



Okaloosa County Comprehensive Head Start Child Development, Inc. EHS/HS Application Form



Applicant & Family Member Information

Received By (Staff): _____

Program Year Applying for: _____

Date Received: _____

Program applying for: **Early Head Start (Pregnant Mothers Program)** **Early Head Start (0-3)** **Head Start (3-5)**

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

Applicant							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
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 Health Coverage		Insurance #		Medicaid	Medicaid #
						<input type="checkbox"/> Not Eligible	<input type="checkbox"/> On Medicaid
						<input type="checkbox"/> Potentially Eligible	Doctor
							Dentist

Adult 1							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
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"/> Natural/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"/> Niece/Nephew			<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
E-mail Address: _____				Date of Unemployment: _____			

Adult 2							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
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"/> Natural/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"/> Niece/Nephew			<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
E-mail Address: _____							

Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
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				

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Additional Child (Non-Applicant) *							
First	Middle	Last	Suffix	Nickname	Birthday	Gender	SSN
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"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient

Additional Child (Non-Applicant) *							
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<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> Black	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> White	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> None	<input type="checkbox"/> Little	<input type="checkbox"/> Moderate	<input type="checkbox"/> Proficient

* If more children use back of application or attach additional sheet.

Family Information, Income & Contacts

Family Information							
Living Address		Address Line 2		Zip	City	State	County
Mailing Address (if different)		Address Line 2		Zip	City	State	County
Phone Numbers		Type (check one)		Note (for example, an extension or best time to call)			
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					
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					
TANF (Temporary Assistance for Needy Families)		Supplemental Security Income		How did you hear about us?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Friend <input type="checkbox"/> Staff <input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Other _____			

Eligibility Criteria	
Does child have a diagnosed disability or special need? <i>Must attach Health Care Plan signed by medical provider.</i>	Do you suspect that the child has a disability or special need?
<input type="checkbox"/> Yes <input type="checkbox"/> No Diagnoses: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Suspected Condition: _____
Does child have special dietary/allergy restrictions requiring special meal accommodations? <i>Must attach Health Care Plan AND Child Care Food Program Medical Statement both signed by a recognized medical authority. Failure to provide both documents will delay the enrollment process.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Dietary/Allergy restriction: _____	
Is your family currently enrolled in another program?	Are you/your spouse currently pregnant? If so, due date: _____
<input type="checkbox"/> No <input type="checkbox"/> Yes. Check below:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Early Steps ___ Healthy Families ___ Bridgeway ___ DCF ___	
Has a child in this family been enrolled in this program before this year?	Is a child in this family currently enrolled in this program?
<input type="checkbox"/> Yes <input type="checkbox"/> No Year(s): _____ Center: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Center: _____

Certification: I certify that this information is true. If any part is false, my participation in this agency's program may be terminated and I may be subjected 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's Signature _____ Date _____

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Applicant Eligibility & Enrollment Information

Eligibility					
Program Term	Agency	Site	Classroom		
OCHS					
Application Status		Application Date	Waitlisted Date	Accepted Date	
<input type="checkbox"/> Complete & Verified	<input type="checkbox"/> Incomplete, info not returned				
<input type="checkbox"/> Incomplete	<input type="checkbox"/> Other - specify in notes				
Releases Signed	Date Signed	Child will transition to			
<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Enrollment Notes					
Eligibility Date	Eligibility Income	Number in Family	Income Status	Participation Year	Sibling Eligible Next Year
			<input type="checkbox"/> Eligible (0-100%) <input type="checkbox"/> Homeless <input type="checkbox"/> 101-130% <input type="checkbox"/> Over Income <input type="checkbox"/> Foster child <input type="checkbox"/> Public assistance		<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Income						
TANF			Supplemental Security Income			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Formerly	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Date Verified		Verified by (agency use only)				
Family Member	Amount	Per (for example: week, month, year)	Annual Amount	Description (for example: SSI, Job, Child Support)	Verification (for example: W2, check stub)	Notes
	\$		\$			
	\$		\$			
	\$		\$			
Income Notes						

Income Verified? Y N By: [] Check Stub [] TANF [] W-2 [] Tax Return [] Letter [] Non income declaration Form [] Other _____		
Birth Verified? Y N By: [] Birth Certificate [] Health Dept. Certificate [] Other _____		
Signature of verifying staff member: _____		Date: _____
# in Family	Fed Income Guideline	Date Accepted
Total Family Income \$	\$	Intake Completed
First Year Center Name:	Class	Income Status: E O
Second Year Center Name	Class	Selection Points: _____
Comments: _____		
Start Date:	Director's Signature: _____	Date: _____



Okaloosa County Comprehensive Head Start Child Development, Inc.

2018 Lewis Turner Blvd., Suite B, Fort Walton Beach, FL 32547

Phone: 850.651.0645 Fax: 850.651.8593

2016-2017 Application

Dear Parent/Guardian,

Welcome to the Okaloosa County Early Head Start/Head Start Program. Our program is designed to provide you and your child with comprehensive child development services. These services include developmentally appropriate educational experiences, health, mental health, social and dental services. We provide family support services by offering parent training workshops on various topics, resources and referral information, and most importantly **a safe and secure environment** for your child. Head Start services are provided to families that meet the program guidelines, which includes families of children with disabilities. ***Families who willingly contribute to the misrepresentation or falsification of family income will be immediately terminated from the program and may also face criminal prosecution. Per ACF-PI-HS-10-02.***

How to apply:

- Completed Application
- Proof of Child's Age (Birth Certificate, Shot Record)
- Current Shot Record
- Current School Physical (to include a vision and hearing screening)
- Medicaid Card or Letter (if applicable)
- Documentation of household income **for the past 12 months**; includes TANF, SSI income
- For Foster Parents or Legal Guardians official documentation of custody is required
- Documentation of active duty military and/or enrollment in GED/College
- Documentation of death or incarceration of parent/guardian or job loss (if applicable)
- Documentation of child's disability/special need/dietary or allergy food restriction/ (if applicable)
- Documentation of child's Health Care Plan/Child Care Food Program Medical Statement (both signed by recognized medical authority) (if applicable)
- Documentation of DCF/Bridgeway/Early Steps/Healthy Start/Families Count/other professional agency referral (if applicable)
- VPK Voucher (if applicable)

Early Head Start/Head Start Program Locations:

Administrative Office: (850) 651-0645; 2018 Lewis Turner Blvd., Suite B, Fort Walton Beach, FL 32547

Edney Head Start: (850) 682-2912; 1198 West Edney Street, Crestview, FL 32536

Lakeview Early Head Start: (850) 682-5931; 227 Lakeview Drive, Crestview, FL 32536

Bay Street Head Start: (850) 689-3645; 700 Bay Street, Crestview, FL 32536

Kennedy Early Head Start: (850) 682-1992; 215 Kennedy Place, Crestview, FL 32536

Laurel Hill Head Start: (850) 652-4909; 8364 Stokes Road, Laurel Hill, FL 32567









Niceville Head Start: (850) 678-6893; 4580 Range Road, Niceville, FL 32578

McGriff Head Start: (850) 244-2606; 22 McGriff Street, Ft. Walton Beach, FL 32548

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Income Eligibility:

2016 Federal Income Guidelines for Head Start Programs
Families with more than 8 persons, add \$4,160 for each additional person.

Family Size	Annual Income
	\$11,880
	\$16,020
	\$20,160
	\$24,300
	\$28,440
	\$32,580
	\$36,730
	\$40,890

Proof of income:

A year's worth of the following documentation is acceptable for proof of income:

- Money wages or salary before deductions
- Payments from Social Security
- Payments from unemployment compensation
- Workers' compensation
- Veterans benefits (with the exception noted below),
- Public assistance
- Training stipends
- Alimony
- Child support
- Government employee pensions (including military retirement pay)
- University scholarships, grants, fellowships, and assistantships

Income does not include:

- Federal non-cash benefit programs as Medicare, Medicaid, food stamps, school lunches, and housing assistance.

Application review:

- ✓ Head Start staff will review forms to ensure that the documentation is complete and current. Copies of all necessary application documents will be made. After review, parent/guardian will be given a letter requesting all missing information.
- ✓ Staff will advise parent/guardian of the selection criteria process.
- ✓ The information is then logged into the intake binder by Family Services and forwarded to the Family & Community Partnership Manager for review. Complete and accurate applications will be sent to the Data Entry Clerk, who will then enter the information in the "ChildPlus" system for tracking purposes and selection.

Okaloosa Head Start/Early Head Start is committed to the empowerment of children with diverse backgrounds, families and staff through the support of our community for personal growth and development that will lead to a successful future.