



Orange County Head Start/Early Head Start 2018-2019 Application for Services

OCHS/EHS serves families living in Orange County with children under five.
We value diversity and encourage all families to apply.



Thank you for your interest in Orange County Head Start/Early Head Start. Please complete all pages of this application. All information is kept confidential and will not be shared without your consent. We will review your application with you to ensure that your status on our waiting list reflects the needs of your family.

Applications are accepted year round.

Please gather the documents below before your application appointment. (Please do not mail originals.)

COMPLETE EACH PAGE AND SIGN APPLICATION – It is important that you answer ALL the questions to the best of your knowledge.

ATTACH PROOF OF INCOME OF PARENTS/GUARDIANS IN THE HOME for the past 12 months)-

REQUIRED INCOME DOCUMENTATION:

- Individual Income Tax Form 1040 for 2017 OR
- All W-2s or 1099s forms for 2017 AND/OR
- Recent Statement from employer AND/OR
- Pay Stubs showing your income for the past 12 months

**IF YOUR FAMILY RECEIVES ANY OF THE FOLLOWING,
YOU WILL ALSO NEED TO PROVIDE PROOF OF:**

- Work First/TANF
 - SSI or Social Security Benefits
 - Child Support
 - Unemployment
 - Work Study, Fellowship, Scholarship, or Grant
- **Statement of No Income** (available at OCHS/EHS office) **if unemployed and have none of the above.**

ATTACH PROOF OF CHILD'S AGE – Copy of an Official document with child's full name and date of birth.

Examples of age documentation that may be accepted:

- Birth certificate or other birth record
- Passport or other government document (i.e. I-94)
- Court documents showing name and date of birth of child
- NC Immunization record
- IFSP/IEP

ATTACH PROOF OF RESIDENCY IN ORANGE COUNTY– Must include the **parent's name and current physical address. Examples of residency documentation accepted:**

- Current lease or Rental Agreement – signed by landlord
- Water bill
- Current Orange County Property Tax bill
- Unpaid/ full page (not torn) electric bill
- Public service gas bill
- Cable bill

Please call us if none of these documents are in your name

IF YOUR CHILD HAS HEALTH INSURANCE, PLEASE PROVIDE US WITH A COPY OF HIS/HER MEDICAID OR MEDICAL INSURANCE CARD (If available).

SCHEDULE AN APPOINTMENT to review your application with OCHS/EHS staff by calling 919-490-5577, x248 or x233

If your child has an IFSP or IEP, please attach a copy to this application if available.

MAIL OR TAKE YOUR APPLICATION TO:

Orange County Head Start/Early Head Start
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
919-490-5577

OR

Fairview Child and Family Center
125 Lawndale Avenue
Hillsborough, NC 27278
919-643-4000

OR Fax: 919-490-4905 OR E-mail: InfoHS-EHS@chtop.org

www.chtop.org/Programs/Head-Start-and-Early-Head-Start.html



Orange County Head Start/Early Head Start INFORMATION SHEET 2018



OCHS/EHS Mission: *Engaging and Strengthening Families to Prepare Children for School and Life*

OCHS/EHS offers:

- **Early Head Start** - full-day/full-year child care for children under 3 located in Chapel Hill/Carrboro at partner centers in OCHS/EHS classrooms. 10 hour day (child care voucher required). **51 slots total**
- **Early Head Start** – full-day/full-year child care for children under age 3 located in Hillsborough at the Fairview Child and Family Center. 6 hour and 10 hour day options. **46 slots total**
- **Early Head Start Home Based** - Serving all of Orange County. Parent-child services focusing on child development and parent education offered through weekly home visits and biweekly parent-child playgroups. Services offered in Spanish, and Burmese/Karen. **67 slots total**
- **Head Start for 3-4 year olds** - 6 hour and 10 hour day options, school calendar year at Fairview Child and Family Center in Hillsborough for children living in Orange County School District. **28 slots total**
- **Head Start Pre-K/NC Pre-K** - for 4-5 year olds in PreK classrooms at Pathways, Central and Efland-Cheeks Elementary Schools for children living in Orange County School District. 6½ hour day, school calendar year. **52 slots total**

Requirements:

- Live in Orange County and
- Family meets income guidelines (see chart to the right), or receives SSI or Work First, is Homeless or child is in Foster Care. Children with documented disabilities (IEP/IFSP) may be considered regardless of income
- For Early Head Start: children under 3 and pregnant women
- For Head Start three-year olds: must be 3 years of age by August 31, 2018 and live in Orange County School District
- For Head Start/NC PreK four-year olds: must be 4 years of age by August 31, 2018 and live in Orange County School District

Head Start and Early Head Start are comprehensive child development programs for eligible children birth to 5 years old designed in collaboration with families and the community to prepare children for success in school and life.

Services are provided at no charge to the family.

Parents of enrolled children are engaged and supported as their child's first and most important teachers.

For more information visit or call us:

Orange County Head Start/Early Head Start
800 Eastowne Drive, Suite 105
Chapel Hill, NC 27514
919-490-5577

OR

Fairview Child and Family Center
125 Lawndale Avenue
Hillsborough, NC 27278
919-643-4000

2018 Federal Poverty Guidelines		
Family Size	Family Yearly Income 100%.	Family Yearly Income 130%.
1	\$12,140	\$15,782
2	\$16,460	\$21,398
3	\$20,780	\$27,014
4	\$25,100	\$32,630
5	\$29,420	\$38,246
6	\$33,740	\$43,862
7	\$38,060	\$49,478
8	\$42,380	\$55,094
For each additional person, add \$ 4,320		

OCHS/EHS Staff interviewing:	Location:	Date
		___/___/___

1. CHILD APPLICANT

NAME	FIRST _____ LAST / FAMILY NAME _____	D.O.B.	_____/_____/_____ MONTH DAY YEAR		
RACE	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____	ETHNICITY	<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Female <input type="checkbox"/> Not Hispanic / Latino <input type="checkbox"/> Male		
LANGUAGE PROFICIENCY	FLUENT SOME LITTLE NONE	HEALTH COVERAGE	<input type="checkbox"/> MEDICAID <input type="checkbox"/> Health Choice <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____		
	English <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			HEALTH CARE	
	Spanish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Medical Center for Check-ups/shots
	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				Dental Care Center/Dr.
<i>We will require a copy of the child's most recent physical exam and shot record for all accepted children before they can start in our program. Call us at 919-490-5577, x 226 for help with this.</i>			Other Health Care? List all:		

2. PRIMARY PARENT / GUARDIAN

NAME	FIRST _____ LAST / FAMILY NAME _____	D.O.B.	_____/_____/_____ MONTH DAY YEAR	
RACE	<input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native American <input type="checkbox"/> White <input type="checkbox"/> Other (specify) _____	ETHNICITY	<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Female <input type="checkbox"/> Not Hispanic / Latino <input type="checkbox"/> Male	
If Pregnant > Due Date: _____/_____/_____ MONTH DAY YEAR		RELATIONSHIP TO CHILD	<input type="checkbox"/> Biological parent <input type="checkbox"/> Step or Adoptive <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Foster: _____ <input type="checkbox"/> Other: _____	
LANGUAGE PROFICIENCY	FLUENT SOME LITTLE NONE		Do you have Custody of this child?	
	English <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spanish <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> I live with this child all the time <input type="checkbox"/> I live with this child part of the time <input type="checkbox"/> I don't live with this child <input type="checkbox"/> Another person / organization has legal custody of this child: _____	
	_____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
EMPLOYMENT	Working <input type="checkbox"/> Full time (30 hrs. or more) <input type="checkbox"/> Part Time (29 hrs. or less) <input type="checkbox"/> Work First training (TANF)? <input type="checkbox"/> Self-Employed (explain: _____) <input type="checkbox"/> My working hours are from ____ to ____ hrs <input type="checkbox"/> My working hours vary	Studying? Yes <input type="checkbox"/> No <input type="checkbox"/> Where? _____ Hrs. per term: _____		
	Not Working <input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed or retired <input type="checkbox"/> Unable to work due disability	Other? Specify _____		
EDUCATION	Last school grade parent / guardian completed		1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 5 Military Status <input type="checkbox"/> Active <input type="checkbox"/> Veteran	
	Highest Degree received	<input type="checkbox"/> No degree <input type="checkbox"/> Associate's or Technical Degree <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED or HS Diploma <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PHD)		
CONTACT INFO:	E-MAIL	WORK PHONE		
	CELL PHONE	HOME PHONE	OK to text <input type="checkbox"/>	

3. SECONDARY PARENT / GUARDIAN

NAME	FIRST _____	LAST / FAMILY NAME _____	D.O.B.	____ / ____ / ____ MONTH DAY YEAR																											
RACE	<input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> White		ETHNICITY	<input type="checkbox"/> Pacific Islander or Native Hawaiian <input type="checkbox"/> Native American <input type="checkbox"/> Other (specify) _____																											
				ETHNICITY	<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic / Latino																										
				GENDER	<input type="checkbox"/> Female <input type="checkbox"/> Male																										
If Pregnant > Due Date:		____ / ____ / ____ MONTH DAY YEAR		RELATIONSHIP TO CHILD	<input type="checkbox"/> Biological parent <input type="checkbox"/> Step or Adoptive <input type="checkbox"/> Relative: _____ <input type="checkbox"/> Foster: _____ <input type="checkbox"/> Other: _____																										
LANGUAGE PROFICIENCY	FLUENT SOME LITTLE NONE																														
	English	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>																								
	Spanish	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>																								
	_____	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>																								
					Do you have Custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I live with this child all the time <input type="checkbox"/> I live with this child part of the time <input type="checkbox"/> I don't live with this child <input type="checkbox"/> Another person / organization has legal custody of this child: _____																										
EMPLOYMENT	Working	<input type="checkbox"/> Full time (30 hrs. or more) <input type="checkbox"/> Part Time (29 hrs. or less) <input type="checkbox"/> Work First training (TANF)? <input type="checkbox"/> Self-Employed (explain: _____) <input type="checkbox"/> My working hours are from ____ to ____ hrs <input type="checkbox"/> My working hours vary			Studying? Yes <input type="checkbox"/> No <input type="checkbox"/> Where? _____																										
	Not Working	<input type="checkbox"/> Actively seeking employment <input type="checkbox"/> Homemaker <input type="checkbox"/> Unemployed or retired <input type="checkbox"/> Unable to work due disability			Other? Specify _____ Hrs. per term: _____																										
EDUCATION	Last school grade parent / guardian completed																														
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;">1</td> <td style="width: 10%;">2</td> <td style="width: 10%;">3</td> <td style="width: 10%;">4</td> <td style="width: 10%;">5</td> <td style="width: 10%;">6</td> <td style="width: 10%;">7</td> <td style="width: 10%;">8</td> <td style="width: 10%;">9</td> <td style="width: 10%;">10</td> <td style="width: 10%;">11</td> <td style="width: 10%;">12</td> </tr> <tr> <td>College</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>Military Status</td> <td colspan="2"><input type="checkbox"/> Active</td> <td colspan="4"><input type="checkbox"/> Veteran</td> </tr> </table>							1	2	3	4	5	6	7	8	9	10	11	12	College	1	2	3	4	5	Military Status	<input type="checkbox"/> Active		<input type="checkbox"/> Veteran		
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	Highest Degree received	<input type="checkbox"/> No degree <input type="checkbox"/> Associate's or Technical Degree <input type="checkbox"/> Bachelor's <input type="checkbox"/> GED or HS Diploma <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate (PHD)																													
CONTACT INFO:	E-MAIL	_____			WORK PHONE	_____																									
	CELL PHONE	_____			HOME PHONE	_____																									

4. FAMILY INFORMATION

Counting everyone who lives with the applying child, **HOW MANY PEOPLE LIVE IN THE SAME HOUSE?** _____

Please **LIST EVERYONE ELSE** WHO LIVES IN THE HOME WITH THIS CHILD
 (Siblings, Aunts, Uncles, Grandparents and Non-relatives. Attach additional pages if necessary)

Name	Gender	Age	Date of Birth	Relationship to Child	Language Spoken	Is this person financially supported by child's parent/guardian?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

4.1. HOUSING INFORMATION

LIVING ADDRESS	# STREET	APT/UNIT	CITY	STATE	ZIP CODE
	TYPE <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home/Trailer <input type="checkbox"/> Temporary Community Housing (IFC/ Homestart / Oxford House) <input type="checkbox"/> House <input type="checkbox"/> Hotel/Motel Room <input type="checkbox"/> I live with friends or extended family <input type="checkbox"/> I don't have a home				
Is this a temporary address? Yes <input type="checkbox"/> No <input type="checkbox"/>			Is the lease or mortgage in your name? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> I live in public housing / receiving allowance for housing (HUD, Section 8, etc.)				How long have you lived at your current address? _____	
<input type="checkbox"/> I have changed residences more than 2 times in the past year					
Do you expect to be living in the same residence next year? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why not?					
Why did you move from your previous residence?					
MAILING ADDRESS	(If different from living address)				
	# STREET / PO BOX	APT/UNIT	CITY	STATE	ZIP CODE

4.2. WHAT IS THE PRIMARY LANGUAGE SPOKEN AT HOME: English Spanish Other(s): _____

For parents/guardians who don't speak English or Spanish:
If you have a relative or friend available to interpret for you, please write their contact information below.

Name:	Relationship to you:
Phone number:	<input type="checkbox"/> OK to text
May we call this person to contact you with basic questions/information? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you allow this person to interpret for you in sensitive or personal conversations? <input type="checkbox"/> Yes <input type="checkbox"/> No

4.3. SERVICES OR ASSISTANCE YOUR FAMILY RECEIVES (CHECK ALL THAT APPLY)

Food Stamps / **SNAP** (Supplemental Nutrition Assistance Program) **WIC**

SSI (Supplemental Security Income) For: (Name) _____ Care Coordination for Children (**CC4C**)

4.4. OTHER CONTACTS in case we can't reach you:	Name:	Phone #	Relationship to parent:
	Name:	Phone #	Relationship to parent:

4.5. OTHER AGENCY WORKERS supporting your family:	Name:	Phone #	Agency:	e-mail address:
	Name:	Phone #	Agency:	e-mail address:

4.6. HOW DID YOU FIND OUT ABOUT ORANGE COUNTY HEAD START/EARLY HEAD START?

I saw a flyer/poster/sign. Where?

A Friend/neighbor/family member referred me. Who?

One of the offices I go to for services Which one?

Other Explain:

If someone else helped you to complete this application, please write down their contact information	Name		Agency	
	Phone		E-mail	

5. CHILD'S HEALTH INFORMATION

5.1. BIRTH INFORMATION

- Child born prematurely (34 weeks or less) at week # _____
 Child's birth weight of less than 3 lbs. 4 oz. Weight was _____

5.2. If your child has any CHRONIC CONDITION / ONGOING MEDICAL ISSUE (e.g. asthma, allergies, seizures) please explain:


5.3. If there are any HEALTH, LEARNING, or DEVELOPMENT CONCERNS about this child, please explain:

Who expressed these concerns?

- Family Member Pediatrician I have concerns
 Teacher Health Care professional Other: _____

5.4. Is there a history of PROBLEM BEHAVIORS and /or other SOCIAL/EMOTIONAL concerns? Please explain below

5.5 HAS THIS CHILD RECEIVED A DEVELOPMENTAL SCREENING, ASSESSMENT or EVALUATION BECAUSE OF CONCERNS?

- | | | | | | | | | | | |
|-----------------------------|------------------------------|--|-------------|------------------------------|-----------------------------|---------------------------------|---|-------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes | Did evaluation result in ELIGIBILITY for : | IEP | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure |  | Is IEP current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | IFSP | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unsure | | Is IFSP current? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5.6. CHECK ALL SERVICES YOUR CHILD RECEIVES

- Speech Therapy Physical Therapy Occupational Therapy Other: _____
 Behavior support /consultation Special Instruction / Special Education

6. FAMILY EXPERIENCES

IMPORTANT: The following questions are very sensitive. Remember, all your answers will be kept confidential.

- | | |
|--|--|
| Is your housing situation unsafe, unstable or overcrowded? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is your neighborhood a safe place for your children? If no, why? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you or your child feel isolated or have limited opportunities to interact with others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had trouble providing enough clothing, food, or diapers for your children at times in the last year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this child lived in a household with someone who was addicted to or misused alcohol or drugs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Was this child exposed to alcohol or drugs during Mom's pregnancy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this child witnessed physical, emotional or verbal violence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have any of your children experienced physical, emotional or verbal abuse or neglect? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does any person living within your home have a disability or a mental illness (depression, anxiety, bipolar disorder, etc.)?
Please tell us who and what type of disability/mental illness? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child recently experienced the loss or absence of his/her parent(s) due to separation/abandonment/removal/incarceration/death? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your family ever been involved with DSS Child Protective Services (CPS)? When? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever lost custody of your child or voluntarily placed him/her in another home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has any member of family been granted refugee status? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have there been any other major events which have put stress on your family recently? If yes, please explain: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

7. EMPLOYMENT AND FINANCIAL SUPPORT INFORMATION

Please write down the amounts for all income your family receives, and provide us with documentation. Call us if you have questions.

7.1 - FINANCIAL SUPPORT FROM SOCIAL SERVICES, FOSTER, CHILD SUPPORT OR EDUCATION

CHILD SUPPORT (for all children, enforced or not)	\$ _____ / month	SSI (SUPPLEMENTAL SECURITY INCOME)	\$ _____ / month
FOSTER CARE PAYMENTS	\$ _____ / month	SOCIAL SECURITY BENEFITS	\$ _____ / month
GRANTS OR FELLOWSHIPS	\$ _____ / month	UNEMPLOYMENT	\$ _____ / month
WORK FIRST / TANF	\$ _____ / month	OTHER	\$ _____ / month

7.2 – EMPLOYMENT – Please list all jobs parents / guardians have had in the LAST 12 MONTHS

PRIMARY PARENT / GUARDIAN

EMPLOYER	DATES OF EMPLOYMENT		Still there	Average HOURS worked per week	PAY RATE
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

SECONDARY PARENT / GUARDIAN

EMPLOYER	DATES OF EMPLOYMENT		Still there	Average HOURS worked per week	PAY RATE
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
	____/____	to ____/____	<input type="checkbox"/>		\$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

If BOTH parents/guardians HAVE NOT HAD A JOB in the past 12 months and DO NOT RECEIVE any of the income listed above, please check here and we will follow up:

My family had NO INCOME in the past 12 months. Call us if you have any questions.

8. CHILD CARE INFORMATION AND PROGRAM OPTIONS

Check if one of the following situations apply.	<input type="checkbox"/> I need child care to continue working and/or going to school (already enrolled) <input type="checkbox"/> I need child care to find a job and/or to go to school /job training/other training (not yet enrolled)		
Has this child been in Early Head Start or Head Start before?	<input type="checkbox"/> No <input type="checkbox"/> Yes		
Has this child ever attended a child care center or been cared for out of the home?	<input type="checkbox"/> No <input type="checkbox"/> Yes	Where?	Currently attending? <input type="checkbox"/> Yes <input type="checkbox"/> No
		How long?	
Does this child have a sibling that is currently or was previously enrolled in Early Head Start or Head Start?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you receive DSS voucher / subsidy for child care?	<input type="checkbox"/> No <input type="checkbox"/> Yes: For which children?		
What kind of transportation do you use?	<input type="checkbox"/> My car <input type="checkbox"/> Bus <input type="checkbox"/> Family/Neighbor <input type="checkbox"/> Other _____		
What hours do you need child care?	From _____ hrs. To _____ hrs.		

8.1. HOME-BASED OPTION

FOR CHILDREN UNDER 3 YEARS OLD, and PREGNANT WOMEN

- I am interested in having **weekly Educational HOME VISITS** and attending parent/child **PLAYGROUPS twice per month**.
- I am **PREGNANT** and I am interested in having Home Visiting Services before and after my child is born.

8.2. CENTER-BASED OPTION

FOR CHILDREN WHO ARE 6 WEEKS to 4 YEARS OLD.

Children who will be 3 or 4 years old by September 1st of 2018 must live in the Orange County School District to be considered.

We do not provide transportation.

Early Head Start	<input type="checkbox"/> 6 weeks to 3 year-old children - I could get my child to a center in the Chapel Hill/Carrboro area. <input type="checkbox"/> 6 weeks to 3 year-old children - I could get my child to Fairview Child & Family Center in Hillsborough .
Head Start	<input type="checkbox"/> 3 to 4 year-old children - I could get my child to Fairview Child & Family Center in Hillsborough .
HS NC Pre-K	<input type="checkbox"/> 4 to 5 year-old children - I am interested in enrolling my child in a Head Start/NC Pre-K classroom in the Orange County School District, from 7:30 am -2:00 pm. Which site would you prefer? <input type="checkbox"/> Central <input type="checkbox"/> Efland Cheeks <input type="checkbox"/> Pathways <input type="checkbox"/> No Preference (While we will consider your preference, we cannot guarantee a slot at the site of your first choice)

APPLICATION CONSENT FOR EXCHANGE OF INFORMATION

Child's name	Date of Birth

The Orange County Head Start/Early Head Start program operates in partnership with community agencies serving children and families. These partnerships help us to promote access to programs for families who are eligible to receive them. Your consent for our program staff to discuss your child's needs with other agencies will help to ensure that our services to your family are efficient and unified with other services your family may receive.

I GIVE MY CONSENT FOR THE ORANGE COUNTY HEAD START/EARLY HEAD START PROGRAM TO EXCHANGE INFORMATION WITH THE AGENCIES LISTED BELOW.

Please cross out any agencies or companies listed below that you do not want us to exchange information with.

- | | |
|--|--|
| <ul style="list-style-type: none"> • Orange County Health Department (OCHD) • Local WIC program • Department of Social Services (DSS)– TANF/Work First, Day Care, Child Protective Services, Medicaid Program • Durham Child Development Service Agency (CDSA) – to include IFSP and any evaluations • Child Care Services Association (CCSA) • Orange County Partnership for Young Children/NC Pre-K • Chapel Hill - Carrboro City Schools- to include IEP and any evaluations | <ul style="list-style-type: none"> • Orange County Schools - to include IEP and any evaluations • KidsCope • OCEHS Child Care Partners - Chapel Hill Day Care Center, Spanish For Fun, KidsCope Early Learning Center, Horizons • CIDD (UNC Carolina Institute for Developmental Disabilities) • TEACCH Autism Program • Previous Early Head Start or Head Start program or Child Care program - Please list name and address below ↓ • _____ • _____ |
|--|--|

Please list your child's pediatricians and any other place your child is seen for health care or specialty care:

- Doctor's Office/Health Care Center (please specify): _____
- Dentist: _____
- Other Health Care Provider (please specify): _____
- Name of child's Therapist(s) (if applies) _____

I understand that **this consent is voluntary** and is valid until my child is enrolled in the Orange County Head Start/Early Head Start program, or until I cancel this release in writing. I understand that this page of my application may be faxed to the above agencies to show my consent for this release.

I ALSO CERTIFY THAT THE INFORMATION, INCLUDING INCOME, PROVIDED IN THIS APPLICATION IS ACCURATE AND TRUTHFUL TO THE BEST OF MY KNOWLEDGE.

		____ / ____ / ____
Parent/Legal Guardian's Signature	Relationship to Child	Date

See what's next on your application process →

Once you:

- Complete each page and sign application
- Attach proof of all income for parents/guardians in the home
- Attach proof of child's age and proof of residency in Orange County, and
- Have an interview to review your application with an OCHS/EHS staff member (schedule an appointment at 919-490-5577-x 248 or x 233 - if you haven't yet)

You will receive a letter to confirm the status of your application or to request additional information. If an opening becomes available for your child we will contact you by phone.

Additional Comments from Parents/Guardian:

Notes from OCHS/EHS Staff who interviews:
