

# Agra, Chandler, Davenport, Prague, Stroud and Carney Head Start

Divisions of Wewoka Public Schools Co-op Head Start  
Lincoln County Head Start Office: 823 S. Third Ave, Stroud, OK  
Office: 405-257-2321 or Fax: 405-257-5737

## Application Cover Sheet

Thank you for applying for our Head Start Program. We are a Federally Funded program serving children with special needs and families that meet eligibility requirements. In order to process your application, the following items are REQUIRED:

- Completed Application
- Proof of Income for all members of the household (check stub, TANF Letter, Child Support, SSI documentation, Tax Record, etc.)
- Certified Birth Certificate

Other items needed in order to have completed application would be:

- ❖ Current Immunization Record
- ❖ Copy of recent Physical and Dental exam (within the last 12 months)  
Note: If you have or have had WIC services you may be able to obtain these test results.
- ❖ Copy of Medical and/or Insurance Card

When completing the application, please use blue or black ink and write neatly. It is very important that you complete the entire application, sign and date it. If you need assistance in completing the application, please contact your local teacher or Family Service Worker. If your child has been diagnosed with a disability including speech/language disorders, please attach a copy of all available reports, diagnosis, evaluations, and current I.E.P. If you do not know about medical insurance available through D.H.S., please ask our staff about it or contact your county D.H.S office.

## YOU WILL BE NOTIFIED BY MAIL OR PHONE OF THE STATUS OF YOUR CHILD'S APPLICATION.

Please mark below which center you would like your child to places. If you are willing to go to more than one center please indicated your first, second, and third choice.

\_\_\_\_\_Agra \_\_\_\_\_Chandler \_\_\_\_\_Davenport \_\_\_\_\_Prague \_\_\_\_\_Carney

# Applicant & Family Member Information

Applicant									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None					<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate					<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient						
Primary Health Coverage		Other Coverage		Insurance #		Medicaid Eligibility		Medicaid #	
						<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medicaid <input type="checkbox"/> Potentially			
Dental Coverage		Dental Coverage #				Dentist/Dental Home			

Primary Adult									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None					<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate					<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient						
Highest Grade Completed		Employment Status		Child's Relationship		Custody		Check all that apply	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes			<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No			<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative				<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster					
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other					
	<input type="checkbox"/> Master's								
								If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Email Address:

Secondary or Other Adult									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None					<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate					<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient						
Highest Grade Completed		Employment Status		Child's Relationship		Custody		Check all that apply	
<input type="checkbox"/> Associate's	<input type="checkbox"/> Grade 10	<input type="checkbox"/> Full Time	<input type="checkbox"/> Full Time & Training	<input type="checkbox"/> Biological/Adopted/Step	<input type="checkbox"/> Yes			<input type="checkbox"/> Lives with Family	
<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Part Time	<input type="checkbox"/> Part Time & Training	<input type="checkbox"/> Grandchild	<input type="checkbox"/> No			<input type="checkbox"/> Provides Financial Support	
<input type="checkbox"/> Col Deg/Train	<input type="checkbox"/> Grade 12	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Training or School	<input type="checkbox"/> Other Relative				<input type="checkbox"/> Teen Parent	
<input type="checkbox"/> Col or Adv Train	<input type="checkbox"/> < Grade 9	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Foster					
<input type="checkbox"/> GED	<input type="checkbox"/> HS Graduate			<input type="checkbox"/> Other					
	<input type="checkbox"/> Master's								
								If teen parent, subsidized? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Email Address:

Additional Child (Non-Applicant) *									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None					<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate					<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient						

Additional Child (Non-Applicant) *									
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN	Alt ID	
Race		Hispanic		English Proficiency		Other Language		Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None					<input type="checkbox"/> Poor	
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> No	<input type="checkbox"/> Little					<input type="checkbox"/> Moderate	
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial		<input type="checkbox"/> Moderate					<input type="checkbox"/> Proficient	
<input type="checkbox"/> Other:			<input type="checkbox"/> Proficient						

\* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

This Section for Agency Use Only

Applicant Name: \_\_\_\_\_ Birthday \_\_\_\_\_

### Family Information, Income & Contacts

#### Family Information

Family Living Address							
Started Living At Date	Living Address	Address Line 2	ZIP	City	State	County	
Family Mailing Address							
Same as living?	Started Using Date	Mailing Address	Address Line 2	ZIP	City	State	
<input type="checkbox"/> Yes <input type="checkbox"/> No							
Phone Number(s)	Type (check one)	Note (extension or best time to call)			Opt In for Text Messages		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other				<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One <input type="checkbox"/> Two		<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	

#### Family Income

Income Verified by	Verification Date	TANF Status	SSI			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Note
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

#### Emergency Contacts

Contact 1	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Address	ZIP	City	State
Contact 2	Phone Number 1	Phone Number 2	Phone Number 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work
	Name	Relationship	Emergency Contact	Release To
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact 3	Address	ZIP	City	State
	Phone Number 1	Phone Number 2	Phone Number 3	
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs 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/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Number in Family

### Eligibility Criteria

Eligibility for each child is based on total number of points. Each of these categories have been assigned a number value.  
Please indicate any and all of the following that apply to your family with a yes or no response.

Eligibility Question	Yes or No
Two parent family both working or going to school	
Two parent family one working or going to school	
One parent family working or going to school	
One parent family not working or going to school	
Foster parent/Grandparent/Extended Family	
Diagnosed disability (IEP)	
Suspected disability	
Family living with extended family or friends	
Child transitioning from Early Head Start	
Returning Head Start child	
Military family with deployment	
Incarcerated parent	
Lack of child care	
English as a second language	
Mental/Chronic physical illness in home	
Major family crisis in past 12 months	
Family serves as a foster family	