



To register your child for SUU Head Start, please complete the attached application and return it with **copies** of the items listed below to your nearest Head Start center. **All applications must be received in-person.** Faxed or mailed applications will not be accepted except in special cases. Please reference page 2 for a list of centers and phone numbers. If you are unable to return your application in person, or if you are applying during the summer months for Beaver, Delta, Fillmore, or Parowan centers, please call 1-800-796-6070 for instructions on returning your application.

If any of the items listed below are not provided with your application, the application will be considered incomplete and your child will not be considered for enrollment.

☐ **Birth Certificate or DCFS School Enrollment Letter for Foster Children**

☐ **Income verification** (not required for children in Foster Care)

Any one of the following; which ever best reflects current income earnings.

- 1040 Tax Return
- W2s and 1099s
- Paycheck stubs for 12 months
- Letter from employer stating monthly income, signed and dated by employer
- DWS 630

☐ **Immunization Record** – must have all shots listed below or be on schedule

4 HIB	4 DTaP	3 Polio	1 MMR	3 HEP B	2 HEP A	1 Varicella or proof of chicken pox	3 PCV-13
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➤ The following documents are also required if they are being received by the family.

- Unemployment Insurance
- Child Support Documentation
- School Grants and Scholarships
- Social Security benefits
- Family Employment Program (FEP) – also known as TANF
- Any other sources of income

Eligibility is based on income, age, child need and family needs. Your child must be at least 3 years of age by September 1 to qualify for the current school year (which begins in August). Most families must meet federal poverty guidelines for income to qualify (see other side).

Head Start classes meet for a regular school year (August – May), Monday through Thursday, four (4) hours a day. Children are provided meals and all educational supplies while in class. There are no fees for Head Start, but parent involvement in their child's education is encouraged as it has been proven to help children to be successful.

Please note that SUU Head Start does not provide bus transportation. If you have questions or need help completing the application, please call 435-586-6070 or toll free at 1-800-796-6070. We look forward to the possibility of serving your child and your family!

Frequently Asked Questions

1. How do I know if I qualify or if I am eligible for Head Start?

To be eligible, family incomes should not exceed the amounts listed on the federal income guidelines (shown below). Exceptions may be made for children with disabilities.

2. What if I make more than the amounts shown in the income guidelines?

We can still take your application and we may still consider your child for enrollment. However, we are obligated to enroll income eligible families first before enrolling families who do not meet the income guidelines. Head Start does not offer a payment option.

3. When will I know if my child was enrolled?

Generally, families will know if they have been enrolled by the middle of July, or three weeks after your application has been received if you applied after mid-July.

4. When should I turn in my application?

Right away! Do not wait until July or August to turn in your application. Most positions may be filled by then and you may be put on a waiting list.

5. What if my child is not toilet trained?

Toilet training is not a requirement for Head Start enrollment. However, parents are asked to help their child change clothes if he/she has an accident. For tips on toilet training, please call 435-586-6070 for a handout.

Head Start Centers

Central Office

2390 W Hwy 56 Ste 1
Cedar City, UT 84720
(435) 586-6070
Toll free: 1-800-796-6070
Fax: (435) 586-5232
www.suu.edu/headstart

Beaver

510 N 560 E
Beaver, UT 84713
(435) 438-2281 x5121

Fillmore

555 W. 400 S.
Fillmore, UT 84631
(435) 743-6339

Cedar City

2390 W. Hwy 56 #1
Cedar City, UT 84720
(435) 585-6070

Hurricane Valley

706 N. 195 W.
La Verkin, UT 84745
(435) 635-5603

Delta

50 N 100 E
Delta, UT 84624
1-800-796-6070

Parowan

55 S. 300 E.
Parowan, UT 84761
(435) 477-1715

Enoch

4783 Wagonwheel Dr.
Enoch, UT 84721
(435) 865-6959

St. George

494 E. 900 S.
St. George, UT 84790
(435) 628-5641

2015-16 Income Guidelines (Before Taxes)

Size of Family	Yearly	Monthly	Weekly
1	\$ 11,770.00	\$ 980.83	\$ 226.35
2	\$ 15,930.00	\$ 1,327.50	\$ 306.35
3	\$ 20,090.00	\$ 1,674.17	\$ 386.35
4	\$ 24,250.00	\$ 2,020.83	\$ 466.35
5	\$ 28,410.00	\$ 2,367.50	\$ 546.35
6	\$ 32,570.00	\$ 2,714.17	\$ 626.35
7	\$ 36,730.00	\$ 3,060.83	\$ 706.35
8	\$ 40,890.00	\$ 3,407.50	\$ 786.35
*Add \$4,160 for each family member over 8			

CHILD DATA
1. Child's Name:

First Name Middle Name Last Name

2. Nickname:
3. Date of Birth:

MM / DD / YY

4. Gender:

M F

5. Family's Primary Phone:
6. Address:

Street Unit # City State Zip

7. Mailing Address (if different from above):

P.O. Box or Street City State Zip

8a. Was the child previously enrolled in Head Start, Early Head Start, Early Intervention, or with the School District Preschool?
☐ YES ☐ NO

8b. If yes, how many years did he/she attend?
☐ 1 ☐ 2 ☐ 3

8c. Which did he/she attend?
☐ Head Start ☐ Early Head Start
☐ Early Intervention ☐ School District

9. Ethnicity (choose one):
☐ Hispanic / Latino
☐ Non-Hispanic / Non-Latino

10. Race:
☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ Bi-racial / Multi-racial
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Unspecified ☐ Other: _____

11. Language Spoken at Home:
Primary: ☐ English ☐ Spanish ☐ Other: _____
Secondary: ☐ English ☐ Spanish ☐ Other: _____

12. How well does the child speak English?
☐ Very Well ☐ Not Well
☐ Well ☐ Not at all

13a. Do you use or need full-year and/or full-day child care?
☐ YES ☐ NO

13b. Do you receive subsidized child care?
☐ YES ☐ NO

13c. Primary source of child care when child is not in Head Start (choose only one):
☐ Family Child Care Home ☐ Child Care Center or Classroom ☐ Public School Pre-Kindergarten Program
☐ At Home ☐ Another Home with a Relative or Unrelated Adult ☐ Other: _____

14. Family Type (choose only one)
☐ Two Parent Family ☐ Single Parent Family (mother figure only) Living with Partner
☐ Single Parent Family (mother figure only) ☐ Single Parent Family (father figure only) Living with Partner
☐ Single Parent Family (father figure only) ☐ Other Relative(s)
☐ Foster Family ☐ Other Family Type: _____

15. Family Composition

Is your family a stepfamily? ☐ YES ☐ NO

16. List all persons who live in the household.
Total Number in Household: _____

Household Member #1 Age Relationship to Child

Household Member #2 Age Relationship to Child

Household Member #3 Age Relationship to Child

Household Member #4 Age Relationship to Child

Household Member #5 Age Relationship to Child

Household Member #6 Age Relationship to Child

Household Member #7 Age Relationship to Child

Household Member #8 Age Relationship to Child

1. Name of Primary Parental Figure:

First Name

Middle Name

Last Name

2. Email:

3. Date of Birth:

MM / DD / YY

4. Head of household?

Yes No

5. Gender:

M F

6. Legal guardian of child applicant?

YES NO

7. Home Phone:

8. Work Phone:

9. Cell Phone:

10. Living & Mailing Address: (if different from child applicant)

Street

P.O. Box

City

State

Zip

11. Ethnicity (choose one):

☐ Hispanic / Latino☐ Non-Hispanic / Non-Latino

12. Race:

☐ American Indian/Alaska Native☐ Asian☐ Black or African American☐ Bi-racial / Multi-racial☐ Native Hawaiian/Pacific Islander☐ White☐ Unspecified☐ Other: _____

13. Language Spoken at Home:

Primary: English Spanish Other: _____

Secondary: English Spanish Other: _____

14. How well does this person speak English?

☐ Very Well☐ Not Well☐ Well☐ Not at all

15. Marital Status:

☐ Divorced ☐ Married ☐ Separated☐ Single ☐ Widowed

16. Occupational Status

Start Date: _____

☐ Paying Job:☐ Full-time☐ Part-time☐ Seasonal☐ Unemployed:☐ Time since last job: _____ months☐ No previous employment☐ Job Training Program:☐ With Salary☐ Without Salary☐ Other:☐ Homemaker☐ Retired☐ Unable to work due to disability

17. Education

☐ School Full-time☐ Some College☐ High School Diploma/GED☐ Less than High School/GED☐ Trade/Business Qualification☐ Baccalaureate Degree☐ Associate Degree☐ Other: _____

18a. Was this parent under 17 at the birth of the FIRST child in family? YES NO

18b. Was this parent over 41 at the birth of the LAST child in family? YES NO

19. Military Status

Is this parent currently on active duty in the U.S. Military? YES NO

SECONDARY PARENTAL FIGURE DEMOGRAPHIC DATA

1. Name of Secondary Parental Figure:

First Name

Middle Name

Last Name

2. Email:

3. Date of Birth:

MM / DD / YY

4. Head of household?

Yes No

5. Gender:

M F

6. Legal guardian of child applicant?

YES NO

7. Home Phone:

8. Work Phone:

9. Cell Phone:

10. Living & Mailing Address: (if different from child applicant)

Street

P.O. Box

City

State

Zip

11. Ethnicity (choose one):

☐ Hispanic / Latino☐ Non-Hispanic / Non-Latino

12. Race:

☐ American Indian/Alaska Native☐ Asian☐ Black or African American☐ Bi-racial / Multi-racial☐ Native Hawaiian/Pacific Islander☐ White☐ Unspecified☐ Other: _____

13. Language Spoken at Home:

Primary: English Spanish Other: _____

Secondary: English Spanish Other: _____

14. How well does this person speak English?

☐ Very Well☐ Not Well☐ Well☐ Not at all

15. Marital Status:

☐ Divorced ☐ Married ☐ Separated☐ Single ☐ Widowed

16. Occupational Status

Start Date: _____

☐ Paying Job:☐ Full-time☐ Part-time☐ Seasonal☐ Unemployed:☐ Time since last job: _____ months☐ No previous employment☐ Job Training Program:☐ With Salary☐ Without Salary☐ Other:☐ Homemaker☐ Retired☐ Unable to work due to disability

17. Education

☐ School Full-time☐ Some College☐ High School Diploma/GED☐ Less than High School/GED☐ Trade/Business Qualification☐ Baccalaureate Degree☐ Associate Degree☐ Other: _____

18a. Was this parent under 17 at the birth of the FIRST child in family? YES NO

18b. Was this parent over 41 at the birth of the LAST child in family? YES NO

19. Military Status

Is this parent currently on active duty in the U.S. Military? YES NO

1. Type of Housing (choose only one)

- ☐ Apartment ☐ House
☐ Community Shelter ☐ Migrant Housing
☐ Homeless / No Housing ☐ Mobile Home / Trailer
☐ Hotel / Motel Room ☐ Other: _____

2. Housing Payment Arrangement (choose only one)

- ☐ Exchange Services for Housing ☐ Own Housing
☐ Make No Payment for Housing ☐ Rent Housing
☐ Receive Subsidized Housing ☐ Other: _____

3. Length of Time at Current Address:

- ☐ Less than 6 months ☐ 6 – 12 months ☐ 1 – 2 years ☐ 2+ years

4. How many times have you moved in the past 12 months?**5. Type of Federal or Other Assistance Received** (choose all that apply)

- ☐ Medicaid or CHIP ☐ Unemployment
☐ (TANF) Temporary Assistance for Needy Families ☐ (WIC) Women, Infants, and Children
☐ (SSI) Supplemental Security Income ☐ (SNAP) Supplemental Nutrition Assistance Program (Food Stamps)

6. Transportation

6a. Can you or someone in your family transport your child to Head Start? ☐ YES ☐ NO

6b. If not, how will your child get to Head Start? _____

(Please note that SUU Head Start does not provide bus transportation.)

ADDITIONAL INFORMATION

If any of the following apply, please explain in more detail if desired. Use other side of paper if needed.

1. Have there been negative changes in employment, living conditions, or income?

2. Is anyone living in the household with disabilities and / or health problems?

3. Is child in foster care or living with someone other than the parents?

4. Was child born with, or has health problem, allergies, disabilities, or special needs?

5. Briefly describe the family crisis so we may better prepare for your child (death, divorce, separation, job loss, recent move, substance abuse, incarceration, abuse, mental health, etc.) Use other side of paper if needed.

This image shows a single page from a notebook or ledger. It features a series of evenly spaced, thin black horizontal lines running across the width of the page. The lines are uniform in thickness and spacing, providing a guide for writing. There are no vertical margin lines, headers, footers, or other markings present on the page. The background is a solid off-white color.

Head Start Performance Standards require that all children be up to date or on schedule with all immunizations and well child care health and dental exams.

1. If you do not currently have a doctor, dentist, or a way to pay for appointments would you like help? ☐ YES ☐ NO

2. Conditions your child has which may be important in an emergency (choose all that apply):

Allergies

Conditions

☐ Bites: _____

☐ Asthma

☐ Food: _____

☐ Diabetes

☐ Medication: _____

☐ Seizure

☐ Other: _____

☐ Other: _____

3. Is the condition(s) currently under control / care by physician? ☐ YES ☐ NO

4a. Do you have concerns about your child's overall health and development?

☐ YES ☐ NO

4b. Describe Concerns:

4c. Concerns Expressed By (choose one):

☐ Medical Provider

☐ Primary Care Provider

☐ Family Member

☐ Program Staff

☐ Social Service Agency

☐ Other: _____

5. Has your child attended the School District Preschool? ☐ YES ☐ NO

6a. Does your child have a disability?

☐ YES ☐ NO

6b. If Yes, please select one of the following.

☐ Speech & Language

☐ Behavioral

☐ Developmental

☐ Multiple

☐ Other: _____

*** Please provide referral document(s) if your child has diagnosed disabilities (ex. IEP, Doctor Note, etc.)***

7. Is your child able to use the toilet by him/herself? ☐ YES ☐ NO

8. Are they able to change their own clothes if they have a wetting accident? ☐ YES ☐ NO

9a. Medical Insurance Providers:

☐ Medicare / Medicaid

☐ Child Health Insurance Program (CHIP)

☐ Private

☐ No Coverage

☐ Other: _____

9b. Insurance Effective Date:
(MM / DD / YY)

9c. Expiration Date:
(MM / DD / YY)

9d. Primary Insurance:
YES NO N/A

9e. Include Dental Coverage?
YES NO N/A

10a. Current Medical Provider:

10b. Phone #:

10c. Date of Last Well Exam:
(MM/DD/YY)

11a. Current Dental Provider:

11b. Phone #:

11c. Date of Last Dental Exam:
(MM/DD/YY)

1. Child's Name:

First Name

Last Name

2. Date of Birth: (MM/DD/YY)**3. Medical Emergency Consent:**

In case of injury or medical emergency, my signature below authorizes Head Start staff to give permission to any doctor, nurse, hospital personnel, or paramedic to provide medical care as they (medical personnel) deem necessary in the best interest of my child.

X _____

Signature of Parent / Legal Guardian

Date

X _____

Signature of Parent / Legal Guardian

Date

4. Primary Parent's Emergency Phone Numbers:

Phone 1: _____

☐ Home ☐ Work ☐ Cell ☐ Other: _____

Phone 2: _____

☐ Home ☐ Work ☐ Cell ☐ Other: _____**5. Secondary Parent's Emergency Phone Numbers:**

Phone 1: _____

☐ Home ☐ Work ☐ Cell ☐ Other: _____

Phone 2: _____

☐ Home ☐ Work ☐ Cell ☐ Other: _____**6. Emergency Contacts:**

If parent/guardian cannot be reached, who will know where to find you or be responsible for your child?

Emergency Contact 1:

Name: _____

Address: _____

Street

City

Gender: _____

M

F

Phone 1: _____

Phone 2: _____

Relationship to Child: _____

Emergency Contact 2:

Name: _____

Address: _____

Street

City

Gender: _____

M

F

Phone 1: _____

Phone 2: _____

Relationship to Child: _____

Emergency Contact 3:

Name: _____

Address: _____

Street

City

Gender: _____

M

F

Phone 1: _____

Phone 2: _____

Relationship to Child: _____

Emergency Contact 4:

Name: _____

Address: _____

Street

City

Gender: _____

M

F

Phone 1: _____

Phone 2: _____

Relationship to Child: _____

Emergency Contact 5:

Name: _____

Address: _____

Street

City

Gender: _____

M

F

Phone 1: _____

Phone 2: _____

Relationship to Child: _____

In the event of a medical or community emergency, SUU Head Start staff will transport your child if you or no one from your contact information can be located.

7. Transportation Release: I hereby authorize the persons listed above to pick up my child.

X _____

Signature of Parent / Legal Guardian

Date

X _____

Signature of Parent / Legal Guardian

Date

1. Child's Name:				2. Date of Birth: (MM/DD/YY)			
First Name _____				Last Name _____			
3. Number of Adults in Household:		4. Number of Children in Household:		5. Number of adults contributing to income:			
6. Primary Adult's <u>Yearly</u> Income		7. Secondary Adult's <u>Yearly</u> Income		8. Legal Guardian Signature(s) I certify that the information in this application is correct to the best of my knowledge and is subject to verification. X _____ Legal Guardian _____ Date _____ X _____ Legal Guardian _____ Date _____			
Employment (gross):		Employment (gross):					
Unemployment:		Unemployment:					
Child Support:		Child Support:					
Other:		Other:					
Total Yearly Income:	\$ _____	Total Yearly Income:	\$ _____				
Total Family Yearly Income (before taxes):		\$ _____					
9. Residency Status (choose all that apply) <input type="checkbox"/> Yes <input type="checkbox"/> No Does child's family share housing due to economic struggles? (living with other adults, including relatives) If yes, please explain _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is child living in a shelter, hotel, motel, or lack regular, fixed residence? (domestic violence, emergency, or transitional housing) If yes, please explain _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is child living in a car, park, campground, or public place? If yes, please explain _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Is child living in a place without adequate facilities? (no heat, water, electricity, etc.) If yes, please explain _____							
10. Third Party Verification: If you indicated "yes" to any of the questions under section 9. Residency Status above, or if you used the " No Income / Payment in Cash " form, may SUU Head Start have permission to contact a person or agency who can verify your information? <input type="checkbox"/> YES <i>(please complete the information below)</i> <input type="checkbox"/> NO Legal Guardian Signature: _____ Contact Name: _____ Phone: _____ Affiliation (grandparent, shelter, etc.): _____							

↓ **STAFF USE ONLY** ↓**ELIGIBILITY DETERMINATION FORM**↓ **STAFF USE ONLY** ↓

1. Date Accepted: _____ / Start Date: _____		
2. Verify Eligibility. Check which category of eligibility this child falls into.		
<input type="checkbox"/> Categorical <input type="checkbox"/> Homeless <input type="checkbox"/> Foster Care / Kinship Care	<input type="checkbox"/> Income <input type="checkbox"/> Below federal poverty guidelines <input type="checkbox"/> Public Assistance <input type="checkbox"/> Between 100 - 130% federal poverty guidelines <i>(not more than 35% of enrolled children may fall into this category)</i>	<input type="checkbox"/> Over Income <i>(counted as part of 10% maximum)</i>
Remarks _____		
3. What documentation was used to determine eligibility?		
<input type="checkbox"/> Income Tax Forms: _____ <input type="checkbox"/> W-2 and 1099 <input type="checkbox"/> Pay stub or pay envelopes <input type="checkbox"/> Written statements from employers <input type="checkbox"/> DWS 630 <input type="checkbox"/> Unemployment <input type="checkbox"/> Child support documentation <input type="checkbox"/> No Income/Payment in Cash From _____	<input type="checkbox"/> School grants and scholarships <input type="checkbox"/> Foster/Kinship care documentation <input type="checkbox"/> TANF documentation <input type="checkbox"/> SSI documentation <input type="checkbox"/> Third Party Verification <input type="checkbox"/> Homeless based on information gathered from interview and application <input type="checkbox"/> Other: _____	

Eligibility Determination Statement I hereby do certify that the family is eligible to participate in the H.S. Program. I attest that I have examined the documents checked above and certify that the family is eligible in accordance with Head Start regulations and ERSEA policies.

4. Staff Signature: _____	Date: _____	FCE Manager Verification: _____
5. Staff Name: _____	Title: _____	_____