CALHOUN COUNTY BIRTH-TO-5 SERVICES APPLICATION

GREAT PARENTS/GREAT START, EARLY ON,
HEAD START, EARLY HEAD START, GREAT START READINESS PROGRAM

Applying Child's Information (Applicant): □ Male □ Female

Legal Name: ______________ ______________ ______________ Date of Birth: __________ Place of Birth (city, state) ______________
Last First Middle

Race/Ethnicity (optional) *Check all that apply*: □ Black □ White □ Asian □ Native American □ Pacific Islander □ Hispanic □Other ______________

Home Address: ______________________________ City: ______________ Zip Code: ________ County: __________

Phones: __________ __________ __________
□Home □Cell □Work □Message | □Home □Cell □Work □Message | □Home □Cell □Work □Message

Family Language: □English □Spanish □Other __________
Do you require an Interpreter? □ Yes □ No

School District you live in: ______________

Parent/Guardian Information:

Name	*Date of birth*	*Relationship to applicant*	*Live with applicant*	*Employed at least 25 hours per week*	*Attending School/college*	*Email Address:*
______________	________	________	□ Yes □ No	□Yes □No	□Yes □No	______________
______________	________	________	□ Yes □ No	□Yes □No	□Yes □No	______________

If you are not the biological or legal step-parent of the child, do you have court-appointed custody? □Yes □No

⇨ *If yes, please attach legal documentation showing the date you received custody.*

List Other Adults & Children in the Home:

Name	*Date of birth*	*Relationship to applicant*
______________	________	________
______________	________	________
______________	________	________
______________	________	________
______________	________	________
______________	________	________

Income Information – REQUIRED

Number of people in the family ______
(count people in household supported by parents of applying child)

Family's <u>Total Yearly</u> Income for past 12 months
or else income reported on last year's income taxes $______________
(THIS INCOME WILL BE VERIFIED AT ENROLLMENT)

Do you receive: SSI (Supplemental Security Income) □ Yes □ No
FIP/DHS Dollars □ Yes □ No

<u>Please attach documentation for proof of income.</u>

This application may be shared with all of the above-mentioned programs. □ Yes □ No

Complete both pages 1 and 2 before submitting application

School Year Interest: □ 2010-11 □ 2011-12

Where did you hear about our programs? □ Newspaper □ Local free paper
□ Previous involvement with program □ Sign at center □ From other agency/school
□ Friend or relative involved in program □ Billboard □ From Intermediate School District
□ flyer on bulletin board □ Flyer/brochure/post card in mail □ Other ______________

Revised 12/14/10 by Marie Wicks

Applicant Name:______________________________ Birth Date: _____________

This section is intended to address the McKinney-Vento Act 42 U.S.C. 11435.
The answers to this residency information help determine the services the applicant may be eligible to receive.

1. Is your current address a temporary living arrangement? □ Yes □ No

2. **If no**, please skip the rest of this section.

   If yes, please answer the questions below.

Is this temporary living arrangement due to loss of housing or economic hardship? □ Yes □ No

Where is the child presently living? (Check one box)

□ In a motel
□ Moving from place to place
□ In a shelter
□ With more than one family in a house or apartment
□ In a place not designed for ordinary sleeping accommodations, such as a car, park, or campsite.

I certify that the above information on pages 1 and 2 is true and accurate. I understand that should verification determine that any part of the application is false, it may hinder the application process. I also understand that the information contained will be held in confidence and used to determine eligibility and program planning.

Applicant's Signature: ______________________________ Date: ____________

Please mail or return this application to this address → *or to your local Head Start site*

Calhoun Area Career Center
Attn: Great Start – Sheley Bess
475 East Roosevelt Ave.
Battle Creek, MI 49017
Phone: (269) 660-1606, Ext. 6143

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Community Action ECS staff use only: Distributed by: DATA Tracking # WEBSITE
Date Received in Data:

Disability & Health Concern Identification Section

Does your child have a disability or health concern? □ Yes □ No **(If no, skip this section)**

Your response is voluntary and the information provided about your child is confidential. Your declining to respond will not be used to exclude your child from enrollment.

Is your child now being, or has your child ever been, **evaluated** for any of the following disabilities or health concerns? Please **check** all that are appropriate.

*If **checked,** please note if confirmed/qualified for services

	Evaluated	Confirmed/qualified
ADD/ADHD	□	□
Allergies	□	□
Asthma	□	□
Autism	□	□
Educational (EARLY ON, Project Find)	□	□
Emotional/Behavioral Disorder(s)	□	□
Hearing Impairment/Deafness	□	□
Heart	□	□
Kidney	□	□
Learning Disabilities	□	□
Mental Retardation	□	□
Orthopedic Impairment (physical)	□	□
Speech or Language Impairment	□	□
Traumatic Brain Injury	□	□
Visual Impairment/Blindness	□	□

Other (please explain) ______________________________

Where are services provided? School/Agency:________________________

Specialist or Medical Provider name & phone #: ________________________

If your child is receiving services, please sign the release of information consent below.

Release of Information Consent

Community Action Education and Children's Services Release of Information regarding (Child's name): ______________________________

I, ____________________________, as parent/guardian, hereby give my permission for
Community Action ECS to contact the above for information regarding my child.

______________________________ ____________
Signature of Parent/Guardian Date

Revised 12/14/10 by Marie Wicks

Early Childhood Risk Factors

Please answer each question in the right hand column with a yes or no.

Parents do not fill out sections under "FOR OFFICE USE ONLY"

Risk Factor	Definition	Please check Yes or No on each question.
Child is diagnosed with a disability or has an identified developmental delay	Child is eligible for special education services or child's developmental progress is less then that expected for his/her age or has chronic health issues causing development or learning problems.	☐ Yes ☐ No – Child has active IEP and is receiving special education services ☐ Yes ☐ No – Child has an IFSP and received Early On Services ☐ Yes ☐ No – Child has health issues that could result in a developmental delay or learning difficulty. ☐ Yes ☐ No – Physician has referred for special education services ☐ Yes ☐ No – Child has received a low score on a developmental screening
Severe or challenging behavior	Child has been expelled from a preschool or child care center	☐ Yes ☐ No – Child's behavior has repeatedly prevented him/her from participating in a group setting (for example: preschool, church, or day care) ☐ Yes ☐ No – A mental health professional has referred child for services.
Primary home language other than English	English is not spoken in child's home; English is not the child's first language.	☐ Yes ☐ No – Your child is entering school not able to speak English and must learn the language. ☐ Yes ☐ No – English is your child's second language.
Parent/s with low educational attainment	Parent has not graduated from high school or is struggling with illiteracy.	☐ Yes ☐ No – One or both parents did not graduate from high school ☐ Yes ☐ No – One or both parents have difficulty with reading or cannot read.
Abuse/neglect of child or parent	Domestic, sexual, or physical abuse of child or parent; child neglect issues.	☐ Yes ☐ No – Child has been abused or neglected or there has been domestic or spousal abuse of parent or sibling. ☐ Yes ☐ No – There has been abuse of alcohol, prescription or non-prescription drugs by family members or in the home.
Environmental Risks	Parental loss due to death, divorce, incarceration, military service, or absence.	☐ Yes ☐ No – Parent deployed in the military ☐ Yes ☐ No – Parent incarcerated ☐ Yes ☐ No – Parent suffers from chronic illness (physical, emotional, mental) ☐ Yes ☐ No – Frequent changes in custody of child. ☐ Yes ☐ No – Grandparent raising grandchild ☐ Yes ☐ No – Single parent or parents have divorced or separated ☐ Yes ☐ No – Child is in foster care.

Continued on next page →

Environmental Risks (continued)	Sibling Issues exist	☐ Yes ☐ No – Child's situation is negatively effected by issues related to a sibling (chronic illness, behavior issues, disability, death)
	Teen parent	☐ Yes ☐ No – Parent was not yet 20 at the birth of first child.
	Family is homeless or without stable housing	☐ Yes ☐ No – Family is homeless, living in a shelter, or with other families ☐ Yes ☐ No – Family home is in foreclosure or there are frequent changes in your residence.
	Residence in a high risk neighborhood	☐ Yes ☐ No – Child experiences daily exposure to environmental pollutants (lead exposure, rodents, insect infestations). ☐ Yes ☐ No – Neighborhood has a high crime rate, violence, injury, drug abuse or death rates ☐ Yes ☐ No – Home is unsafe or crowded ☐ Yes ☐ No – Home has lack of utilities or no space for children's play.
	Prenatal or postnatal exposure to toxic substances known to cause learning or developmental delays.	☐ Yes ☐ No – Child born with Fetal Alcohol Syndrome ☐ Yes ☐ No – Child born addicted to drugs ☐ Yes ☐ No – Child suffers from respiratory problems because of environment
FOR OFFICE USE ONLY – Parents do not fill out last sections		
Extremely Low Family Income	Extremely low family income (under 200% of poverty level)	This risk factor is reserved for children eligible for Head start who cannot be served by Head Start, and those just over the Head Start income guideline. This risk factor counts as two risk factors when prioritizing children for enrollment.
Low Family Income	Low family income is between 200% and 300% of federal poverty level	Families are not income eligible for Head Start but are income eligible for GSRP.

Risk factors	#1 Disability 1	#2 Behavior 1	#3 Language 1	#4 Low Education 1	#5 Abuse/Neglect 1	#6 Environmental 1	#7 Income < 200% 2	#8 Income 200-300% 1

Income Category	A Below Poverty Guidelines	B 101%-130% of Poverty Guidelines	C 131%-185% of Poverty Guidelines	D 186%-300% of Poverty Guidelines	E Over 300% of Poverty Guidelines