



CHAMPLAIN VALLEY HEAD START

431 Pine St. Burlington, VT 05401

802-651-4180

800-854-9648

fax: 802-658-0983

Dear Applicant,

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

Early Head Start is a federal program which requires 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 Early Head Start for Expectant Mothers

1. Applicant's Information

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

Applicant's Preferred Name (if different): _____ **Applicant's DOB:** _____

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

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

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

Race (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. Contact Information

Applicant Living Address: _____ City: _____ Zip Code: _____ Mailing Address: _____ City: _____ Zip Code: _____ Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____ Other Phone #: _____ Email: _____ Directions to home: _____ _____	Biological Father, if living outside the home Name: _____ Mailing address: _____ City: _____ Zip Code: _____ Phone #: _____ DOB: _____ Are there any court orders? Y or N (circle one) Custody/Visitation: _____ If there are custody orders, CVHS must obtain a copy of the order. Copy of court order has been obtained: Yes or No
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If applicant is a minor, guardian's information:

Guardian's Name: _____ **Guardian's DOB:** _____

Guardian's Living Address: _____ **City:** _____ **Zip Code:** _____

Home Phone #: _____ **Cell Phone #:** _____ **Work Phone #:** _____ **Other Phone #:** _____

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	Codes
Applicant	Self	F	Shown Above					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
(secondary adult, if applicable)								

Does your family receive services through the WIC program? Y N

Does your family have a current housing crisis? Y N

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

If yes, is you expected child 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, none, other (please specify): _____



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

Applicant's Legal Name: _____ DOB: _____
Applicant's Primary Care Doctor: _____ Phone: _____ Date of last exam: _____
Applicant's Prenatal Care Provider: _____ Phone: _____ Date of last exam: _____
Applicant's 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 your house smoke? Yes No _____
Expected Delivery Date: _____ In which month of your pregnancy did you have your first prenatal visit? _____
Is your pregnancy High Risk as determined by a doctor or health care provider? (circle one) Yes No Don't Know

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 the applicant's physical, prenatal, and dental exams. 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 person to Champlain Valley Head Start. I authorize Champlain Valley Head Start to obtain my immunization records from the Vermont Immunization Registry and my lead and hemoglobin test results from the Vermont Department of Health.
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 myself or family with organizations or entities that, in the opinion of CVHS, may be able to provide or support services to myself 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 me.
I consent to 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 me in Head Start/Early Head Start recruitment materials or newsletters. Circle one: Yes No

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

I give my permission for the minor, if applicable, to be released to the following people for the purposes of pick-up and/or transportation to/from CVHS activity sites. (Include the minor's other parent/guardian and other family members who may be likely to transport the minor.) The parent/guardian understands that the minor 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 the minor 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 applicant in the event of an emergency if the applicant (or, in the case of minors, the legal guardian) cannot be reached. Emergency contacts must be aware they are designated as such. (Please indicate which of the people listed below is an emergency contact in the far right column.)

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

Applicant's signature: _____ Date: _____
Parent/Guardian's signature (if applicant is a minor): _____ Date: _____

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 the applicant 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 applicant 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): RUFA Reach Up 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)	
Applicant						
Applicant's Partner/Spouse						
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. Family Income / Eligibility Summary (check one)

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

_____ The applicant is from an over-income family

7. 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): _____

8. Staff and Applicant Signatures

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

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

Applicant’s Signature _____ **Date:** _____

The **CVHS staff** signature below confirms that the staff person determined the applicant’s eligibility to participate in the Early 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.