

Champlain Valley Head Start

Application for Head Start and Early Head Start Programs

Child's Information			
First Name	MI	Last Name	Date of Birth
Nickname / Preferred Name		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Projected Public School		School Cut Off Date	
Primary Health Insurance: <input type="checkbox"/> Medicaid / Dr. Dynasaur <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Other (please specify): _____			
Race (check all that apply): <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> Other (please specify): _____			
Ethnicity (check one): <input type="checkbox"/> Hispanic / Latino Origin <input type="checkbox"/> Non-Hispanic / Non-Latino Origin			
Did this child participate in CVHS's Early Head Start program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your family need full-day and/or full-year care for this child (because you are working or in job training)? <input type="checkbox"/> Yes <input type="checkbox"/> No		My child is currently receiving (check one): <input type="checkbox"/> Child Care Financial Assistance <input type="checkbox"/> Family Support Child Care <input type="checkbox"/> No financial support for child care	
If you answered yes to the question above, is your child currently receiving care, or likely to receive care, in (check one): <input type="checkbox"/> Family child care home <input type="checkbox"/> Child care center/classroom <input type="checkbox"/> Public school pre-K program <input type="checkbox"/> At home or at another home with a relative or unrelated adult <input type="checkbox"/> None <input type="checkbox"/> Other: _____			

Family's Information	
Are you currently living in a shelter, sharing the housing of others, or living in a motel, car or campground? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your family have a current housing crisis? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your family receive services through the WIC program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your family currently receiving any of the following? (check all that apply) <input type="checkbox"/> Reach Up <input type="checkbox"/> SSI <input type="checkbox"/> VT 3 Squares (food stamps) <input type="checkbox"/> Child Support <input type="checkbox"/> Social Security benefits	
Primary Language Spoken in Home	Is an interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Parent's / Guardian's Information			
First Name	Last Name	Date of Birth	
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not Working (unemployed, retired, disabled)			
Job Training / School Status: <input type="checkbox"/> In job training or school <input type="checkbox"/> Not in job training or school			
Education Level: <input type="checkbox"/> Less than high school graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college, vocational school, or Associate's Degree <input type="checkbox"/> Bachelor's Degree or advanced degree			
Living Address	City	State	Zip Code
Mailing Address (if different)	City	State	Zip Code
Phone #1: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message		
Phone #2: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message		
Phone #3: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message		
Phone #4: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message		
Email: _____			
Directions to home: _____			

Secondary Parent's / Guardian's Information

First Name	Last Name	Date of Birth
Relationship to Child: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other: _____ <input type="checkbox"/> Step-parent (legally married to the child's parent/guardian)		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Not Working (unemployed, retired, disabled)		
Job Training / School Status: <input type="checkbox"/> In job training or school <input type="checkbox"/> Not in job training or school		
Education Level: <input type="checkbox"/> Less than high school graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college, vocational school, or Associate's Degree <input type="checkbox"/> Bachelor's Degree or advanced degree		
Does this person live with family? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there any court orders? <input type="checkbox"/> Yes <input type="checkbox"/> No
If there are custody orders, CVHS must have a copy of the order. Copy of court order obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this person have custody of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No Please describe:		
Living Address (if different from family)	City	State Zip Code
Phone #1: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	
Phone #2: _____	Type of Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Message	

Household Information

Please list all persons living in the home with the family:

Person #1		
Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Relationship to Child <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian) <input type="checkbox"/> Sibling <input type="checkbox"/> Unrelated child		
Person #2		
Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Relationship to Child <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian) <input type="checkbox"/> Sibling <input type="checkbox"/> Unrelated child		
Person #3		
Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Relationship to Child <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian) <input type="checkbox"/> Sibling <input type="checkbox"/> Unrelated child		
Person #4		
Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Relationship to Child <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian) <input type="checkbox"/> Sibling <input type="checkbox"/> Unrelated child		
Person #5		
Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Relationship to Child <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian) <input type="checkbox"/> Sibling <input type="checkbox"/> Unrelated child		
Person #6		
Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Relationship to Child <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian) <input type="checkbox"/> Sibling <input type="checkbox"/> Unrelated child		
Person #7		
Name	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
Relationship to Child <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Grandparent <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian) <input type="checkbox"/> Sibling <input type="checkbox"/> Unrelated child		

Child's Health Information		
Child's Legal Name	Date of Birth	
For the questions that do not apply, please write "None".		
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
Health Condition(s)	Symptoms	
Current Medication(s)	Medication needed on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies (including medications, food, bee stings, etc)	Symptoms	
Does anyone in the household smoke? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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.

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 CVHS and any state or federal agencies administering public assistance benefits, including but not limited to RUFA/Reach Up, SSI, Child Care Financial Assistance, or foster care, to share information regarding my child or family in order to verify Head Start eligibility based on my family's receipt of public assistance or foster care status.

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.

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

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.)*

Name	Relationship to Child	Home Phone	Work/Cell Phone	Emergency Contact (Y/N)

Primary Parent / Guardian Signature: _____ Date: _____
 Primary Parent / Guardian's Phone Number(s): _____

Family Income / Eligibility Verification (For Office Use Only)

Family income must be verified by CVHS before determining that a child or family 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 checking the document(s) indicated below, the CVHS staff person is indicating that he/she has seen the document(s) checked.

Foster Care Status

Is the child currently in foster care? Yes No

If yes, check the type of documentation seen: Foster Care Custody Order/Agreement DCF Documentation

Homelessness Status

Is the family currently homeless? Yes No

If yes, please have the family review and sign Self-Declaration of Homelessness form.

Public Assistance Status

Does the family currently receive any of following public assistance benefits? Yes No

If yes, please check the type of documentation seen:

- SSI (Supplemental Security Income)
- Reach Up (RUFA)
- Child Care Financial Assistance or Family Support Child Care (subsidy)

Family Income

Complete the grid below only if you answered no to all of the questions above.

	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 year)	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Number of people in family: _____ </div>					

Type of Income Codes

- A. Work Wages
- B. Unemployment Compensation
- C. Workers Compensation
- D. Social Security Benefits (NOT SSI)
- E. Veterans Benefits
- F. Child Support
- G. Reach Up Grants (for those formerly on TANF)
- H. Other (Please specify)

Income Documentation Seen by Staff Codes

- A. Income Tax Form
- B. W-2 Form
- C. Pay Stubs
- D. Pay Envelopes
- E. Written Statement from Employer
- F. Other (Please specify)

Child and Family Income / Eligibility Summary (For Office Use Only)

Check the applicable category of eligibility for this child/family. (Please check only one.)

<input type="checkbox"/> Foster Care	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Public Assistance: Reach Up (RUFA) or Child Care Financial Assistance / Family Support Child Care (subsidy)	
<input type="checkbox"/> SSI (Supplemental Security Income)	<input type="checkbox"/> Income Eligible (below federal poverty guidelines)	<input type="checkbox"/> Income Eligible (between 101-130% of federal poverty guidelines)	<input type="checkbox"/> Over Income (above 130% of federal poverty guidelines)

Special Needs

Check 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 (please specify): _____

My child is on/has had (please check, if applicable):

- | | | |
|---|-------------|------------------------|
| <input type="checkbox"/> IFSP | Date: _____ | Completed at/by: _____ |
| <input type="checkbox"/> IEP | Date: _____ | Completed at/by: _____ |
| <input type="checkbox"/> Comprehensive Evaluation | Date: _____ | Completed at/by: _____ |

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

Comments

Please use this space to tell us anything that you would like us to know about your child or family.

Outreach

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

- | | |
|--|--|
| <input type="checkbox"/> Poster/Brochure | <input type="checkbox"/> Newspaper/Magazine Ad (please specify): _____ |
| <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Service Provider [such as VNA, WIC] (please specify): _____ |
| <input type="checkbox"/> CVHS Teacher/Home Visitor | <input type="checkbox"/> Other (please specify): _____ |

Parent / Guardian Signature

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 process 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: _____

CVHS Staff Signatures

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 on page four of this application, and certifies that the information provided in this application is accurate and truthful to the best of his/her knowledge.

CVHS Staff Member Signature: _____ Title: _____ Date: _____

CVHS Supervisor Signature: _____ Title: _____ Date: _____

Choice	Champlain Valley Headstart Program Options List 2011-2012 (Updated 1-21-11)				HS or EHS	Town	Days	Times	Session Year	Town Resident	Site Approval	Site Application	Site Visit	Child Care Financial Assistance
	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	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	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	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	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	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	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	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	N/A	N/A	N/A
	Burlington Children's Space: 241 N. Winooski Ave.	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	NO	YES	YES	YES	YES	YES	YES	YES
	Franklin Square Classroom: 1554 North Ave.	HS	Burlington	Tu-Wed-Th	8:30am-12:30pm	Sept - June	YES	NO	NO	NO	NO	NO	NO	NO
	Ira Allen Burlington School Morning: 150 Colchester Ave.	HS	Burlington	Tu-Wed-Th	9:00am-12:30pm	Sept - June	YES	YES	NO	NO	NO	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	NO	NO	NO
	King Street Center: 87 King Street	HS	Burlington	Mon-Fri	7:30am-5:30pm	Full Year	YES	YES	NO	YES	YES	YES	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	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	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	YES	YES	YES
	Hinesburg Elementary School: 10888 Route 116	HS	Hinesburg	Mon-Th	7:45am-11:15am	Sept - June	YES	YES	NO	NO	NO	NO	NO	NO
	Hinesburg Elementary School: 10888 Route 116	HS	Hinesburg	Mon-Th	11:15am-2:45pm	Sept - June	YES	YES	NO	NO	NO	NO	NO	NO
	Milton Family Center: 23 Villemaire Lane	HS	Milton	Mon-Th	8:30am-12pm	Sept - May	YES	YES	YES	YES	YES	YES	YES	YES
	Milton Family Center: 23 Villemaire Lane	HS	Milton	Mon-Fri	7:30am-5:30pm	Full Year	YES	YES	YES	YES	YES	YES	YES	YES
	JFK Elementary School Morning: 70 Normand Street	HS	Winooski	Mon-Th	7:30am-11:00am	Sept - June	YES	YES	NO	NO	NO	NO	NO	NO
	JFK Elementary School Afternoon: 70 Normand Street	HS	Winooski	Mon-Th	11:30am-3pm	Sept - June	YES	YES	NO	NO	NO	NO	NO	NO
	Winooski Family Center Morning: 87 Elm Street	HS	Winooski	Mon-Wed	7:45am-11:15am	Sept - June	YES	YES	NO	NO	NO	NO	NO	NO
	Winooski Family Center Afternoon: 87 Elm Street	HS	Winooski	Mon-Wed	11:30am-3pm	Sept - June	YES	YES	NO	NO	NO	NO	NO	NO
Franklin & Grand Isle Counties (802) 524-5876 5 Lemnah Drive, 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	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	N/A	N/A	N/A
	Enosburg Classroom: 65 Dickenson Ave.	HS	Enosburg	Tu-Wed-Th	8am-11:30am	Sept - June	NO	NO	NO	NO	NO	NO	NO	NO
	Richford Elementary School: 1 Elementary School Road	HS	Richford	Tu-Wed-Th	11:30am-3pm	Sept - June	YES	NO	NO	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	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	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	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	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	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	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, and selection criteria.