

Head Start Enrollment Application 2020-2021

Head Start 2390 W Highway 56 #1 Cedar City, UT 84720 435-586-6070 Toll Free 1-800-796-6070 Fax 1-435-586-5232 www.suu.edu/headstart

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Welcome to Head Start:

Head Start is proud to offer a world-class pre-school program to children and families in Millard, Beaver, Iron, and Washington Counties.

This year we are able to offer two types of classes (types are limited by location):

Part day: 4 days a week (Monday thru Thursday), 4 hours a day, morning or afternoon.

Full day: 5 days a week (Monday thru Friday), 7 hours a day, half day on Friday.

(See other side for locations and types of classes offered)

Children are eligible based on age, income, and child or family need.

- •Your child must be at least 3 by September 1.
- •If your child turns 5 before September 1, they are required to go to the local school district.

Here is what you need to do to register your child:

- Complete the attached application.
- Return it in person to your nearest Head Start Center (See other side).
- Bring the following items:

☐ Birth Certificate or DCFS School Enrollment Letter for Foster Children							
 ☐ Income Verification (not required for children in foster care) (Complete the questionnaire on Page 7 to determine which income documents to include w your application) ☐ Immunization Record – Must have all shots listed below or be on schedule. 							
4 DTaP	3 Polio	3-4 Hib	1MMR	3 НЕР В	2 HEP A	1 Varicella or proof of	3 PCV 13

- Faxed or mailed applications will not be accepted except in special cases.
- •If you are unable to return your application in person, or if you are applying during the summer months, please call our toll free number 1-800-796-6070 for instructions.
- •See our website for Frequently Asked Questions. www.suu.edu/headstart

Head Start Centers

Beaver Head Start located in Belknap Elementary School 510 N 650 E, Beaver, UT 84713 435-438-2281 x5121 Part Day AM Class * Cedar City Head Start Main Center 2390 W Highway 56 #1, Cedar City, UT 84720 Fillmore Elementary School 435-586-6070 555 W 400 S, Fillmore, UT 84631 Part Day AM/PM and Full Day Cedar City Head Start Gateway Center 201 E 3800 N, Enoch, UT 84721 706 N 195 W, LaVerkin, UT 84745 435-867-5558 Part Day AM Class Cedar City Head Start Fiddlers Center 1830 North Main Street 494 E 900, St. George, UT 84790 Cedar City, UT 84721 435-635-641 Second Fill Day Class Part Day AM/PM and Full Day Enoch Head Start (North Side of Enoch Elementary) The state of the second Fill Center Troman Head Start (North Side of Enoch Elementary) St. George Head Start Bluff Center Troman Head Start (near the City Pool) St. George Young Sunset Center St. George, UT 84790 435-477-1715 Part Day AM Class St. George, UT 84790 435-359-9321 Part Day AM/PM and Full Day					
435-438-2281 x5121 Part Day AM Class * Cedar City Head Start Main Center 2390 W Highway 56 #1, Cedar City, UT 84720 Fillmore Elementary School 435-586-6070 Fillmore Elementary School 435-743-6339 Part Day AM Class * Cedar City Head Start Gateway Center 201 E 3800 N, Enoch, UT 84721 706 N 195 W, LaVerkin, UT 84745 435-867-5558 Part Day AM Class Cedar City Head Start Fiddlers Center 1830 North Main Street 494 E 900, St. George, UT 84790 Cedar City, UT 84721 435-635-3442 Part Day AM and Full Day Cedar City, UT 84721 435-628-5641 435-233-6695 Full Day Class Part Day AM/PM and Full Day Enoch Head Start (North Side of Enoch Elementary) 4783 Wagonwheel Dr., Enoch, UT 84721 175 W 900 S #12, St. George, UT 84770 435-865-6959 Part Day AM Class Part Day AM Class Part Day AM/PM Class	Beaver Head Start located in		Delta Head Start loo	cated in	
* Cedar City Head Start Main Center 2390 W Highway 56 #1, Cedar City, UT 84720 #35-586-6070 #35-586-6070 #35-786-6080 #35-786-6080 #35-786-6080 #35-786-6080 #35-786-6080 #35-786-6080 #35-6	Belknap Elementary School		Delta, UT 84624		
* Cedar City Head Start Main Center 2390 W Highway 56 #1, Cedar City, UT 84720 435-586-6070 555 W 400 S, Fillmore, UT 84631 435-743-6339 Part Day AM/PM and Full Day 435-743-6339 Part Day AM Class Cedar City Head Start Gateway Center 401 E 3800 N, Enoch, UT 84721 435-867-5558 Part Day AM Class Cedar City Head Start Fiddlers Center 1830 North Main Street 494 E 900, St. George, UT 84790 Cedar City, UT 84721 435-233-6695 Full Day Class Footh Head Start (North Side of Enoch Elementary) 4783 Wagonwheel Dr., Enoch, UT 84721 435-865-6959 Part Day AM Class Part Day AM Class Part Day AM/PM Class Parowan Head Start (near the City Pool) 55 S 300 E, Parowan, UT 84761 435-477-1715 Part Day AM Class St. George, UT 84790	510 N 650 E, Beaver, UT 847:	13			
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435-867-5558Part Day AM Class435-635-3442Part Day AM and Full DayCedar City Head Start Fiddlers Center*St. George Head Start Main Center1830 North Main Street494 E 900, St. George, UT 84790Cedar City, UT 84721435-628-5641435-233-6695Full Day ClassPart Day AM/PM and Full DayEnoch Head Start (North Side of Enoch Elementary)St. George Head Start Bluff Center4783 Wagonwheel Dr., Enoch, UT 84721175 W 900 S #12, St. George, UT 84770435-865-6959Part Day AM Class435-674-4545Part Day AM/PM ClassParowan Head Start (near the City Pool)St. George Young Sunset Center55 S 300 E, Parowan, UT 847611469 W. Sunset Blvd435-477-1715Part Day AM ClassSt. George, UT 84790	Cedar City Head Start Gatewa	ay Center	Hurricane Valley He	ead Start	
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Enoch Head Start (North Side of Enoch Elementary) 4783 Wagonwheel Dr., Enoch, UT 84721 435-865-6959 Part Day AM Class Parowan Head Start (near the City Pool) 55 S 300 E, Parowan, UT 84761 435-477-1715 Part Day AM Class St. George Head Start Bluff Center 175 W 900 S #12, St. George, UT 84770 435-674-4545 Part Day AM/PM Class St. George Young Sunset Center 1469 W. Sunset Blvd St. George, UT 84790	Cedar City, UT 84721		435-628-5641		
4783 Wagonwheel Dr., Enoch, UT 84721 175 W 900 S #12, St. George, UT 84770 435-865-6959 Part Day AM Class 435-674-4545 Part Day AM/PM Class Parowan Head Start (near the City Pool) St. George Young Sunset Center 55 S 300 E, Parowan, UT 84761 1469 W. Sunset Blvd 435-477-1715 Part Day AM Class St. George, UT 84790	435-233-6695	Full Day Class		Part Day AM/PM and Full Day	
435-865-6959Part Day AM Class435-674-4545Part Day AM/PM ClassParowan Head Start (near the City Pool)St. George Young Sunset Center55 S 300 E, Parowan, UT 847611469 W. Sunset Blvd435-477-1715Part Day AM ClassSt. George, UT 84790	Enoch Head Start (North Side	e of Enoch Elementary)	St. George Head Sta	art Bluff Center	
Parowan Head Start (near the City Pool) 55 S 300 E, Parowan, UT 84761 435-477-1715 Part Day AM Class St. George Young Sunset Center 1469 W. Sunset Blvd St. George, UT 84790	4783 Wagonwheel Dr., Enoch	n, UT 84721	175 W 900 S #12, St. George, UT 84770		
55 S 300 E, Parowan, UT 84761 1469 W. Sunset Blvd 435-477-1715 Part Day AM Class St. George, UT 84790	435-865-6959	Part Day AM Class	435-674-4545	Part Day AM/PM Class	
435-477-1715 Part Day AM Class St. George, UT 84790	Parowan Head Start (near th	e City Pool)	St. George Young Sunset Center		
,	55 S 300 E, Parowan, UT 847	761			
435-359-9321 Part Day AM/PM and Full Day	435-477-1715	Part Day AM Class	St. George, UT 84790		
			435-359-9321	Part Day AM/PM and Full Day	

^{*}These Centers are open during the summer

^{**} Other Centers are open by appointment please call 1-800-796-6070 to schedule an appointment



SUU Head Start 2390 W Hwy 56, Suite 1 Cedar City, UT 84720 Phone: (435) 586-6070 or 1-800-796-6070 ext. 23 Fax: (435) 586-5232

Application year 2020-2021

Complete one copy for **each** eligible child If you need help with paperwork, call 1-800-796-6070

		CHILD D	ATA			
1. Child's Name:				PID#:		
First Name	Middle Name		Last Name			
2. Nickname:	4. Ger	nder:	5. Family's Primar	y Phone:		
	/ / MM DD YY		M F	-		
6. Address:		•				
Street	Unit # City		St	tate Zip		
7. Mailing Address (if different	ent from above):					
P.O. Box or Street	City		Si	tate Zip		
8a. Was the child previous Start, Early Head Start, Early with the School District Pre	ly Intervention, or	did he/she a	ow many years attend?	8c. Which did he Head Start Early Intervention	☐ Early Head Start	
9. Ethnicity (choose one): Hispanic / Latino Non-Hispanic / Non-Latino	10. Race: American Indian/Ala: Native Hawaiian/Pac	ska Native		or African American	☐ Bi-racial / Multi-racial	
• – • –	panish		12. How well do	es the child speak Not Well Not at all	English?	
13a. Do you use or need fu	ill-year and/or full-day ☐ NO	child care?	13b. Do you rec	eive subsidized ch	ild care?	
13c. Primary source of chil ☐ Family Child Care Home ☐ At Home ☐ A	d care when child is r ☐ Child Care Ce Another Home with a Rela	enter or Classroo	om Pub	olic School Pre-Kinder	garten Program	
☐Two Parent Family ☐Single Parent Family (mot	4. 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) Other Relative(s)					
15. Family Composition Is your family a stepfamily?	□YES □	NO				
16. List all persons who liv	e in the household, in	cluding the p	arents and child a	ıpplicant.		
Total Number in Househol	d:	1				
Household Member #1	Age Relation	ship to Child Ho	usehold Member #5	Age	Relationship to Child	
Household Member #2	Age Relation	ship to Child Ho	usehold Member #6	Age	Relationship to Child	
Household Member #3	Age Relation	ship to Child Ho	usehold Member #7	Age	Relationship to Child	
Household Member #4	Age Relation	ship to Child Ho	usehold Member #8	Age	Relationship to Child	

PRIMARY PARENTAL FIGURE DEMOGRAPHIC DATA							
1. Name of Primary Parental Figure:							
First Name	me		Last Name			_	
Email: Dat			of Birth:	Head of household? Yes No	Gen M	ider:	Legal guardian of child applicant? YES NO
		MM	DD YY	res No	——	-	
Home Phone:		Wo	rk Phone:		'	Cell Phon	e:
Living & Mailing Address: (if dif	ferent from cl	hild appl	icant)				
Street	Р.	O. Box		City			State Zip
2. Ethnicity (choose one):	3. Race:						
☐ Hispanic / Latino ☐ Non-Hispanic / Non-Latino			/Alaska Nati /Pacific Islai		ick or Af specifie	frican Ame d	erican Bi-racial / Multi-racial Other:
4. Language Spoken at Home:			5 How w	ell does this person speak	Fnalisl	h?	6. Marital Status:
Primary: English Spanish O Secondary: English Spanish O			□ Ver	y Well Not Well	Liigiisi		□ Divorced □ Married □Separated □Single □ Widowed
7. Occupational Status				8. Education		1	
Start Date:				□ School Full-time		□ So	me College
				☐ High School Diploma/G	ED	□ Les	ss than High School/GED
	employed: me since last	ioh:	months	☐ Trade/Business Qualific	cation	□ Ba	ccalaureate Degree
	o previous em			□ Associate Degree □ Other:			
□ Seasonal				9. Military Status			
□ <u>Job Training Program:</u> □ <u>Ot</u>				Is this parent currently on a	active d	luty in the	U.S. Military? ☐ YES ☐ NO
,	omemaker etired					-	
•	nable to work	due to di	isability	Is this parent a veteran of	the U.S.	. military?	☐ YES ☐ NO
	SE	CONDA	RY PAREN	TAL FIGURE DEMOGRAPH	IIC DAT	ГА	
1. Name of Secondary Parental Figure:							
First Name Middle Name Last Name							
First Name	Middle Na	me		Last Name			
First Name Email:	Middle Na		of Birth:	Last Name Head of household?	Gen	nder:	Legal guardian of child
	Middle Na		of Birth: / DD YY	1	Gen M		Legal guardian of child applicant? YES NO
	Middle Na	Date o	/	Head of household?	М		applicant? YES NO
Email:		Date o	pD YY rk Phone:	Head of household?	М	F	applicant? YES NO
Email: Home Phone:	erent from ch	Date o	pD YY rk Phone:	Head of household?	М	F	applicant? YES NO
Email: Home Phone: Living & Mailing Address: (if diff	erent from ch	Date of Amm Wo	pD YY rk Phone:	Head of household? Yes No	М	F	applicant? YES NO
Email: Home Phone: Living & Mailing Address: (if diff	erent from ch	MM Wo	pD YY rk Phone:	Head of household? Yes No City	M C	F	applicant? YES NO State Zip
Email: Home Phone: Living & Mailing Address: (if diff Street 2. Ethnicity (choose one):	erent from ch	Date of / MM Wo	DD YY rk Phone: cant)	Head of household? Yes No City Sive Asian Black	M C	F Cell Phone	applicant? YES NO State Zip
Email: Home Phone: Living & Mailing Address: (if diff Street 2. Ethnicity (choose one): Hispanic / Latino	erent from ch	Date of / MM Wo	rk Phone: cant)	Head of household? Yes No City tive Asian Bla	M C	F Cell Phone	applicant? YES NO State Zip erican Bi-racial / Multi-racial
Email: Home Phone: Living & Mailing Address: (if diff Street 2. Ethnicity (choose one): Hispanic / Latino Non-Hispanic / Non-Latino	erent from ch P. 3. Race: America Native H	Date of / MM Wo	rk Phone: cant)	Head of household? Yes No City tive Asian Blander White Univell does this person speakery Well Not Well	M C	F Cell Phone frican Ame	applicant? YES NO State Zip erican Bi-racial / Multi-racial Other:
Email: Home Phone: Living & Mailing Address: (if diff Street 2. Ethnicity (choose one): Hispanic / Latino Non-Hispanic / Non-Latino 4. Language Spoken at Home: Primary: English Spanish O	erent from ch P. 3. Race: America Native H	Date of / MM Wo	rk Phone: cant) Alaska Nat Pacific Islan 5. How w	Head of household? Yes No City tive Asian Blander White Univell does this person speakery Well Not Well	M C	F Cell Phone frican Ame	applicant? YES NO State Zip erican Bi-racial / Multi-racial Other: Divorced Married Separated
Email: Home Phone: Living & Mailing Address: (if different forms of the content	erent from ch P. 3. Race: America Native H	Date of / MM Wo	rk Phone: cant) Alaska Nat Pacific Islan 5. How w	Head of household? Yes No City tive Asian Blander White Unvell does this person speak y Well Not Well II Not at all	M C	F Cell Phone frican Ame	applicant? YES NO State Zip erican Bi-racial / Multi-racial Other: Divorced Married Separated
Email: Home Phone: Living & Mailing Address: (if different street) 2. Ethnicity (choose one): Hispanic / Latino Non-Hispanic / Non-Latino 4. Language Spoken at Home: Primary: English Spanish Of Secondary: English Spanish Of T. Occupational Status Start Date:	erent from ch	Date of / MM Wo	rk Phone: cant) Alaska Nat Pacific Islan 5. How w	Head of household? Yes No City tive Asian Blander White Un yell does this person speak y Well Not Well II Not at all 8. Education	M C	F Cell Phone frican Amend sh?	applicant? YES NO State Zip erican Bi-racial / Multi-racial Other: Divorced Married Separated Single Widowed
Email: Home Phone: Living & Mailing Address: (if different different line) Street 2. Ethnicity (choose one): Hispanic / Latino Non-Hispanic / Non-Latino 4. Language Spoken at Home: Primary: English Spanish Of Secondary: English Spanish Of Secondary: English Spanish Of T. Occupational Status Start Date: Paying Job:	erent from ch P. 3. Race: America Native H ther: ther:	Date of / MM Wo	rk Phone: cant) A/Alaska Nat A/Pacific Islan 5. How w	Head of household? Yes No City tive Asian Blander White Universell does this person speakery Well Not Well Not at all 8. Education School Full-time	ack or A specifie	frican Amed sh?	applicant? YES NO State Zip erican Bi-racial / Multi-racial Other: Divorced Married Separated Single Widowed
Email: Home Phone: Living & Mailing Address: (if different different line) Street 2. Ethnicity (choose one): Hispanic / Latino Non-Hispanic / Non-Latino 4. Language Spoken at Home: Primary: English Spanish Of Secondary: English Spanish Of Secondary: English Spanish Of T. Occupational Status Start Date: Paying Job: Full-time	erent from ch	Date of / MM Wo mild application of the control of	rk Phone: cant) A/Alaska Nat A/Pacific Isla 5. How w Ver Wei	Head of household? Yes No City Cit	ack or A specifie	frican Amed Sh?	applicant? YES NO B: State Zip erican Bi-racial / Multi-racial Other: Divorced Married Separated Single Widowed me College ss than High School/GED
Email: Home Phone: Living & Mailing Address: (if different forms of the content	erent from ch 7. 3. Race: America Native H ther: ther: employed: ime since last o previous em	Date of / MM Wo mild application of the control of	rk Phone: cant) A/Alaska Nat A/Pacific Isla 5. How w Ver Wei	Head of household? Yes No City Tive Asian Blander White Universell does this person speaking Well Not Well Not at all 8. Education School Full-time High School Diploma/G	ack or A specifie	frican Amed Sh?	applicant? YES NO State Zip erican Bi-racial / Multi-racial Other: Divorced Married Separated Single Widowed me College st than High School/GED occalaureate Degree
Email: Home Phone: Living & Mailing Address: (if different of the content of th	erent from ch 7. 3. Race: America Native H ther: ther: employed: ime since last o previous em	Date of / MM Wo mild application of the control of	rk Phone: cant) A/Alaska Nat A/Pacific Isla 5. How w Ver Wei	Head of household? Yes No City Cit	M C	frican Amed sh?	applicant? YES NO State Zip erican Bi-racial / Multi-racial Other: Divorced Married Separated Single Widowed me College ss than High School/GED ccalaureate Degree her:
Email: Home Phone: Living & Mailing Address: (if different of the content of th	erent from ch P. 3. Race: America Native H ther: ther: employed: ime since last o previous em her:	Date of / MM Wo nild application of the control of	rk Phone: cant) Alaska Nat Pacific Islan 5. How w Wer Wer	Head of household? Yes No City Tive Asian Blander White Universell does this person speaking Well Not at all 8. Education School Full-time High School Diploma/GUTrade/Business Qualificum Associate Degree 9. Military Status	M C	F Cell Phone frican Amend sh? So Description:	applicant? YES NO State Zip erican Bi-racial / Multi-racial Other: Divorced Married Separated Single Widowed me College ss than High School/GED ccalaureate Degree her:

FAMILY INFORMATION							
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 Arran Exchange Services for Hou Make No Payment for Hou Receive Subsidized Housi	using Rent Housing					
3. Length of Time at Current Address: Less than 6 months	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 (TANF) Temporary Assistance for Needy Families (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 He 6b. If not, how will your child get to Head Start? (Please note that SUU Head S	ead Start? YES N	NO portation.)					
7. Residency Status (choose all that apply) Yes No Does the child's family share housing due to economic struggles? (living with other adults, including relatives) If yes, please explain							
8. Third Party Verification: If you indicated "yes" to any of the Start have permission to contact a person or agency who can ver		sidency Status above, may SUU Head					
YES Legal Guardian Signature:	NO						
Contact Name: Phone:	Affiliation (grand	parent, shelter, etc.):					
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. 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							

CHILD'S HEALTH QUESTIONARE

In order to provide the best services for your child and his/her needs, please answer the following:

Social Emotional

<u>Coolar Emotionar</u>		
Does your child interact with other children when in a group setting?	Yes	No
Does he or she often get overstimulated?	Yes	No
Does he or she often hit, kick or bite?	Yes	No
Can he or she make eye contact with me while we talk?	Yes	No
Language/Communication		
<u>Language/Communication</u>		
Do people outside of your family understand what he/she says?	Yes	No
Can he/she say their own name?	Yes	No
Can he/she speak in 3-5 word sentences or more?	Yes	No
<u>Cognitive</u>		
Can your child understand one step directions?	Yes	No
Can your child do imaginary play (like a banana is a phone)?	Yes	No
Can your child stay with an activity for 5 min. or more?	Yes	No
Mayamant		
Movement		
Can your child hop on one foot?	Yes	No
Can your child feed him or herself with a spoon?	Yes	No
Can your child go from sitting to standing on their own?	Yes	No
Is your child able to consistently use the toilet by him/herself?	Yes	No
Is your child able to change their own clothes if they have a wetting accident?	Yes	No
Education		
Has your child ever been in a classroom setting before?	Yes	No
Has your child attended a School District Preschool?	Yes	No
Does your child have an IEP? **If yes, please provide a copy**	Yes	No
boes your crima have arrier: If yes, please provide a copy	163	NO
Did your child have health problems at birth? If so, please describe:		
Do you have concerns about your child's overall health and development?		
If you answered yes to any of the above questions, please explain:		

CHILD HEALTH INFORMATION

Head Start Performance St well child care health and d		t all children be up	to date or on sche	edule with all immunizations and
1. If you do not currently have	ve a doctor, dentist,	or a way to pay fo	r appointments wou	ıld you like help? ☐YES ☐NC
2. Conditions your child has	which may be impo	rtant in an emerge	ency (choose all that	apply):
Allergies			<u>Conditions</u>] N/A
☐Insect Bites:			□Asthma	
Food:			□Diabetes	
☐ Medication:			Seizure	
Other:			Other:	
3. Is the condition(s) current	tly under control / ca	re by physician?	□YES	□NO
4. Are there any concerns ex	cpressed by (choose	one):		
Medical Provider	☐ Primary Ca	are Provider	☐Family Me	ember
☐Program Staff	☐ Social Serv	vice Agency	Other:	
5. Medical Insurance Provide	ers:			
Medicare / Medicaid	Child Health Insu	ırance Program (CH	HIP)	
Private	☐ No Coverage	Othe	er:	
6. Insurance Effective Date:	Primary Insura	ance [☐ Yes ☐ No ☐] N/A
(MM/DD/YY)	Dental Covera	ge Included [☐ Yes ☐ No ☐] N/A
7. Current Medical Provider/	Clinic:	Phone #:		Date of Last Exam:
8. Current Dental Provider:		Phone #:		Date of Last Dental Exam:
9. Do you have any concerns	about your child's ov	rerall health?		

EMERGENCY CONTACT INFORMATION						
1. Child's Name: Date of Birth:						
First Name	Last Name		_			
2. Medical Emergency Consent: In case of injury or medical emergency, m hospital personnel, or paramedic to provid my child.						
X Signature of Parent / Legal Guardian	Date	X Signature of Parent / Lega	I Guardian	Date		
3. Primary Parent's Emergency Phone I Phone 1:		4. Secondary Parent's En				
Phone 2:		Phone 2:	Cell Other:			
5. 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:		City	Gender: - M F		
Phone 1:	Phone 2:	Rela	tionship to Child:			
Emergency Contact 2: Name:	Address: Street		City	Gender: - M F		
Phone 1:	Phone 2:	Rela	tionship to Child:			
Emergency Contact 3: Name:	Address:		City	Gender: M F		
Phone 1:	Phone 2:	Rela	tionship to Child:			
Emergency Contact 4: Name:	Address:		City	Gender: M F		
Phone 1:	Phone 2:	Rela	tionship to Child:			
Emergency Contact 5: Name:	Address:		City	Gender: M F		
Phone 1:	Phone 2:	Rela	tionship 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. 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 / Lega	l Guardian l	Date		

INCOME INFORMATION

Primary Parental Figure:	Secondary Parental Figure:				
Name:	Name:				
1. Did this parent start working with his/her current employer on or before January 2019?	Did this parent start working with his/her current employer on or before January 2019?				
☐ YES Turn in your 2019 W2. ☐ N/A	☐ YES Turn in your 2019 W2. ☐ N/A				
☐ NO, he/she started after January 2020.	☐ NO, he/she started after January 2020.				
Turn in all your paystubs <u>AND</u> an Employment Verification Form, DWS 630, <u>or</u> a letter from your employer stating your monthly income. An Employment Verification Form is attached to this application.	Turn in all your paystubs AND an Employment Verification Form, DWS 630, <u>or</u> a letter from your employer stating your monthly income. An Employment Verification Form is attached to this application.				
2. Does this parent collect unemployment insurance?	2. Does this parent collect unemployment insurance?				
☐ YES Turn in unemployment insurance statement or letter☐ NO	☐ YES Turn in unemployment insurance statement or letter ☐ NO				
3. Does this parent collect child support, even for a child who is not being enrolled for Head Start?	3. Does this parent collect child support, even for a child who is not being enrolled for Head Start?				
☐ YES Turn in an ORS statement or a divorce decree. If this is an informal arrangement, turn in a letter from the provider that states how much he/she provides.	☐ YES Turn in an ORS statement or a divorce decree. If this is an informal arrangement, turn in a letter from the provider that states how much he/she provides.				
□NO	□NO				
4. Does this parent receive any grants or scholarships?YES Turn in documentation of grants and scholarships you have been awarded.	 4. Does this parent receive any grants or scholarships? YES Turn in documentation of grants and scholarships you have been awarded. 				
□NO	□NO				
5. Does this parent receive Supplemental Security Income (SSI) benefits, including on behalf of children? Not to be confused with SSDI.	5. Does this parent receive Supplemental Security Income (SSI) benefits, including on behalf of children? Not to be confused with SSDI.				
☐ YES Turn in a statement that specifically states SSI.☐ NO	☐ YES Turn in a statement that specifically states SSI. ☐ NO				
6. Does this parent receive Family Employment Program (FEP) benefits from Workforce Services?	6. Does this parent receive Family Employment Program (FEP) benefits from Workforce Services?				
☐ YES Turn in a statement of FEP. ☐ NO	☐ YES Turn in a statement of FEP. ☐ NO				
7. Does this parent receive Social Security benefits other than SSI, including on behalf of children?	7. Does this parent receive Social Security benefits other than SSI, including on behalf of children?				
☐ YES Turn in your Benefit Verification Letters available through www.ssa.gov.☐ NO	 YES Turn in your Benefit Verification Letters available through www.ssa.gov. NO 				
8. Does this parent receive assistance from family, friends, or organizations (church, etc.) in the form of cash, assistance with payments (they pay your rent, phone bill, buy/provide groceries, etc.), or housing (you live with them free of charge)?	8. Does this parent receive assistance from family, friends, or organizations (church, etc.) in the form of cash, assistance with payments (they pay your rent, phone bill, buy/provide groceries, etc.), or housing (you live with them free of charge)?				
☐ YES Provide a letter written by the individual or organization assisting you that describes what type of assistance they provide to you.	☐ YES Provide a letter written by the individual or organizatior assisting you that describes what type of assistance they provide to you.				
□ NO	□NO				
Legal Guardian Signature(s) I certify that the information in this application is correct to the be	est of my knowledge and is subject to verification.				
x	x				
Logal Guardian Data	Logal Guardian Date				

■ STAFF USE ONLY ■	INTERVIEW WORKSHEE	т	▼ STAFF USE ONLY ▼
Required Documents			
□ Birth Certificate or DCFS S	School Enrollment Letter (for foster chi	ldren)	
	ake sure to copy the entire card, and ma	ke sure the name is on	the copy.
□ Income Verification – Refe			es □ No
	option (7 hours 4 days 1/2 days on Frida	ay) if available? □ Ye	}\$ ⊔ 1NO
Iron County: <u>Cedar Main</u> ☐ AM Class ☐ PM Class	<u>Fiddlers</u> □ <u>Gatewa</u> □ Full Day Class	ay □ <u>Enoch</u>	□ <u>Parowan</u>
□ Full Day			
Washington County: St. George Ma			<u>ung Center</u> AM Class
□ AM Class □	PM Class		PM Class
Millard County: Delta			Full Day Class
 □ AM Cla	ass □ Full Day Class		
Application Received by:		Date:	
↓ STAFF USE ONLY ↓	ELIGIBILITY DETERMINATION	FORM	↓ STAFF USE ONLY ↓
Child's Name:		DOB	3:
Date Accepted:	Start Date:		
Primary Adult's Annual Income	Secondary Adult's Annual Income		
Employment	Employment	_	
Unemployment	Unemployment	_	
Child Support	Child Support	Number of Family I	Members:
Grants/Scholarships	•		
Other:	Other:	_ Total Family Annua	al Income:
Verify Eligibility. Check which category	of eligibility this child falls into.		
□ Categorical	□ Income	□ Over Income	e (counted as part of 10% maximum)
□ Homeless	□ Below federal poverty guideline	es 🗆 IEP	
□ Foster Care / Kinship Care	□ Public Assistance		
	□ Between 100 - 130% federal po (not more than 35% of enrolled children)
Documentation used to determine elig	gibility:		
□ Income Tax Forms:	□ School grants and so	cholarships	
□ W-2 and 1099	□ Foster/Kinship care o		
□ Pay stub or pay envelopes	□ TANF documentation	n	
□ Written statements from employe			
DWS 630	□ Third Party Verificati		
□ Employment Verification Form			rom interview and application
☐ Unemployment☐ Child support documentation	□ No Income/Payment □ Other:		
.,	Felephone		
Application Review Conducted by:	•	Ī	Date:
Eligibility Determination Statement have examined the documents checked ERSEA policies.	hereby do certify that the family is eligib	ole to participate in the	H.S. Program. I attest that I
Staff Signature:	Date:		FCE Manager Verification:
Staff Name:	Title:		

