



# WESTMORELAND COUNTY HEAD START/EARLY HEAD START ENROLLMENT APPLICATION

## Section 1: Eligible Child Information

<b>Legal Name of Child (First, Middle, Last)</b>	<b>Birthdate</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Application Date:</b>
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Bi-racial/Multi-racial <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Other _____			
<b>Child/Family's Primary Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Other: _____		<b>English as Second Language:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Does this child have Health Insurance?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Type) _____		<b>Does this child have Dental Insurance?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Type) _____	
<b>Doctor's Name:</b>		<b>Dentist's Name:</b>	
<b>Does this child have a health concern or disability/special needs?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (Please specify) _____ <input type="checkbox"/> Suspected (explain) _____		<b>Does this child have a current IEP or IFSP?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Is there a Court Order limiting or restricting custody and/or access to the child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>* If there is a Court Order, please provide a certified, current copy of the order to Head Start *</i>			
<b>Is this household:</b> <input type="checkbox"/> One Parent (Complete Section 2 with your information) <input type="checkbox"/> Two Parent (Complete Sections 2 and 3)		<b>Household family size:</b> Total number of children: _____ Total number of adults: _____	
Is your family experiencing homelessness (lack of a fixed, regular/adequate nighttime residence, Community Shelter) <input type="checkbox"/> Yes <input type="checkbox"/> No			

## Section 2: Parent/Guardian 1 - Information

**Parent (biological/adoptive/step)**  **Grandparent**  **Relative (other than grandparent)**  **Foster**

<b>Name (First/Middle/Last)</b>	<b>Birthdate</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	<b>Resides in home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Non-Latino			
<b>Race:</b> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Bi-racial/Multi-racial <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Other _____			
<b>Primary phone #:</b>		<b>Alternate phone #:</b>	
<b>Email Address:</b>			
<b>Street Address:</b>		<b>City:</b>	<b>State:</b> <b>Zip:</b>
<b>What school district does your family reside in?</b>			
<b>Education Level (check highest completed):</b> <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate's Degree/Vocational/Some College <input type="checkbox"/> Advanced Degree or Baccalaureate Degree	<b>Are you currently working?</b> <input type="checkbox"/> Yes (check one below) <input type="checkbox"/> Working Full Time (30+ hours each week) <input type="checkbox"/> Working Part Time (Less than 30 hours each week) <input type="checkbox"/> Seasonal <input type="checkbox"/> No (check one below) <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for work <input type="checkbox"/> Not looking for work <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	<b>Are you a veteran of the United States military?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Are you a member of the United States military on active duty?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	
<b>Are you currently in school/training?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
<b>Do you currently have Health insurance for yourself?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (type) _____			

**Section 3: Parent/Guardian 2 - Information**  N/A  REFUSED  DECEASED  
 Parent (biological/adoptive/step)  Grandparent  Relative (other than grandparent)  Foster

<b>Name</b> (First/Middle/Last)	<b>Birthdate</b>	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	<b>Resides in home?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Ethnicity:**  Hispanic or Latino  Non-Hispanic or Non-Latino  
**Race:**  White  Black/African American  Bi-racial/Multi-racial  American Indian/Alaska Native  Asian Other \_\_\_\_\_

**Primary phone number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

<b>Education Level (check highest completed):</b> <input type="checkbox"/> Less than High School graduate <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Associate's Degree/Vocational/Some College <input type="checkbox"/> Advanced Degree or Baccalaureate Degree  <b>Are you currently in school/training?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Are you currently working?</b> <input type="checkbox"/> Yes (check one below) <input type="checkbox"/> Working Full Time (35+ hours each week) <input type="checkbox"/> Working Part Time (Less than 35 hours each week) <input type="checkbox"/> No (check one below) <input type="checkbox"/> Unemployed <input type="checkbox"/> Looking for work <input type="checkbox"/> Not looking for work  <input type="checkbox"/> Retired <input type="checkbox"/> Disabled	<b>Are you a member of the United States military on active duty?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes  <b>Are you a veteran of the United States military?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes
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**Do you currently have Health insurance for yourself?**  No  Yes (type) \_\_\_\_\_

**Section 3: Program Options**

Family needs year-round care  
 Family needs part-year care (according to school district calendar)  
 Family needs more than 6 hours of childcare per day  
 Family is receiving CCIS

**Section 4: Other Household Members - include ALL children and adults in the household EXCEPT Parent/Guardian(s)**

<b>1. Name (First, Middle, Last)</b>	<b>Birthdate</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relation to Eligible child:</b>
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**Ethnicity**  Hispanic or Latino  Non-Hispanic or Non-Latino  
**Race:**  White  Black/African American  Bi-racial/Multi-racial  American Indian/Alaska Native  Asian Other \_\_\_\_\_

**Health Insurance:**  No  Yes (type) \_\_\_\_\_

<b>2. Name (First, Middle, Last)</b>	<b>Birthdate</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relation to Eligible child:</b>
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**Ethnicity**  Hispanic or Latino  Non-Hispanic or Non-Latino  
**Race:**  White  Black/African American  Bi-racial/Multi-racial  American Indian/Alaska Native  Asian Other \_\_\_\_\_

**Health Insurance:**  No  Yes (type) \_\_\_\_\_

<b>3. Name (First, Middle, Last)</b>	<b>Birthdate</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relation to Eligible child:</b>
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**Ethnicity**  Hispanic or Latino  Non-Hispanic or Non-Latino  
**Race:**  White  Black/African American  Bi-racial/Multi-racial  American Indian/Alaska Native  Asian Other \_\_\_\_\_

**Health Insurance:**  No  Yes (type) \_\_\_\_\_

**Does anyone in the household have a disability?**  No  Yes (explain) \_\_\_\_\_

\*Continue to page 4 to list any additional household members

**Section 5: Income Eligibility**

**How is my family eligible?**

Someone in the household is:

- Receiving SSI
- Receiving Cash Benefits (TANF)
- Child Applying is a Foster Child
- Experiencing homelessness
- Income eligible

Size of Family	Annual Income (100%)	130%	Size of Family	Annual Income (100%)	130%
1	\$12,140	\$15,782	5	\$29,420	\$38,246
2	\$16,460	\$21,398	6	\$33,740	\$43,862
3	\$20,780	\$27,014	7	\$38,060	\$49,478
4	\$25,100	\$32,360	8	\$42,380	\$55,094

**Section 6: Household Monthly Family Income**

Employment: \$ \_\_\_\_\_ /month

Social Security Disability (SSD): \$ \_\_\_\_\_ /month

Child Support: \$ \_\_\_\_\_ /month

Spousal Support/Alimony: \$ \_\_\_\_\_ /month

Unemployment: \$ \_\_\_\_\_ /month

Other: \$ \_\_\_\_\_ /month

**\* PROOF OF INCOME (12 MONTHS PRIOR TO APPLICATION DATE), PROOF OF CASH ASSISTANCE, SSI DOCUMENTATION OR FOSTER PLACEMENT LETTER MUST BE SUBMITTED ALONG WITH THE APPLICATION TO BE CONSIDERED FOR THE PROGRAM \***  
*(ANY AND ALL DOCUMENTS SENT WILL BE KEPT CONFIDENTIAL)*

**Is your family receiving any of these services or experiencing any of the following?**

- Supplemental Nutrition Assistance Program (SNAP)
- WIC
- Energy Assistance
- Medical Assistance
- Involvement with Westmoreland County Children's Bureau
  - Not currently, but have been in the past
- Mental Health Services
- Life skills/Family Preservation
- Westmoreland Case Management (WCSI)
- Intermediate Unit
- Early Intervention
- Food Banks

- Domestic Violence
- Currently Incarcerated Parent
- Death of an Immediate family member
- Parental Drug/Alcohol Abuse
- Teen Parent
- Disaster/Tragedy/Severe trauma in family
- Military Deployment
- Housing and/or utility issues
- Lack of enough food/clothing
- Chronic health problems

**How did your family learn about Head Start?**  Flyer  Friend or Relative  Enrolled before  Online  Website  Community Event

Magazine, Clipper, Phonebook  Advertisement  Pizza box/hoagie  Elementary school  Agency Referral \_\_\_\_\_

Other \_\_\_\_\_

**I declare under penalty of perjury and the laws of the state of Pennsylvania that the information and income contained herein is true and correct to the best of my knowledge. 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.**

Primary Caregiver Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

Secondary Caregiver Signature: \_\_\_\_\_

(If present)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**Other Household Members (Continued)**

<b>4. Name (First, Middle, Last)</b>	<b>Birthdate</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relation to Eligible child:</b>
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**Ethnicity**  Hispanic or Latino  Non-Hispanic or Non-Latino

**Race:**  White  Black/African American  Bi-racial/Multi-racial  American Indian/Alaska Native  Asian Other \_\_\_\_\_

**Health Insurance:**  No  Yes (type)

<b>5. Name (First, Middle, Last)</b>	<b>Birthdate</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relation to Eligible child:</b>
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**Ethnicity**  Hispanic or Latino  Non-Hispanic or Non-Latino

**Race:**  White  Black/African American  Bi-racial/Multi-racial  American Indian/Alaska Native  Asian Other \_\_\_\_\_

**Health Insurance:**  No  Yes (type)

<b>6. Name (First, Middle, Last)</b>	<b>Birthdate</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Relation to Eligible child:</b>
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**Ethnicity**  Hispanic or Latino  Non-Hispanic or Non-Latino

**Race:**  White  Black/African American  Bi-racial/Multi-racial  American Indian/Alaska Native  Asian Other \_\_\_\_\_

**Health Insurance:**  No  Yes (type)

**Please mail completed application to:**



226 South Maple Avenue  
Greensburg, PA 15601  
c/o Head Start  
(724)834-1260 ext. 121  
Fax: (724)838-9563  
[www.westmorelandca.org](http://www.westmorelandca.org)