





## Wayne County Health and Family Services Head Start

Eligibility Information			
Parental Status			
<input type="checkbox"/> Two Parent	<input type="checkbox"/> One Parent	<input type="checkbox"/> Teen Parent	<input type="checkbox"/> Disabled Parent
<input type="checkbox"/> Foster Parent	<input type="checkbox"/> Active Male	<input type="checkbox"/> Homeless	<input type="checkbox"/> Guardian
<input type="checkbox"/> Group Home	<input type="checkbox"/> Dual Custody	<input type="checkbox"/> Student Parent	<input type="checkbox"/> Migrant Parent
<input type="checkbox"/> Grand Parent			
Relationship to Primary Caregiver		Relationship to Secondary Caregiver	

Secondary Caregiver General Information	
Secondary Parent/Guardian Name (If Applicable):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Birth Date: / /	
<u>Language:</u> <input type="checkbox"/> African Lang. <input type="checkbox"/> Chinese <input type="checkbox"/> East Asian Lang. <input type="checkbox"/> English <input type="checkbox"/> European & Slavic Lang. <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Middle Eastern/Indic <input type="checkbox"/> Middle Eastern/S. Asian Lang. <input type="checkbox"/> Pacific Island Lang. <input type="checkbox"/> Spanish <input type="checkbox"/> Turkish <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Language:	
<u>Ethnicity:</u> <input type="checkbox"/> Latino-Puerto Rican <input type="checkbox"/> Latino-South or Central America <input type="checkbox"/> Latino-Cuban <input type="checkbox"/> Latino-Mexican <input type="checkbox"/> Latino-Other _____	
<u>Race:</u> <input type="checkbox"/> Asian <input type="checkbox"/> Bi-racial/Multi-racial <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Unspecified	
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<u>Employment Status:</u> <input type="checkbox"/> Farmer <input type="checkbox"/> Full – time & training <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Homemaker <input type="checkbox"/> Job training/school(part time) <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Part-time & training <input type="checkbox"/> Employed part-time <input type="checkbox"/> Retired or disabled <input type="checkbox"/> Job training or in school <input type="checkbox"/> Employed seasonal <input type="checkbox"/> Seasonal Farm worker <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Unknown	
Employer:	
Email:	
Phone Home:	Cell:
Phone Work:	
Home Address:	
City	Michigan
Zip:	
Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	



## Wayne County Health and Family Services Head Start

### Child Application

Agency: YWCA of Western Wayne County

Center 1

Center 2

Center 3

Applicant for:  Current year 20\_\_\_\_ Date:

Child's Name:

Male  Female

Birth Date: / / 20

US Citizen:  Yes  No

School District:

Was the child enrolled Early on:  Yes  No

**Language:**  African Lang.  Chinese  East Asian Lang.  English  European & Slavic Lang.  French  Italian  Middle Eastern/Indic  Middle Eastern/S. Asian Lang.  Pacific Island Lang.  Spanish  Turkish  Vietnamese  Other Language:

**Ethnicity:**

Latino-Puerto Rican  Latino-South or Central America  Latino-Cuban

Latino-Mexican  Latino-Other \_\_\_\_\_

**Race:**

Asian  Bi-racial/Multi-racial  Black  Caucasian  Middle Eastern

Native American  Pacific Islander  Unspecified

### Program Information

Desired Program Option:  Center Based 5 day/Wk/Full Year  Home Based  Part Day/Part Year  
 Combination  Part Day/Full Year  Center Based 5 day/Full Day/Part Year

### Other Information

Full – Year Needed

Full – Day Needed

child has a medical card

Child is receiving a childcare subsidy (Voucher or Contracted slot)

Father/father figure will participate in regularly scheduled activities designed for involvement in HS

Comments



## Wayne County Health and Family Services Head Start

Other Family Member		
Name:		
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:    /    /
<u>Ethnicity:</u>		
<input type="checkbox"/> Latino-Puerto Rican <input type="checkbox"/> Latino-South or Central America <input type="checkbox"/> Latino-Cuban <input type="checkbox"/> Latino-Mexican <input type="checkbox"/> Latino-Other _____		
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<u>Relationship to Child:</u>		
<input type="checkbox"/> Other Adult in the household <input type="checkbox"/> Other child residing in the home <input type="checkbox"/> Non-custodial parent		
<u>Medical Insurance:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No		Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
Specify: <input type="checkbox"/> Healthy Kids <input type="checkbox"/> Medicaid <input type="checkbox"/> MI Child <input type="checkbox"/> Military		
<input type="checkbox"/> Private		
<u>Comments:</u>		

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<u>Comments:</u>		

**\*\*Additional Family member pages Available Upon Request\*\***



## Wayne County Health and Family Services Head Start

<b>Enrollment Documentation Checklist</b>	
<b>Required Documents</b>	
<input type="checkbox"/> Enrollment Application/ Date Enrolled	<input type="checkbox"/> Birth Certificate/ Proof of Date of Birth
<input type="checkbox"/> *Documentation for Work/School for Full Day	<input type="checkbox"/> Immunizations Current or Up to date or waiver
<input type="checkbox"/> Income Verification: <input type="checkbox"/> Check Stub <input type="checkbox"/> Tax Return <input type="checkbox"/> W-2 <input type="checkbox"/> Letter <input type="checkbox"/> Other <input type="checkbox"/> N/A Zero Income	
I, verified the above documents in <input type="checkbox"/> full <input type="checkbox"/> part.	
Staff signature _____	Supervisors Signature _____
<b>*Required for Full Day Applicants only</b>	



Wayne County Health and Family Services Head Start

**INCOME VERIFICATION**

**STAFF USE ONLY**

Child's Name _____ Number in Family _____ Parent/Guardian Name _____															
<b>Public Assistance: Indicate all types of assistance family is receiving</b> <input type="checkbox"/> DHS/TANF Income <input type="checkbox"/> DHS Child Care Reimbursement <input type="checkbox"/> Foster Child <input type="checkbox"/> WIC <input type="checkbox"/> Home Energy Assistance Program (HEAP) <input type="checkbox"/> Homeless <input type="checkbox"/> Medicaid <input type="checkbox"/> Supplementary Security Income <input type="checkbox"/> Food Stamps <input type="checkbox"/> Subsidized Housing <input type="checkbox"/> None of the above <input type="checkbox"/> Work First															
<b>[If a two (2) parent household, then all information must be completed for both parents]</b> <b>INCOME FROM LAST 12 MONTHS OR LAST CALENDAR YEAR (Jan-Dec)</b>															
<b><u>Head of Household/Legal Guardian</u></b>  WORKING: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Unemployed during last 12 months EMPLOYER: _____ Hours per week ____  VERIFICATION: <input type="checkbox"/> PAY STUBS (YTD Dec) <input type="checkbox"/> FORM 1040 <input type="checkbox"/> DHS <input type="checkbox"/> W-2 's (last year) <input type="checkbox"/> LETTER FROM EMPLOYER <input type="checkbox"/> NO INCOME RECEIVING CHILD SUPPORT OR OTHER INCOME Y N SCHOOL/TRAINING PROGRAM: _____ VERIFICATION: <input type="checkbox"/> LETTER FROM SCHOOL <input type="checkbox"/> SCHEDULE <input type="checkbox"/> COPY OF TRANSCRIPT	<table style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center; padding: 5px;">ANNUAL INCOME Head of Household/Primary Guardian</th> </tr> <tr> <td style="padding: 5px;">Employment</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">DHS/TANF</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">SSI</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">Foster Care Stipend</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">Other (specify)</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;"><b>Total Annual Income</b></td> <td style="padding: 5px;"><b>\$ _____</b></td> </tr> </table>	ANNUAL INCOME Head of Household/Primary Guardian		Employment	\$ _____	DHS/TANF	\$ _____	SSI	\$ _____	Foster Care Stipend	\$ _____	Other (specify)	\$ _____	<b>Total Annual Income</b>	<b>\$ _____</b>
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Other (specify)	\$ _____														
<b>Total Annual Income</b>	<b>\$ _____</b>														
Comments (e.g. mom unemployed last calendar year ;lived with child's grandparents):   															
<b>TOTAL ANNUAL INCOME OF HOUSEHOLD \$ _____</b> If income is "\$0", a Statement of No Income must be attached															
Staff Signature verifying income _____ Date _____ Supervisor/Manager Signature _____ Date _____															
<input type="checkbox"/> Family is income-eligible <input type="checkbox"/> Family is over-income COPIES OF INCOME VERIFICATION DOCUMENTATION MUST BE ATTACHED															



## Wayne County Health and Family Services Head Start

Child's Name \_\_\_\_\_

### PARENT UNDERSTANDING

1. I understand that my child must have an annual physical exam, including hemoglobin and lead level, within 30 days of his/her entry into Head Start. I will submit the appropriate form(s) to Head Start within the required time frame.
2. I understand that my child must have an annual dental exam within 90 days of his/her start date in Head Start. I will submit the appropriate dental form to Head Start with the required time frame.
3. I understand that my child must have up-to-date immunizations to enter and remain in Head Start. I will submit proof of immunizations at the time of enrollment. If my child receives immunizations during his Head Start enrollment, I will provide proof of those immunizations.
4. I understand that my child is expected to attend Head Start on a regular basis. I will notify the Head Start center when my child is going to be absent or late. If my child is absent and the Center has not been notified, I understand that the Head Start center will call me to follow-up on the absence.
5. I understand that I am expected (but not required) to volunteer in the Head Start program. I can do volunteer activities in my home or in the Head Start center. My participation is not a condition of my child's enrollment; however, my participation will enrich my child's experience.
6. I understand that I have the opportunity to meet with my child's teacher in my home at least twice a year and I will have two parent-teacher conferences annually. My child's progress will be discussed during these home visits and conferences.
7. I understand that field trips are a part of the Head Start Program. I will receive and must return a signed permission slip for each trip. Accompanying my child on a field trip is another opportunity for me to volunteer in Head Start.

### PARENT PERMISSION

1. I understand that non-invasive screenings (vision, hearing, blood pressure, developmental, height and weight, and social-emotional) are required by Head Start. I give permission for my child to receive missing/repeated health screenings during the time he/she is enrolled in Head Start. Yes  No
2. I give permission for my child's photograph to appear in a Head Start program display, Head Start Publications, the Head Start Web Site, or other media including videotaping, publicizing Head Start activities.  
Yes  No
3. I give permission for my photograph to appear in a Head Start program display, Head Start Publications, the Head Start Web Site, or other media, including videotaping publicizing Head Start activities.  
Yes  No

Note: Parents will be asked to sign a separate release form for any photographs to be used outside of Head Start, such as in a local newspaper.

**I certify that this application is complete and true to the best of my knowledge.**

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date