

LITTLE DIXIE EARLY HEAD START
BIRTH TO 36 MONTHS

Thank you for applying for ***Little Dixie Early Head Start***. In order to process your child's application, copies of:

***proof of income of all household members,
child's certified birth certificate or hospital birth record, and
a copy of a current immunization record***

must be attached. If your child has been diagnosed with a disability, we must have a copy of any record, evaluations or IFSP to consider your child for a priority based on a diagnosed disability.

If your child is accepted into the Early Head Start program, we will also need copies of private insurance cards and proof of Public Assistance (ex: CDIB, food stamps, TANF, Medicaid, etc- we will make a copy for your child's folder). While we do not require these items at the time of this application, we do require them to be presented at enrollment. Providing these items now with this application will simplify things at enrollment time. In addition to these items, at least one parent/guardian/family member will be required to be oriented to the Early Head Start program before our child is allowed to attend the program.

You can mail or fax your application and appropriate paperwork to:

***Little Dixie Early Head Start
209 North 4th
Hugo, OK. 74743***

Phone: 1-866-326-7581

Fax: 1-580-326-7584

Please make sure you include proper postage on the envelope.

Acceptance into Early Head Start is determined by priority based on a point system. You will be notified if your child is accepted or placed on a waiting list as soon as possible.

Thank you for applying for Early Head Start!

Do you or anyone else have any concerns about this child's over all health and development? _____

Has this child been identified as having, or is suspected to have, any of the following:

	Suspected:	Identified:	Date:	Evaluated By:
Asthma	_____	_____	_____	_____
Autism	_____	_____	_____	_____
Severity: _____				
Emotional/Behavior Disorder	_____	_____	_____	_____
Severity: _____				
Aggressive Behavior	_____	_____	_____	_____
Health Impairment	_____	_____	_____	_____
Type: _____				
Hearing Impairment	_____	_____	_____	_____
Percent of Hearing loss: _____				
Mental Retardation	_____	_____	_____	_____
Down Syndrome	_____	_____	_____	_____
Severity: _____				
Orthopedic Impairment	_____	_____	_____	_____
Speech/Language Impairment	_____	_____	_____	_____
Traumatic Brain Injury	_____	_____	_____	_____
Visual Impairment	_____	_____	_____	_____
Severity: _____				
Cerebral Palsy	_____	_____	_____	_____
Severity: _____				

Is this child being seen by Sooner Start or any other professional? Yes No

Have you, your spouse or any other of your children previously been enrolled in Head Start/ Early Head Start or other child development program? Yes No

If yes, specify which program(s) this child has attended and date(s) of attendance.

_____ Early Head Start	From ____/____/____ To ____/____/____
_____ OPAT (Parents As Teachers)	From ____/____/____ To ____/____/____
_____ Children First	From ____/____/____ To ____/____/____
_____ Bright Beginnings	From ____/____/____ To ____/____/____
_____ Head Start	From ____/____/____ To ____/____/____
_____ Other	From ____/____/____ To ____/____/____

What Little Dixie Early Head Start county are you applying for? _____

Name of Primary Supporting Adult: _____
First M Last

Relationship to Child: _____

Date of Birth: ____/____/____

Social Security Number of Primary Supporting Adult: ____/____/____

What is the highest level of education you have completed? (mark only one)

- | | |
|---------------------------------------|--|
| _____ No school completed | _____ High school graduate (high school diploma or equivalent, e.g. GED) |
| _____ Less than or equal to 4th grade | _____ Some college - but no degree |
| _____ 5th-8th grade | _____ Associate degree |
| _____ 9th grade | _____ Bachelor degree |
| _____ 10th grade | _____ Master degree |
| _____ 11th grade | _____ Doctorate degree |
| _____ 12th grade | |

How many adults are there in your family? _____ Adults

How many children are there in your family? _____ Children

Are you or your spouse currently pregnant?
_____ Yes _____ No _____ Not applicable

List **all household members** and their relationship to the applying child. You may attach an additional sheet of paper if necessary. ***Please only list the people living in the home.***

_____	_____	_____
Father	Date of Birth	Social Security #
_____	_____	_____
Mother	Date of Birth	Social Security #
_____	_____	_____
Family Member	Relationship to Applying Child	Date of Birth
_____	_____	_____
Family Member	Relationship to Applying Child	Date of Birth
_____	_____	_____
Family Member	Relationship to Applying Child	Date of Birth

Which of the following descriptions best fits the child's family: (check only one)

- Foster Family
- Other Relatives
- Single Parent Family (Father Figure Only)
- Single Parent Family (Father Figure Only) Living With Partner
- Single Parent Family (Mother Figure Only)
- Single Parent Family (Mother Figure Only) Living With Partner
- Two Parent Family
- Other: Specify _____

What is your family's yearly gross income? \$ _____

Based on the income verification you attached, how often do you get paid?

_____ (Example: Weekly, Monthly, etc.)

Do you currently live with family or friends? Yes No

Does your family receive any of the following types of services or financial assistance?

- Medical Financial Assistance (Ex.: SoonerCare/Medicaid/Medicare)
If yes, SoonerStart/Medicaid number including person code: _____
- Food Stamps
- Public Assistance/Welfare (Ex.: TANF)
- WIC
- Supplemental Security Income (SSI)
- Foster Care/Adoption Subsidy
- Living Assistance Provided By Family or Friends
- Other: Specify _____
- Public Housing Assistance
- Energy Program Assistance
- EPSDT
- Child Support/Alimony
- Title XX Day Care Assistance

If you are receiving public assistance, indicate date you began receiving services: ____/____/____

Has your family applied to receive social security income (SSI)? Yes No

I certify the information provided in support of this application is accurate and truthful to the best of my knowledge.

Signature: _____ Date: ____/____/____
Parent/Guardian

