

LITTLE DIXIE HEAD START / EARLY HEAD START

Thank you for applying for Little Dixie Head Start / Early Head Start. In order to process your child's application, copies of the following must be attached.

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

If your child has been diagnosed with a disability, we must have a copy of any records, evaluations or IEP / IFSP pertaining to the disability.

You must provide proof of income for all household members. This may include 2 paycheck stubs, income tax forms, TANF, SSI, scholarship letter, sponsor letter, child support letter, financial aide letter, social security letter, unemployment compensation, veteran's benefits, workers compensation, alimony, ect... If the child for whom you're applying is in foster care through DHS, proof of income is required for that child only.

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

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

Phone: 1-866-326-7581

Fax: 1-580-326-7584

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



Thank you for applying for Head Start / Early Head Start!

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: _____				

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

Two Parent Family
 Single Parent Family
 Single Parent Family Living w/ Partner
 Foster Family
 Other Relatives

How many adults are in your family? _____

How many children are in your family? _____

Do you currently live with family or friends due to economic hardship?

Yes _____ No _____

Are you or your spouse currently pregnant?

Yes _____ No _____

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

Primary Adult	Relationship to Applying Child	Date of Birth
Secondary Adult	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
Family Member	Relationship to Applying Child	Date of Birth

What is the highest level of education the primary adult has completed?

- | | |
|--|---|
| <input type="checkbox"/> No school completed | <input type="checkbox"/> Some college |
| <input type="checkbox"/> 1st - 8th grade | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> 9th - 12th grade (no diploma) | <input type="checkbox"/> Bachelor degree |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Master or Doctorate degree |

Income verification must be provided in order to process your child's application.

Based on the income verification you attached, how often do you get paid? _____
(weekly, monthly, etc.)

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Financial Assistance (Ex.: SoonerCare/Medicaid/Medicare) | <input type="checkbox"/> SNAP |
| <input type="checkbox"/> Public Assistance/Welfare (Ex.: TANF) | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Supplemental Security Income (SSI) | <input type="checkbox"/> Child Support/Alimony |
| <input type="checkbox"/> Foster Care/Adoption Subsidy | <input type="checkbox"/> Title XX Day Care Assistance |
| <input type="checkbox"/> Living Assistance Provided By Family or Friends | |
| <input type="checkbox"/> Other: Specify _____ | |

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

Signature: _____

Date: ____/____/____

AGENCY USE ONLY

Document Verifications:

- | | | |
|--|--|--|
| <input type="checkbox"/> 1040 Tax Statement | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> W2 Statement | <input type="checkbox"/> SSI | <input type="checkbox"/> Immunization Record |
| <input type="checkbox"/> Pay Stubs | <input type="checkbox"/> TANF | <input type="checkbox"/> Special Needs |
| <input type="checkbox"/> Written Statement from Employer | <input type="checkbox"/> SSI | |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Income Declaration | |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Other Documentation _____ | |

Poverty Guideline _____

Eligibility Category:

Household Income _____ - Foster _____ Homeless _____ PA _____ SSI _____

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Income:

Poverty Guideline _____ / _____ % Above Below

Staff Signature: _____

Date: ____/____/____

ERSEA Specialist

APPLICATION CONTACT LOG

Date:

Contact:

_____	_____
_____	_____
_____	_____
_____	_____