

Section II. Parent(s) / Guardian Information

Name:		Name:	
Date of Birth:	Social Security Number:	Date of Birth:	Social Security Number:
Home Address:			Zip:
Home Phone:		Day Time Phone:	Message Phone:
Email Address:		What is your family's first language:	
If applying for Prenatal Services, What is your due date:			

Section III. Income / Eligibility Information

What is your current total monthly gross income for your household?	\$	
How many people over age 18 financially support your family (include yourself)?		
How many children under age 18 live in your home and you financially support (include Head Start Applicant and yourself if you are 19 years old or younger- teen parent)?		
Does your family receive <u>cash</u> assistance from DHS/TANF?	Yes	No
Does your family receive SSI? (Social Security Income)	Yes	No
Does your family receive ERDC (Employment Related Daycare)?	Yes	No
Does your family receive a Child Care Subsidy other than ERDC? If yes, who is your provider? Name: _____ Phone: _____	Yes	No
Are you working full time (at least 35 hours a week)?	Yes	No
Is your child on the Oregon Health Plan?	Yes	No
Are you on the Oregon Health Plan?	Yes	No
Does your family live in subsidized housing? If yes, what complex do you live in: _____	Yes	No

◆ Current Locations ◆

Early Head Start Center Based

Center/Classroom Name	Address	Center/Classroom Name	Address
Brown, Richard EHS & HS	605 NE Ivy	Avel Gordley/Skidmore	911 N Skidmore
McCormack- Matthews EHS & HS	6930 N Kerby	Normandale EHS & HS	909 NE 52 nd Ave
University Park	9009 N Foss	Gladstone	3674 SE Gladstone
Early Learning Center/Ramona	1555 NW 13 th Ave.	AEHS Teen Sites: Roosevelt High School and Madison High School	

Head Start

Please number (1,2,3) your top three preferences. We cannot guarantee you a spot at your chosen sites, but we will try to accommodate your request.			
Center/Classroom Name	Address	Center/Classroom Name	Address
Angelou, Maya	4010 N. Borthwick	Hughes	111 NE Failing
Brown, Richard EHS & HS	605 NE Ivy	Lexington Court	7858 SE 72 nd
Burt, McKinley	4919 NE 17 th	McCormack-Matthews A,B&C	6930 N Kerby EHS & HS
Lewis, Charlotte	4919 NE 17 th	Priestley, Benjamin A & B	6841 N Interstate
Carlton Court	5249 NE Killingsworth	Rose, Traci	4206 NE Garfield
Clegg, Tina A, B & C	1425 NE Dekum	Sylvia, Audrey	241 N. Alberta
Dekum Court	2513 NE Saratoga	Young, Carolyn A, B, C, 1,2,3,4&5	4219 NE MLK Jr. Blvd.
Garlington, Yvonne & John	4514 SE Flavel	Normandale 8 EHS & HS	909 NE 52 nd Ave
Highland A, B,C,D&E	7600 NE Glisan		

Please read and fill out both sides of this form before returning to Albina Head Start.

I certify this information is true, if any part is false, my participation in the agency's programs may be terminated and I may be subjected to legal action.

Parent/Guardian Signature: _____ **Date:** _____



Albina Head Start
3417 NE 7th Ave. Portland, OR 97212 503.282.1975
Albina Early Head Start
911 N Skidmore, Portland OR 97217 503.236.9389



Dear Parent/Guardian:

Albina offers Early Head Start and Head Start services to low income families living within our program service area. Families must have a total household income at or below federal income guidelines, and meet employment or school requirements (Center Based). Albina offers full day services to Early Head Start Center Based, and Head Start. All services are provided free. Full day Center Based services (EHS & HS) require that parents are working, attending school, a job-training program, or on a documented job search.

→ **Early Head Start** serves prenatal mothers and families with children 6 weeks to 3; not older than 3 by September 1 of the year you seek entry. Early Head Start has Center Based and Home Based services. EHS Center Based- Families must qualify for Employment Related Daycare or Child Care Subsidy to be eligible for Center Based services. Families must meet income guidelines and parents in the home must be working, attending school, a job-training program, or on a documented job search. EHS Home Based- Families must meet income guidelines but do not have to be working, attending school, a job-training program, or on a documented job search.

→ **Head Start** serves children 3 years of age and not more than 5 years of age by September 1 of the year you seek entry. Head Start has Center Based and Home Based Services. HS Center Based- Families must meet income guidelines and parents in the home must be working, attending school, a job-training program, or on a documented job search. HS Home Based - Families must meet income guidelines but do not have to be working, attending school, a job-training program, or on a documented job search.

Program does not provide transportation. Transportation assistance may be available.

"In accordance with Federal law and U.S. Department of Agriculture Policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, or disability."

2011 Federal Poverty Guidelines				
Size of Family	Maximum Income		Size of Family	Maximum Income
1	\$10,890.00		5	\$26,170.00
2	14,710.00		6	29,990.00
3	18,530.00		7	33,810.00
4	22,350.00		8	37,630.00
For families with more than 8 members, add \$3,820.00 for each member.				
If you are over income and receive TANF / DHS services you may still qualify.				

TANF: Temporary Assistance to Needy Families **DHS:** Department of Human Services



Geographical Boundaries / Service Area
<p>If you live outside these general boundaries, but are within Portland Public Schools District, you are within service area.</p> <p>Northern Boundary- Columbia River Western Boundary- Willamette River Southern Boundary- Johnson Ck. Blvd. Eastern Boundary- 82nd Ave.</p>



Program Options		
Early Head Start	Center Based	Full day September – August
	Home Based	Weekly Home Visits 2 Socialization Activities per month
	Prenatal	Weekly Contact 2 Home Visits per month
Head Start	Center Based	Full day September – May
	Center Based (Must be ERDC)	Full day September - August
	Home Based	Weekly Home Visits 2 Socialization Activities per month September - May

Teen Parents- For This Application To Be Considered, You Must Include The Following:

- **A copy of your child’s birth certificate and/ or proof of pregnancy AND**
- **Proof of last year’s income:**
Tax return, or copies of all your w-2’s, or a letter from DHS or Unemployment. OR
If you were supported by your parents we need a letter of financial support from your parent/guardian or proof of DHS/TANF assistance. AND
- **Proof of current: AND/OR**
Copy of a pay stub, or a letter from your employer, or a letter from DHS or unemployment with verification of job training.
- **Proof of school attendance or job search.**

Next Steps (Pre Application process)

1. **Complete and return Pre Application with required verification (birth certificate and income information).**
2. **Pre Application is reviewed by a supervisor to determine Head Start eligibility. ERDC eligibility is determined by DHS.**
3. **Head Start-**
 →If Pre Application is **Approved:** A Family Advocate will call you within 2 weeks.
 →If Pre Application is **Denied:** You will receive a letter within 2 weeks explaining reason you are not eligible.

Early Head Start-

- If Pre Application is **Approved:** You will receive a letter within 2 weeks.
- If Pre Application is **Denied:** You will receive a letter within 2 weeks explaining reason you are not eligible.

If you are applying for EHS Center Based you need to resubmit ERDC application with June and July pay stubs the first week in August.

Early Head Start placement is based on age and ERDC eligibility.

- Infant Classroom 6weeks to 15months
- Toddler Classroom 15months to 36months

★We make every effort to serve all eligible children from each family - due to availability of openings it may not be possible to enroll all children.

Child Information (Child #3)

Complete this section if you are applying for more than two children.

Child's Name:			
Last	First	Middle	
Date of Birth:	Child's Social Security Number:		Male Female
Child lives with: Mother Father Relative Foster Parent		Are both parents in the home? Yes No	
If Relative, what is the relationship to child:			
Does child have an DHS case worker? If yes, please provide caseworker's name and phone number.			
Name:		Phone Number:	
Does child receive any of these services (check all that apply) <input type="checkbox"/> Speech & Hearing <input type="checkbox"/> MECP (Multnomah Early Childhood Program) <input type="checkbox"/> Counseling			
Who provides these services? Name:		Phone:	

Child Information (Child #4)

Complete this section if you are applying for more than three children.

Child's Name:			
Last	First	Middle	
Date of Birth:	Child's Social Security Number:		Male Female
Child lives with: Mother Father Relative Foster Parent		Are both parents in the home? Yes No	
If Relative, what is the relationship to child:			
Does child have an DHS case worker? If yes, please provide caseworker's name and phone number.			
Name:		Phone Number:	
Does child receive any of these services (check all that apply) <input type="checkbox"/> Speech & Hearing <input type="checkbox"/> MECP (Multnomah Early Childhood Program) <input type="checkbox"/> Counseling			
Who provides these services? Name:		Phone:	

Attach to original Pre Application