

## Okanogan County Head Start and Early Head Start Application

Head Start and Early Head Start offer free birth to three and preschool programs for qualified children and their families. Children are prioritized for enrollment based on age, income, disability and family needs. Services are offered in Oroville, Tonasket, Omak, Okanogan, Malott, Brewster, Pateros, and the Methow Valley.

Child's Name: _____ Date of Birth: _____ Male <input type="checkbox"/> Female <input type="checkbox"/> Social Security Number: _____ - _____ - _____ Child's Ethnic Group : [ <input type="checkbox"/> ] Hispanic [ <input type="checkbox"/> ] Non Hispanic What language(s) does the child speak? _____ Does this child have an IEP or IFSP? No <input type="checkbox"/> Yes <input type="checkbox"/> Does this child have medical insurance? No <input type="checkbox"/> Yes <input type="checkbox"/> Does this child receive medical coupons? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes to either, what medical insurance plan is used _____ Physical Address: _____ Mailing Address: _____ Family Type (check one) Two Parent <input type="checkbox"/> One Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Other <input type="checkbox"/> Is parent currently pregnant? No <input type="checkbox"/> Yes <input type="checkbox"/> Expected due date _____ Number of people in the family _____ Ages of other children in the home: _____ Sources of income for the family: _____ Does your family currently receive a childcare subsidy? No <input type="checkbox"/> Yes <input type="checkbox"/> Is anyone receiving SSI? No <input type="checkbox"/> Yes <input type="checkbox"/> Are you receiving a TANF grant? No <input type="checkbox"/> Yes <input type="checkbox"/>	
<p style="text-align: center;">Parent / Guardian 1</p> Name: _____ Social Security Number: _____ - _____ - _____ Address if different from above: _____ Home/cell phone: _____ Work phone: _____ Message phone: _____ What language(s) do you speak? _____ Your date of birth: _____ Are you currently: Working <input type="checkbox"/> In school <input type="checkbox"/> Both <input type="checkbox"/>	<p style="text-align: center;">Parent / Guardian 2</p> Name: _____ Social Security Number: _____ - _____ - _____ Address if different from above: _____ Home/cell phone: _____ Work phone: _____ Message phone: _____ What language(s) do you speak? _____ Your date of birth: _____ Are you currently: Working <input type="checkbox"/> In school <input type="checkbox"/> Both <input type="checkbox"/>
<p style="text-align: center;"><b>Please send proof of your family income for the last calendar year or the last 12 months with this application. You can send copies of pay stubs, W-2 forms, TANF benefits award letter from DSHS or your tax return.</b></p> <p style="text-align: center;"><b>Please send proof of child's age, if applicable. You can send birth certificate, medical coupon, or state identification card.</b></p>	

**Other Children in the Family:**

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

**Other Adults in Household:**

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

How did you learn about Head Start or Early Head Start? \_\_\_\_\_

Do you have any special concerns for your child? No \_\_\_ Yes \_\_\_

Does your child have a diagnosed disability? No \_\_\_ Yes \_\_\_

Please specify concern or disability:

\_\_\_\_\_  
(for example: behavior, speech, health, development, etc)

Do you have any special concerns for your family? No \_\_\_ Yes \_\_\_

Please specify:

\_\_\_\_\_  
(for example: health, food, homeless, job, learning disability, family violence, drugs/  
alcohol, housing, immigration issues, teen parent, etc.)

*I understand that the information I have given on this application is confidential and will not be shared without my permission.*

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Staff are available to help you complete this application.**

**Please return the completed application to:**

**Okanogan County Child Development Association  
PO Box 1844  
Omak, WA 98841**

**Thank you for applying. Staff will contact you as soon as possible to let you know if your family is eligible for our program.**

For information please call Brent at 1-800-834-2466 or 826-2466.

Okanogan County Head Start and Early Head Start does not discriminate on the basis of race, creed, religion, marital status, sexual orientation, national origin, sex, age, or mental/sensory/physical disability.