Child/Family Services
Head Start Application
(Hot Sheet)

CF/R-1 Revised 1/17

(mandatory)

This form is the official document for application/registration for all Head Start programs. One application will be used for each child.

GENERAL INFORMATION

Please note that this information will be input into COPA under CHILD GENERAL INFORMATION, it is only included at the top of application to facilitate locating the paper applications as they are sorted by child name.

- Original Application Date: Enter the date the child originally applied for the program.
- Current Year Application Date: Enter the date the application is taken for the current program year.
- Original Enrollment Date: Enter the date the child originally enrolled in the program.
- Current Year Enrollment Date: Enter the date the child starts attending or the family receives the first home visit in the current program year.
- First & Middle Name/Initial: Enter the child's first and middle (second) name (middle initial can be used).
- Last Name(s): Enter the child's last name(s)
- Gender: Use the check box to indicate the gender of the child
- Unborn Child *(Used only for programs funded to serve pregnant women)*: Use the check box to mark if the child is unborn and initial services will be for the pregnant mother within an Early (EHS) or Migrant Early (MEHS) Head Start program.
- Birth Date: Enter the child's date of birth. (month/day/year) Keep documents used to verify age which should not create a barrier for families to enroll their child (homeless, foster, public assistance recipients).
- Unborn Child Due Date: Enter the expected date of birth for the unborn child (only for pregnant mother services).

PRIMARY/SECONDARY CAREGIVER GENERAL INFORMATION

Make sure that the information is completed for both parents/guardians, if there are two, using the same instructions for each. To avoid any duplication within COPA, list the mother as the primary caregiver, as the system is not able to detect if they entered otherwise.

- First & Middle Name/Initial: Enter the first and middle (second) name (middle initial can be used) of each of the parents/guardians.
- Last Name(s): Enter the last name(s) of each of the parents/guardians.
- Gender: Use the checkboxes to indicate the gender of each of the parents/guardians.
- Birth Date: Enter the date of birth (month/day/year) for each of the parents/guardians
- Veteran/Military/Active Duty: Use the check boxes to indicate whether or not each parent/guardian is a veteran or an active duty member of the military
- Primary Language/Other Language: Enter the primary language and any other language, if applicable, for each of the parents/guardians. Choose from the list below.
  - ♦ African Languages
  - ♦ Alaskan Native Languages
  - ♦ American Languages
  - ♦ Caribbean Languages

- ♦ English
- ♦ European Languages
- ♦ Far Eastern Asian Languages
- ♦ Indic Languages
- ♦ Mexican Languages
- ♦ Middle Eastern Languages
- ♦ Mixteca
- ♦ N/A
- ♦ Native Central American
- ♦ Native North American
- ♦ Other (Must be specified in comments)
- ♦ Pacific Island Languages
- ♦ Slavic Languages
- ♦ South American
- ♦ Spanish
- ♦ Vietnamese
- Ethnicity: Indicate for each parent/guardian whether or not they are Hispanic.
- Receiving WIC: Use the check boxes to indicate whether the parent/guardian is currently, previously or never has received WIC.
- Receiving Food Stamps/SNAP: Use the check boxes to indicate whether the parent/guardian is currently receiving food stamps or SNAP benefits.
- Race: Use the descriptors provided in the ERSEA binder to indicate the race with which each parent/guardian self identifies.
  - ♦ Asian
  - ♦ Bi-racial/Multi-racial (Must specify in comments)
  - ♦ African American
  - ♦ Caucasian
  - ♦ Pacific Islander
  - ♦ American Indian / Alaskan Native (Native American)
  - ♦ Unspecified
  - ♦ Other (Must specify in comments)
- Education Level: Indicate the highest education level obtained by each parent/guardian.
- Employment Status: Indicate whether each parent/guardian is employed (full-time or part-time), is in job training or school, is unemployed at the time of enrollment, or is seeking employment at the time of enrollment. There are other options listed within COPA, but use only these four options (employed full-time, employed part-time, job training/school, or unemployed which includes seeking employment) as they will give the needed information for PIR purposes.
- Employer/School/Training Institution: List the name of each parent/guardian's current employer, school or training institution.
- Employment/School/Training Hours: Use the check boxes to indicate the typical number of hours each day that each parent/guardian is engaged in employment, school or training; 6 or more hours, or less than 6 hours.
- Phone (Home): Enter each parent/guardian's home phone number.
- Phone (cell): Enter the cell phone number for each parent/guardian.
- Phone (work): Enter the phone number in which each parent/guardian can be reached at work.

- Phone (other/emergency): Enter an alternate or emergency phone number for each parent/guardian.
- Home Address: Enter the parent/guardian's physical home address including city and zip code.
- Other Address: Enter each parent/guardian's mailing address (for example: PO Box) including city and zip code.
- Email Address: Enter each parent/guardian's e-mail address.
- # in Family: Indicate all persons living in the same household who are:
  - ♦ Supported by the income of the parent(s)/guardian(s) of the child enrolling or participating in the program AND
  - ♦ Related to the parent(s)/guardian(s) by blood, marriage, or adoption; or the child's authorized caregiver or legally responsible party. (This number will be used to determine eligibility into the Head Start program.)
  - ♦ When calculating family size for pregnant women, the unborn infant counts as an additional person; for pregnant women, this means all persons who financially support the pregnant woman.
- # In Household: Indicate the number of people, related or not, who live together within the household and share living expenses. (This number will be used to determine eligibility for food programs and possible referral as "homeless".)
- Current Housing: Indicate which option best describes the family's current housing situation (Own, Rent, Homeless, Other). If other, please specify.
  - ♦ Include the date in which the family began in this current housing situation.
  - ♦ If homeless is marked, ensure that the Self Identification of Current Residency form, R-20, is filled out also and make sure to mark the box under Eligibility Information as well.
- Previous Housing: Indicate which option best describes the family's previous housing situation (Own, Rent, Homeless, Other). If other, please specify.
- Child's Medical Insurance (specify): Indicate whether the child has medical insurance and specify which kind. Make sure that the insurance is indicated on the health screen within COPA before printing the application.

CAREGIVER INCOME INFORMATION

- Complete the appropriate income sections based on the program in which the family is applying for services, RHS/EHS or MSHS/MEHS.
- For all program types, complete the All Programs section.

RHS/EHS

- Primary and Secondary Caregiver Income: Indicate the total amount of income for each parent/guardian. For RHS/EHS programs utilize the Income Calculation Worksheet, R-15, to calculate the total.
- Total Annual Income: Enter the combined total amount of the parent/guardian annual income (include other income) which is used to determine eligibility.
  - ♦ If income is military pay, subtract "special pay" regarding hostile fire/imminent danger and/or basic allowance for housing from the total income amount listed.
  - ♦ For teen parents, their own income determines income eligibility.

MSHS/MEHS

- Using the calculations from the Certification of Income Verification form, R-12, enter:
  - ♦ Total combined unearned income
  - ♦ Total combined earned income – used to determine eligibility (50% ag. income)
  - ♦ Total combined agricultural income – used to determine eligibility (50% ag. income)

- ♦ Total combined non-agricultural income
- ♦ Total combined annual income – used to determine eligibility
  - ♦ Note: Unearned income plus earned income must equal total annual income and ag. income plus non-ag. income must equal earned income

ALL PROGRAMS

- **Eligibility Status:** Use the check boxes to indicate if the family is income eligible or over income (over income includes families whose income falls between 100% and 130% of federal poverty guidelines).
- If the family is receiving SSI/TANF, check box that indicates what the family is receiving.
- Use the check boxes to indicate if the family is currently homeless as per McKinney-Vento Act, or the enrolling child is currently in foster care.

- ♦ Note: If prior year income eligibility is being used for returning/re-enrollees, a copy of the prior year approved application should be attached to the current year approved application.(For the MSHS Program only)

CHILD GENERAL INFORMATION

- Primary Language: Indicate what the child's primary home language is. Use the list under Primary Caregiver to select the different options.
- Other language: Indicate any other languages that the child speaks.
  - ♦ African Languages
  - ♦ Alaskan Native Languages
  - ♦ American Languages
  - ♦ Caribbean Languages
  - ♦ English
  - ♦ European Languages
  - ♦ Far Eastern Asian Languages
  - ♦ Indic Languages
  - ♦ Mexican Languages
  - ♦ Middle-Eastern Languages
  - ♦ Mixteca
  - ♦ N/A
  - ♦ Native Central American
  - ♦ Native North American
  - ♦ Other (Must be specified in comments)
  - ♦ Pacific Island Languages
  - ♦ Slavic Languages
  - ♦ South American
  - ♦ Spanish
  - ♦ Vietnamese
- Ethnicity: Indicate whether the child is Hispanic or not.

- Race: Indicate the race with which the child's family identifies. Use the descriptors contained in the ERSEA binder to assist the family
  - ♦ Asian
  - ♦ Bi-racial/Multi-racial (Must specify in comments)
  - ♦ African -American

- ♦ Caucasian
- ♦ Pacific Islander
- ♦ American Indian / Alaskan Native (Native American)
- ♦ Unspecified
- ♦ Other (Must specify in comments)

ELIGIBILITY INFORMATION

- Family Structure: Indicate if it is a single parent family or two parent family. Remember that a two parent family would be one in which the second parent is related to the child either by blood, marriage or adoption.
- Select all that apply: Mark each of the boxes that apply to the family for eligibility purposes.
- Disability Status: Enter if the child has a certified or suspected IEP or IFSP. Suspected can be indicated if the parent suspects the child has special needs or has not yet brought in the copy of the IEP/IFSP.
- Additional Eligibility Information: Mark the check boxes that apply to the child/family for eligibility purposes.

MIGRANT/SEASONAL MIGRANT EARLY HEAD START ONLY

This section applies only to Migrant/Seasonal and Migrant Early Head Start programs.

- Moved in last 24 months seeking agricultural work: Mark the appropriate box to indicate if the family made a qualifying move within the last 24 months from the time of application.
- Date of Move: Indicate the date the family last moved to engage in agricultural work.
- Previous Physical Address: Indicate the family's previous physical address from where they moved last. Enter as much information as is available from the parents.
- # of Moves in Last: Enter the number of qualifying moves for MHS the family has made in both the previous 24 months and the previous 12 months.
  - ♦ Note: The number of moves within the last 24 months will include those from within the last 12 months. The number of moves within the last 12 months can not be greater than the number of moves within the last 24 months. This is used for prioritization purposes in alignment with HSPS 1302.14(2).
- Parent working: Indicate if both parents in a two-parent family or the only parent in single-parent families is currently working in an agricultural job; indicate if only one parent in a two-parent family is currently working in an agricultural job. Parents who have agricultural work arranged, but not begun at the time of application can be indicated as "working."
- Over 50% agricultural income: Use the check boxes to indicate if more than 50% of the family's earned income was from agricultural work as defined in HSPS 1302.12(f)
- Declaration of Intent to work in agriculture: Use only if applicable which means that 'yes' is marked if the family agricultural income is less than 50% but the family has made a qualifying migratory move and is potentially eligible for the MSHS/MEHS program based on the intent to work in agriculture. Ensure that the Declaration of Intent to Work in Agriculture form, R-21, is completed and attached.
- Migratory Documents Verified (circle): Circle the document which was used to verify a qualifying migratory move as listed below.
- If these documents are not available, ensure that the Self-Declaration of Migratory Move, R-30, is filled out and circle other and specify what document(s) was/were used.
  - ♦ Pay stubs or W-2s (proof of wages earned away from the area)
  - ♦ Utility/telephone receipts

- ♦ Rent receipts (from previous location)
- ♦ Letters from previous employers
- ♦ School records of children enrolled in school out of the area
- ♦ State/federal income tax return
- ♦ Property tax receipt
- ♦ Health/Immunization Records (including date and location)
- ♦ EDD/Proof of Unemployment Insurance compensation received out of the area
- ♦ Proof of public assistance (TANF), food stamps or SSI obtained out of the area
- ♦ Certificate of Eligibility (COE/Migrant Education) <u>with one or more documents from list</u>

PROGRAM INFORMATION

- Desired Center/FCCH: Indicate the three choices in which the parent/guardian desires the child to be enrolled.
- Program Model: Enter the program model in which the family would like their child to be considered for enrollment. For collaborated programs, the different combinations should be indicated within COPA. As an example, if the child is enrolled in an EHS/CCTR program, indicate as such within COPA. The same is true for the Locally Designed Options (RHS/CCTR, RHS/State Preschool, MSHS/CMIG, etc.).
- Hours Per Day: Enter the hours per day in which the family needs their child to attend Head Start.
- Program Option: Enter the program option in which the family would like their child to be considered for enrollment.
- Secondary Source of Child Care: Indicate what other options the family has or is using for child care.
- Subsidy/Voucher: Indicate if the family is receiving a child care subsidy or voucher for the secondary source of care.
- Re-Enrollee: Indicate whether the child is re-enrolling for a second year of services.
- Enrolled in a Program: Indicate whether the child is currently enrolled in another child care and development/early education program and, if applicable, the name of location where the child is enrolled.
- On another wait list: Indicate whether the child is already on another wait list and, if applicable, the name of location where the child has applied for enrollment.
- Recruitment: Indicate how the parent/guardian found out about the Head Start program. Check the box within COPA if it applies; otherwise indicate within the comments how the parent heard about the Head Start program.

DOCUMENTS VERIFIED

- Select all that apply: Use the check boxes to indicate which documents were reviewed to help determine eligibility.
- Income Verification (select all that apply): Use the check boxes to indicate which documents were reviewed to help determine eligibility.
  - ♦ "Foster Agreement" would be for a child applying for Head Start.
  - ♦ "Public Assistance" includes: SSI, TANF
  - ♦ Workers Compensation and State Disability Compensation, if based on agricultural work related injury, can be counted towards agriculturally based income for MSHS and MEHS programs.

- ♦ If applicable, ensure that the R-23, Self-Certification of Income form is also included and attached to the application.
- ♦ Income Verification Documents must match all documents used to verify income on the Income Calculation and Family Size Worksheet (For HS/EHS Programs) and on the Migrant Program Income Worksheet and Verification form (MSHS Programs). All Documents must be kept in the child's file.
- Immunization Record: Use the check boxes to indicate the child's status with immunizations as shown on the blue immunization card.
- Comments: Be sure to fill out any comments that are needed to explain what was indicated previously. For example, if the child, has a CPS referral, information about other minor children (siblings) within the household might be needed, so include any relevant comments. They can be input separately within COPA.

CERTIFICATIONS

- Parent/Guardian Signature: Obtain the parent/guardian's signature and date. Only the parent or legal guardian who has the legal authority to sign authorizations, releases, etc. can sign the application.
- Staff Signature and Title: Obtain the signature and title of the staff member that has examined and verified the eligibility information for the application.
  - Interview Process: Check box to identify how the interview process was conducted. For example, was the interview conducted in person (face to face) or via telephone.
- Management Signature and Title: Obtain the signature and title of the management staff that has reviewed and approves of the application. The application will not be prioritized until it has been reviewed and approved by management staff.