



CHAMPLAIN VALLEY HEAD START

431 Pine St. Burlington, VT 05401

802-651-4180

800-854-9648

fax: 802-658-0983

Dear Parent/Guardian,

Thank you for your interest in enrolling your child in Head Start / Early Head Start. I have enclosed our application for you to complete and mail back.

Head Start and Early Head Start are federal programs which require that families meet certain income guidelines. Please send verification of your income when you return this application.

You may send us one of the following:

- **Reach Up/RUFA documentation**
- **Child Care Subsidy documentation**
- **Supplemental Security Income (SSI) documentation**
- **Foster Care Custody Order/Agreement**
- **A copy of a pay stub, tax return, W-2, or VRRP documentation**
- **A letter stating that you are homeless** (If this applies, you will receive an additional form to fill out.)

Once you have gathered the needed materials and completed the forms, please return them to: CVHS, 431 Pine Street, Burlington, VT 05401.

If you have any questions, please don't hesitate to contact me at 651-4180, ext. 204.

Sincerely,

Jessica Benoit
Enrollment Manager
Champlain Valley Head Start

Addison County Field Office
700 Exchange Street
Middlebury, VT 05753
phone: 802-388-9881
fax: 802-388-1391

Chittenden County Field Office
4 Kellogg Road
Essex Junction, VT 05452
phone: 802-872-2819
fax: 802-872-0792

Franklin / Grand Isle Field Office
20 Houghton Street, Box 108
St. Albans, VT 05478
phone: 802-524-5876
fax: 802-524-8574

Champlain Valley Head Start Application for Head Start and Early Head Start

1. Child Information / Age Eligibility

Child's Legal Name: _____
(First) (MI) (Last)

Child's Nickname: _____ Child's DOB: _____

Projected public school: _____ School cutoff date: _____

Child's health insurance (circle primary): Medicaid/Dr. Dynasaur, Private, None, Other (please specify): _____

Insurance Carrier Group Number for child's health insurance: _____

Ethnicity of child (circle one): Hispanic/Latino Origin or non-Hispanic/non-Latino Origin

Race of child (circle one): Asian, Black/African American, American Indian/Alaska native, White, Biracial/Multi-racial, Native Hawaiian/Pacific Islander, Other (please specify): _____

Primary language spoken in home: _____ Is an interpreter needed? Yes No

2. Parent / Guardian Information

Primary Parent/Guardian

Name: _____

Living Address: _____

City: _____ Zip Code: _____

Mailing Address: _____

City: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Other Phone #: _____

Email: _____

Directions to home: _____

Parent/Guardian living outside the home

Name: _____ Male/Female

Mailing address: _____

City: _____ Zip Code: _____

Phone #: _____ DOB: _____

Relationship to child: _____

Are there any court orders? Y or N (circle one)

Custody/Visitation: _____

If there are custody orders, you must obtain a copy of the order.
 Copy of court order has been obtained: Yes or No

3. Household Members: List all persons living in the same household.

Name	Relationship	M / F	DOB	Social Security Number	Employment status	Job training / school status	Education level
HS/EHS child	HS/EHS child		Shown Above				
Parent / guardian	Parent / guardian						
(secondary adult, if applicable)							

Codes
Relationship A. Parent/Guardian B. Primary Parent/Guardian's significant other C. Grandparent D. Aunt/Uncle E. Sibling F. Other
Employment Status A. Employed B. Not working (unemployed, retired, disabled)
Job Training / School Status A. In job training or school B. Not in job training or school
Education Level A. Less than high school grad B. High school grad or GED C. Some college, vocational school, or associates degree D. Bachelor's or advanced degree

Did your child participate in CVHS's Early Head Start program? Y N

Does your family need full day and/or full year child care for your child (because parents are working or in job training)? Y N

If yes, is your child currently receiving care, or likely to receive care, in (circle one): family child care home, child care center/classroom, at home or at another home with a relative or unrelated adult, public school pre-K program, none, other (please specify): _____

Are you currently living in a shelter, sharing the housing of others, or living in a motel, car or campground? Y N

Does your family have a current housing crisis? Y N Does your family receive services through the WIC program? Y N 1



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4. Child's Health Information (For those questions that do not apply, please write "None.")

Child's Legal Name: _____ DOB: _____
Child's Current Doctor: _____ Phone: _____ Date of last exam: _____
Child's Former Doctor: _____ Phone: _____ Date of last exam: _____
Child's Current Dentist: _____ Phone: _____ Date of last exam: _____
Child's Former Dentist: _____ Phone: _____ Date of last exam: _____
Chronic Health Condition(s): _____ Symptoms: _____
Current Medication(s): _____ Medication needed on site (circle): Yes No
Allergies (medications, food, bee stings, etc.): _____ Symptoms: _____
Does anyone in the household smoke? Y N _____

5. Releases and Authorizations

Head Start and Early Head Start (HS/EHS) are national programs, and Federal regulations require that these programs obtain documentation from health care providers regarding children's physical exams and dental exams. HS/EHS must also obtain documentation pertaining to children with special needs. The following release sets forth the information required of HS/EHS by Federal regulations in order to provide services. Except as allowed in this authorization and release, CVHS will not communicate or disseminate any confidential child or family information to organizations or entities outside of CVHS.

A. Required Releases

I authorize the health care providers (medical and/or dental practices) listed above to release medical and/or dental records or information, including immunization records, regarding the above-named child to Champlain Valley Head Start. I authorize Champlain Valley Head Start to obtain my child's immunization records from the Vermont Immunization Registry and my child's lead and hemoglobin test results from the Vermont Department of Health.
I authorize the local school district and/or Part C agencies which currently maintain my child's comprehensive evaluation and/or IFSP or IEP to release these documents to Champlain Valley Head Start.
I authorize any state or Federal agencies administering public assistance benefits including but not limited to RUFA/Reach Up, SSI, Childcare Subsidy, or foster care to provide Champlain Valley Head Start with documentation verifying my family's receipt of public assistance.
I authorize CVHS to acquire or release information regarding my child or family with organizations or entities that, in the opinion of CVHS, may be able to provide or support services to my child or family directly or in conjunction with CVHS.
In the event of an emergency, I authorize the staff or collaborative partners of Champlain Valley Head Start to seek any necessary treatment or emergency medical care for my child.
I consent to have my child participate in all health and developmental screenings or exams conducted by Champlain Valley Head Start or its collaborative partners in order for Champlain Valley Head Start to comply with Federal regulations.

B. Photographs: I give my permission to Champlain Valley Head Start to use photographs of my child in Head Start/Early Head Start recruitment materials or newsletters. Circle one: Yes No

C. Child Pick-Up and Release / Permission to Transport Plan

I give my permission for my child to be released to the following people for the purposes of pick-up and/or transportation to/from CVHS activity sites. (Include the child's other parent and other family members who may be likely to transport the child.) The parent/guardian understands that his/her child will only be released to persons identified on the following list. Anyone who is unknown to CVHS staff must show identification. I give my permission for my child to be transported to and from CVHS activities by any transportation service with whom CVHS may contract for transportation of children in the CVHS program, and to release the name and address of my child to transportation services contracted by CVHS for the purpose of CVHS activities.

Emergency Contact People: Emergency Contact People must be able to transport the child in the event of an emergency if the CVHS parent or legal guardian cannot be reached. Emergency contacts must be aware they are designated as such. Emergency contacts unknown to CVHS staff must produce identification before a child is released. (Please indicate who of the people listed below is an emergency contact in the far right column.)

Table with 5 columns: Name, Relationship to Child, Home Phone, Work/Cell Phone, Emergency Contact (Y/N). It contains five empty rows for data entry.

Parent/guardian signature: _____ Date: _____
Parent/guardian's phone number(s): _____

This page is for Champlain Valley Head Start use only

6. Family Income / Eligibility Verification Family income must be verified by CVHS before determining that a child is eligible to participate in the program. Verification must include examination of any of the following: individual income tax form 1040, W-2 forms, pay stubs, pay envelopes, written statements from employers, or documentation showing status as recipients of public assistance. By circling the document(s) indicated below, the CVHS staff person is indicating that he/she has seen the document(s) circled.

A. Is the child currently in Foster Care? *If yes, circle documentation seen and skip section D; if no, go to section B.*

Foster Care Documentation seen by staff (circle one): Foster Care Custody Order/Agreement DCF Documentation

B. Is the family homeless? Yes No *If yes, please have family review and sign Self-Declaration of Homelessness; if no, go to section C.*

C. Does the family currently receive any of the following Public Assistance Benefits? *If yes, circle documentation seen for any and all types of public assistance benefits the family currently receives and skip section D; if no, go to section D.*

Public Assistance Documentation seen by staff (circle all seen): Reach Up (RUFA) SSI Child Care Subsidy (employment/education/training)

D. Family income *(complete this section only if section A and section B and Section C do not apply)*

	Type of income	Documentation seen by staff	Income calculation			Total
			Frequency of income period (Weekly, bi-weekly, monthly, semi-monthly, annual; if "other" please specify)	Amount	# of income periods (in past 12 months or last complete calendar yr)	
Parent/guardian 1						
Parent/guardian 2						
Total gross annual income (past 12 months or last complete calendar yr)						

Number of people supported by family income: _____

Type of income - codes	Income documentation seen - codes
A. Work wages	A. Income tax form
B. Unemployment compensation	B. W-2 form
C. Workers compensation	C. Pay stubs
D. Social Security benefits (not to be confused with SSI)	D. Pay envelopes
E. Veterans benefits	E. Written statement from employer
F. Child support	
<u>If "Other income", specify what type of income</u>	<u>If "Other documentation", specify what document</u>

E. Child and Family Income / Eligibility Summary (check one)

_____ The child is eligible to participate in the Early Head Start or Head Start program (income-eligible based on foster care, homelessness, public assistance or federal income guidelines)

_____ The child is from an over-income family

7. Special Needs

Circle any of the following which apply to your child: Speech & Language Delay, Emotional/Behavioral Disability,
Impairment of Motor Function, Autism, Hearing Impairment/Deafness, Developmental Delay,
Visual Impairment/Blindness, Other Health Impairment (specify): _____

My child is on/has had (please circle, if applicable): IFSP IEP Comprehensive Evaluation

if applicable : Date completed: _____ Where completed: _____

Please specify any concerns you may have about your child’s behavior or development: _____

8. Outreach

Where did you hear about Champlain Valley Head Start? (please check one):

- Poster/Brochure
- Friend/Family Member
- CVHS Teacher/Home Visitor
- Newspaper/Magazine Ad (please specify): _____
- CVHS Booth at an event (please specify): _____
- Service Provider [such as VNA, WIC] (please specify): _____
- Other (please specify): _____

9. Staff and Parent Signatures

This application signifies the family’s desire to enroll the child in the Early Head Start or Head Start program. Following completion of this application, the application will be processed and Champlain Valley Head Start will notify the family as to whether the child has been enrolled in the program, and the starting date for services.

By signing below, the **parent/guardian** indicates that he/she intends to enroll his/her child in Early Head Start or Head Start if the child is accepted into the program. Furthermore, he/she agrees to comply with the rules and regulations of the program. The parent/guardian further certifies via his/her signature on this form that the information he/she has provided is accurate and truthful to the best of his/her knowledge.

Parent / Guardian Signature _____ **Date:** _____

The **CVHS staff** signature below confirms that the staff person determined the child and family’s eligibility to participate in the Early Head Start or Head Start program based upon examining the documents listed above, and certifies that the information provided in this application is accurate and truthful to the best of his/her knowledge.

CVHS Staff Member Signature _____ **Date:** _____

CVHS Supervisor Signature _____ **Date:** _____

Choice	Champlain Valley Headstart Program Options List 2010-2011 (Updated 1-13-10)				HS or EHS	Town	Days	Times	Session Year	Town Resident	Site Approval	Site Application	Site Visit	Child Care Subsidy
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Addison County (802) 388-9881 700 Exchange Street, Middlebury, VT 05753

Home-Based: Throughout Addison County	HS	All Towns	1 Visit/Wk	N/A	Sept - May	N/A	N/A	N/A	N/A	N/A
Bristol Family Center: 18 Orchard Terrace Park (HS Svc Sept-May)	HS	Bristol	Mon-Fri	7:15am-5:30pm	Full Year	NO	YES	YES	YES	YES
Bristol Family Center: 18 Orchard Terrace Park (EHS Svc Full Year)	EHS	Bristol	Mon-Fri	7:15am-4:45pm	Full Year	NO	YES	YES	YES	YES
Mary Hogan School: 201 Mary Hogan Drive	HS	Middlebury	Tu-Wed-Th	8am-11:30am	Sept - May	NO	NO	NO	NO	NO
Mary Johnson Children's Center: 81 Water Street	HS	Middlebury	Mon-Fri	7am-5:30pm	Full Year	NO	YES	YES	YES	YES
Vermont Adult Learning: 282 Boardman St (HS Svc Sept-May)	HS	Middlebury	Mon-Fri	7:30am-5:00pm	Full Year	NO	YES	YES	YES	YES

Chittenden County (802) 872-2819 4 Kellogg Road, Essex Jct., VT 05452

Home-Based: Throughout Chittenden County	HS	All Towns	1 Visit/Wk	N/A	Sept - May	N/A	N/A	N/A	N/A	N/A
Lund Family Center	EHS	All Towns	1 Visit/Wk	N/A	Full Year	N/A	YES	N/A	N/A	N/A
H.O. Wheeler Burlington School: 6 Archibald Street	HS	Burlington	Tu-Wed-Th	8am-12pm	Sept - June	YES	NO	NO	NO	NO
Burlington Children's Space: 241 N. Winooski Ave.	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
Ira Allen Burlington School Morning: 150 Colchester Ave.	HS	Burlington	Tu-Wed-Th	9:00am-12:30pm	Sept - June	YES	YES	NO	NO	NO
Ira Allen Burlington School Afternoon: 150 Colchester Ave.	HS	Burlington	Tu-Wed-Th	12:00pm-3:30pm	Sept - June	YES	YES	NO	NO	NO
King Street Center: 87 King Street	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	YES	YES	NO	YES	YES
Robin's Nest Children's Center: 20 Allen Street	HS	Burlington	Mon-Fri	7:30am-6pm	Full Year	NO	YES	YES	YES	YES
Trinity Children's Center: 34 Fletcher Place	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
Sara Holbrook Community Center: 66 North Ave.	HS	Burlington	Mon-Fri	8:30am-12:30pm	Sept - June	NO	YES	YES	YES	YES
Hinesburg Elementary School: 10888 Route 116	HS	Hinesburg	Mon-Th	7:45am-11:15am	Sept - June	YES	YES	NO	NO	NO
Hinesburg Elementary School: 10888 Route 116	HS	Hinesburg	Mon-Th	11:15am-2:45pm	Sept - June	YES	YES	NO	NO	NO
Milton Family Center: 23 Villemaire Lane	HS	Milton	Mon-Th	8:30am-12pm	Sept - May	NO	YES	YES	YES	YES
Milton Family Center: 23 Villemaire Lane	HS	Milton	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES
Winooski Family Center: 87 Elm Street	HS	Winooski	Mon-Wed	7:45am-11:15am	Sept - June	YES	YES	NO	NO	NO
JFK Elementary School Morning: 70 Normand Street	HS	Winooski	Mon-Th	8am-11:30am	Sept - June	YES	YES	NO	NO	NO
JFK Elementary School Afternoon: 70 Normand Street	HS	Winooski	Mon-Th	11:30am-3pm	Sept - June	YES	YES	NO	NO	NO

Franklin & Grand Isle Counties (802) 524-5876 20 Houghton Street Box 108, St. Albans, VT 05478

Home-Based (Early Head Start): Throughout Franklin County	EHS	All Towns	1 Visit/Wk	N/A	Full Year	N/A	N/A	N/A	N/A	N/A
Home-Based (Head Start): Throughout Franklin & Grand Isle Counties	HS	All Towns	1 Visit/Wk	N/A	Sept - May	N/A	N/A	N/A	N/A	N/A
Enosburg Classroom: 65 Dickenson Ave.	HS	Enosburg	Mon-Wed-Th	8am-11:30am	Sept - June	NO	NO	NO	NO	NO
Richford Elementary School: 1 Elementary School Road	HS	Richford	Tu-Wed-Th	11:30am-3pm	Sept - June	NO	NO	NO	NO	NO
St. Albans Town School Morning: 169 S. Main Street	HS	St. Albans	Tu-Wed-Th	8am-11:30am	Sept - June	YES	NO	NO	NO	NO
St. Albans Town School Afternoon: 169 S. Main Street	HS	St. Albans	Tu-Wed-Th	11:45am-3:15pm	Sept - June	YES	NO	NO	NO	NO
Champlain Islands PCC: 114 South Street (HS Svc Sept-May)	HS	South Hero	Mon-Fri	7am-5:30pm	Full Year	NO	YES	YES	YES	YES
Champlain Islands PCC: 114 South Street (EHS Svc Full Year)	EHS	South Hero	Mon-Fri	7am-5:30pm	Full Year	NO	YES	YES	YES	YES
Swanton Elementary School Morning: 113 Grand Ave.	HS	Swanton	Tu-Wed-Th	8am-11:30am	Sept - June	YES	NO	NO	NO	NO
Swanton Elementary School Afternoon: 113 Grand Ave.	HS	Swanton	Tu-Wed-Th	12pm-3:30pm	Sept - June	YES	NO	NO	NO	NO

Please use the Choice # column to select your 1st, 2nd, and 3rd choice options by indicating 1, 2, and 3 in the appropriate selection box.

We will make every attempt to place your child within your preferred option based on program availability, eligibility, child care subsidy, and selection criteria.