, did the evaluation result in eligibility for the child to receive early intervention services (IEP)?

Yes No Unsure

If yes, check all of the following services that your child receives:

Service Coordination Speech Therapy Occupational Therapy Physical Therapy

Special Instruction/Special Education Behavior support/consultation

Does this child have a current IEP (Individualized Education Plan—Services with the School System)?

Yes No Unsure

If your child has an IEP please attach a copy to this application.

Important: We select children based on need and we understand that these questions are sensitive. Please answer honestly. All information will be held in strict confidence.

- Yes** **No** **In** the past year, have you had trouble meeting your child's basic needs for housing, healthcare, and/or food?
If yes, which and how often? _____
- Yes** **No** **Have** you or your child witnessed alcohol or drug abuse in your household?
- Yes** **No** **Has** your child witnessed physical, emotional, verbal or domestic violence in the home?
- Yes** **No** **Does** any person living within your home, have a disability?
If yes, who and what type of disability? _____
- Yes** **No** **Do** either of this child's parents have a mental illness? Specify _____
- Yes** **No** **Has** your child recently lost one of his/her parents due to: **Check all that apply**
 death imprisonment removal separation or abandonment?
- Yes** **No** **Has** your family been involved with DSS Child Protective Services (CPS) in the last 12 months?
- Yes** **No** **Has** any child in your family experienced abuse or neglect?
- Yes** **No** **Have** you ever lost custody of your child or voluntarily placed him/her in another home?
- Yes** **No** **Do** you or your child feel isolated or have limited opportunities to interact with others?
- Yes** **No** **Have** there been any other serious events, which have put stress on your family recently?
If yes, please explain: _____

Please provide any other information you believe Durham Head Start should consider when processing this child's application for

Please tell us how you found out about Durham Head Start. This will help us understand the best ways to reach out to families in our community (check all that apply): A posted flyer/sign A friend/neighbor/family member Someone who works with my family An agency where I receive services Name agency: _____

Other: _____

I certify that the information, including income, provided in this application is accurate and truthful to the best of my knowledge. If any part is false, my participation in this agency's program may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Parent/Legal Guardian's Signature

WHAT HAPPENS NEXT...Your application will be placed on our waiting list once all required documents are received. In the event that your child is selected, we will contact you by phone. It is very important that we are able to reach you. Please provide the names of two people (other than yourself) who can help us get in touch with you.

_____ Name	_____ Phone Number	_____ Relationship
_____ Name	_____ Phone Number	_____ Relationship

Please contact us if your address, phone number(s), income or other family information changes.

FOR OFFICE USE ONLY:
Applicant interviewed by (Name of Staff):