

APPLICATION

HEAD START & EARLY HEAD START PROGRAMS

UPDATED JUNE 2020



A Program of Champlain Valley Office of Economic Opportunity

CHILD'S INFORMATION				
FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
NICKNAME / PREFERRED NAME				

RACE & ETHNICITY	
Race (check all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify):	Ethnicity (check one) <input type="checkbox"/> Hispanic/Latino Origin <input type="checkbox"/> Non-Hispanic/ Non-Latino Origin

CHILD'S LANGUAGE
The language(s) my child speaks is (are):
The best way to describe the amount of English my child speaks or understands is: <input type="checkbox"/> None <input type="checkbox"/> A few words <input type="checkbox"/> Many words <input type="checkbox"/> English is the primary language my child speaks

NEED FOR CHILD CARE
Does your family need full-day and/or full-year care for this child (because you are working or in job training?) <input type="checkbox"/> Yes <input type="checkbox"/> No
If full-day and/or full-year care is not available, are you able to accept a part-time program for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child currently receiving full or part time care in (check one)? Family child care home <input type="checkbox"/> Full <input type="checkbox"/> Part Child care center/classroom <input type="checkbox"/> Full <input type="checkbox"/> Part Public school pre-K program <input type="checkbox"/> Full <input type="checkbox"/> Part Home/another home with relative or other adult <input type="checkbox"/> Full <input type="checkbox"/> Part None <input type="checkbox"/> Full <input type="checkbox"/> Part
If your child is currently receiving child care, please specify the name of this program:
My child is currently (check one): <input type="checkbox"/> Receiving Child Care Financial Assistance <input type="checkbox"/> Is eligible for Child Care Financial Assistance but not yet receiving <input type="checkbox"/> Has no financial support for child care

PRIOR PARTICIPATION IN CVHS
Did this child participate in CVHS's Early Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of this child's siblings ever participated in the CVHS Head Start or Early Head Start? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the sibling's name:

SPECIAL NEEDS
Check any of the following which apply to your child <input type="checkbox"/> Autism <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Emotional/Behavioral Disability <input type="checkbox"/> Hearing Impairment / Deafness <input type="checkbox"/> Impairment of Motor Function <input type="checkbox"/> Visual Impairment / Blindness <input type="checkbox"/> Other Health Impairment (please specify): _____
My child has or has had (please check, if applicable): <input type="checkbox"/> IEP Date: _____ Completed at/by: _____ <input type="checkbox"/> IFSP Date: _____ Completed at/by: _____ <input type="checkbox"/> Comprehensive Evaluation Date: _____ Completed at/by: _____
Please specify any concerns you may have about your child's behavior or development:

HEALTH INSURANCE
Does your child have health insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes, please check type: <input type="checkbox"/> Medicaid / Dr. Dynasaur <input type="checkbox"/> Private <input type="checkbox"/> Other (please specify):
Child's Medicaid No. (if applicable):

CUSTODY/COURT ORDERS
Custody status of this child: <input type="checkbox"/> One parent has sole legal custody Parent's Name: _____ <input type="checkbox"/> Parents are divorced/separated and share legal custody <input type="checkbox"/> Parents are together, both have custody <input type="checkbox"/> Child is in the custody of the State of Vermont DCF Caseworker: _____ <input type="checkbox"/> Child is in the custody of a legal guardian <input type="checkbox"/> Other:
Are there any court orders regarding the custody of this child, including DCF or other guardianship orders/documents? <input type="checkbox"/> No <input type="checkbox"/> Yes. CVHS must have a copy of this order on file. <i>Please include a copy with this application.</i>

APPLICATION Family Information

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FAMILY HOUSING & LANGUAGE	
HOUSING Can you and your child go the SAME PLACE, EVERY NIGHT to sleep in a SAFE & SUFFICIENT SPACE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your family have stable long-term housing? (check no if you are currently staying in a shelter/ transitional housing)	<input type="checkbox"/> Yes <input type="checkbox"/> No
LANGUAGE The primary language our family speaks at home is:	

PARENT/GUARDIAN INFORMATION: 1			
FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
RELATIONSHIP TO CHILD: <input type="checkbox"/> MOTHER/FATHER <input type="checkbox"/> FOSTER MOTHER/FATHER <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:			
LIVING ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT)	CITY	STATE	ZIP CODE
PHONE #1:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:	
PHONE #2:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:	
PHONE #3:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:	
EMAIL:			
DIRECTIONS TO HOME:			

EMPLOYMENT
U.S. Military Status <input type="checkbox"/> I am currently a member of the U.S. Military <input type="checkbox"/> I am a former member of the U.S. Military (Veteran) <input type="checkbox"/> I am not/have never been a member of the U.S. Military
Employment Status <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Employed Seasonally <input type="checkbox"/> Disabled

EDUCATION
Job Training/School Status <input type="checkbox"/> Not in job training or school <input type="checkbox"/> In job training (please provide the name of the program): _____ <input type="checkbox"/> In school (please provide the name of the school or program): _____
Have you received a grant or scholarship for your school within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level <input type="checkbox"/> Less than high school graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college, vocational school, or Associate's Degree <input type="checkbox"/> Bachelor's Degree or advanced degree

LANGUAGE
The language(s) that I speak is (are): <input type="checkbox"/> Arabic <input type="checkbox"/> Lingala <input type="checkbox"/> Bhutanese <input type="checkbox"/> Maay Maay <input type="checkbox"/> Bosnian <input type="checkbox"/> Mandarin <input type="checkbox"/> Burmese <input type="checkbox"/> Nepali <input type="checkbox"/> Cantonese <input type="checkbox"/> Somali <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Swahili <input type="checkbox"/> Karen <input type="checkbox"/> Vietnamese <input type="checkbox"/> Kirundi <input type="checkbox"/> Other:
If English is not your primary language, please mark the choice below that best describes your interpretative needs: <input type="checkbox"/> I do not need an interpreter <input type="checkbox"/> I would like an interpreter to help complete paperwork only <input type="checkbox"/> I would like an interpreter for most/all communication

CULTURAL INFORMATION
Please note, this cultural information will not impact your child's enrollment in the program. This information will not be shared outside of Champlain Valley Office of Economic Opportunity (CVOEO), of which CVHS is a program.
Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current or former refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION Family Information

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PARENT/GUARDIAN INFORMATION: 2			
FIRST NAME	LAST NAME	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER
RELATIONSHIP TO CHILD: <input type="checkbox"/> MOTHER/FATHER <input type="checkbox"/> STEP-PARENT (legally married to the child's parent/guardian) <input type="checkbox"/> FOSTER PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> OTHER:			
DOES THIS PERSON LIVE WITH FAMILY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
LIVING ADDRESS (IF DIFFERENT FROM FAMILY)	CITY	STATE	ZIP CODE
PHONE #1:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:	
PHONE #2:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:	
PHONE #3:	<input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> WORK	NOTES:	
EMAIL:			
DIRECTIONS TO HOME:			

EMPLOYMENT
U.S. Military Status <input type="checkbox"/> I am currently a member of the U.S. Military <input type="checkbox"/> I am a former member of the U.S. Military (Veteran) <input type="checkbox"/> I am not/have never been a member of the U.S. Military
Employment Status <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Retired <input type="checkbox"/> Employed Seasonally <input type="checkbox"/> Disabled

EDUCATION
Job Training/School Status <input type="checkbox"/> Not in job training or school <input type="checkbox"/> In job training (please provide the name of the program): _____ <input type="checkbox"/> In school (please provide the name of the school or program): _____
Have you received a grant or scholarship for your school within the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Education Level <input type="checkbox"/> Less than high school graduate <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college, vocational school, or Associate's Degree <input type="checkbox"/> Bachelor's Degree or advanced degree

LANGUAGE
The language(s) that I speak is (are): <input type="checkbox"/> Arabic <input type="checkbox"/> Lingala <input type="checkbox"/> Bhutanese <input type="checkbox"/> Maay Maay <input type="checkbox"/> Bosnian <input type="checkbox"/> Mandarin <input type="checkbox"/> Burmese <input type="checkbox"/> Nepali <input type="checkbox"/> Cantonese <input type="checkbox"/> Somali <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> Swahili <input type="checkbox"/> Karen <input type="checkbox"/> Vietnamese <input type="checkbox"/> Kirundi <input type="checkbox"/> Other:
If English is not your primary language, please mark the choice below that best describes your interpretative needs: <input type="checkbox"/> I do not need an interpreter <input type="checkbox"/> I would like an interpreter to help complete paperwork only <input type="checkbox"/> I would like an interpreter for most/all communication

CULTURAL INFORMATION
Please note, this cultural information will not impact your child's enrollment in the program. This information will not be shared outside of Champlain Valley Office of Economic Opportunity (CVOEO), of which CVHS is a program.
Were you born in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a current or former refugee? <input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION Household Information

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HOUSEHOLD INFORMATION	
Please list all persons living in the home with the family who were not listed previously:	
NAME OF PERSON 1:	
DATE OF BIRTH	RELATIONSHIP TO CHILD: <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF PERSON 2:	
DATE OF BIRTH	RELATIONSHIP TO CHILD: <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF PERSON 3:	
DATE OF BIRTH	RELATIONSHIP TO CHILD: <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF PERSON 4:	
DATE OF BIRTH	RELATIONSHIP TO CHILD: <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF PERSON 5:	
DATE OF BIRTH	RELATIONSHIP TO CHILD: <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF PERSON 6:	
DATE OF BIRTH	RELATIONSHIP TO CHILD: <input type="checkbox"/> Aunt/Uncle <input type="checkbox"/> Cousin <input type="checkbox"/> Grandparent <input type="checkbox"/> Sibling <input type="checkbox"/> Step-parent (legally married to child's parent/guardian) <input type="checkbox"/> Unrelated child <input type="checkbox"/> Unrelated adult (including non-married partners of child's parent/guardian)
GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER	
Does this person currently receive Supplemental Security Income (SSI)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION Eligibility/Income

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ELIGIBILITY

Please answer the following questions. If you answer **YES** to any of the questions, your family may be eligible to receive Head Start services.

Is this child currently in foster care (in the custody of the State of Vermont)? Yes No

Is your family currently experiencing homelessness (Staying in a shelter, hotel, car, campground, transitional housing unit, or sharing the housing of others due to loss of housing or economic hardship)? Yes No

Is your family currently receiving Reach Up? Yes No

Is your family currently receiving Supplemental Security Income (SSI)? Yes No

INCOME

If you answered **NO** to all of the questions above, please complete the following section.

For each type of income that your family received within the last 12 months, you will need to supply documentation.

PARENT/GUARDIAN: 1

NAME OF PARENT/GUARDIAN

Type of Income (check all that apply)	Have you received this income for all of the last 12 months?	How often do you receive this income?	Gross Amount (before taxes)
<input type="checkbox"/> Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Reach Up (not currently receiving)	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Scholarships/Educational Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Social Security Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 1	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 2	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 3	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____

PARENT/GUARDIAN: 2

NAME OF PARENT/GUARDIAN (IF LIVING IN THE HOUSEHOLD)

Type of Income (check all that apply)	Have you received this income for all of the last 12 months?	How often do you receive this income?	Gross Amount (before taxes)
<input type="checkbox"/> Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Reach Up (not currently receiving)	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Rental Income	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Scholarships/Educational Grants	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Self-Employment Income	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Social Security Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Unemployment Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Veterans Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 1	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 2	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Wages: Job 3	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Worker's Compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
<input type="checkbox"/> Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No: _____ mos.	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____

APPLICATION Additional Information

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IMMEDIATE FAMILY NEEDS

Please use this space to tell us about any current circumstances affecting your family that may impact your need for immediate school and/or child care for your child.

OUTREACH

Where did you hear about Champlain Valley Head Start (CVHS)? Please check one:

- | | |
|---|--|
| <input type="checkbox"/> Brochure Poster | <input type="checkbox"/> DCF (Family Services Division) |
| <input type="checkbox"/> CVHS Teacher/Home Visitor | <input type="checkbox"/> Friend/Family Member |
| <input type="checkbox"/> CVHS Collaborative Partner | <input type="checkbox"/> Newspaper/Magazine Ad |
| <input type="checkbox"/> CVHS Social Media | <input type="checkbox"/> Service Provider (such as Reach Up, VNA, WIC) |
| <input type="checkbox"/> CVHS Website | <input type="checkbox"/> Other (please specify): _____ |

PARENT/GUARDIAN SIGNATURE

This application signifies the family's desire to enroll the child in the Early Head Start or Head Start program. Following completion of this application, the application will be processed and Champlain Valley Head Start will notify the family as to whether the child has been enrolled in the program, and the starting date for services.

By signing below, I, the parent/guardian, indicate that:

I intend to enroll my child in Early Head Start or Head Start if my child is accepted into the program.

I agree to comply with the rules and regulations of the program.

I certify that the information I have provided on and in support of this application is accurate and truthful to the best of my knowledge. I understand that intentionally providing false, inaccurate, or incomplete information may result in a loss of my family's eligibility to participate in the program.

I consent to have my child participate in all health and developmental screenings or non-invasive exams (including, but not limited to: hearing and vision screenings, heights and weights, visual oral health screening) conducted by Champlain Valley Head Start staff, consultants, collaborative partners or others working in conjunction with Champlain Valley Head Start, to help assure compliance with all federal and state regulations. These may take place outside of the classroom. All screening and exam results and recommendations will be shared with me by the program.

I consent to have my child receive his/her special education and/or mental health services, as outlined in his/her IEP, IFSP/One Plan, and/or treatment plan, during Head Start classroom time. I understand that these services may be provided by special educators, including speech/language pathologists, occupational therapists, physical therapists, and individual assistants, or early childhood mental health professionals and may take place outside of the classroom.

I understand that the Head Start program utilizes the services of early childhood mental health consultants in order to better provide quality education services by increasing the social and emotional well-being of children. I consent to have my child participate in the services provided by the early childhood mental health consultants. The program will notify me in advance of any services provided individually to my child.

Was this application completed with the help of another person other than the parent/guardian indicated below?

No Yes: please provide name: _____ Organization (if applicable): _____

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

AUTHORIZATION & RELEASE

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RELEASE OF INFORMATION

Head Start & Early Head Start are national programs. Federal regulations require that we obtain certain information in order to determine eligibility for the program and to provide services. In order to best serve your child and family, we sometimes need to share information, in verbal, written, or electronic format, with other agencies. Except as allowed in this authorization and release, Champlain Valley Head Start will not communicate or disseminate any confidential child or family information to organizations or entities outside the organization.

By signing this release, I authorize Champlain Valley Head Start to exchange information with, release information to, and/or obtain information from, the following organizations .

You must check all boxes that apply if you would like us to be able to speak/share information with these organizations:

- Yes No **The local school district and/or CIS agency responsible for comprehensive evaluation and development of an IFSP or IEP (if needed) for the purpose of:**
- Obtaining documentation of my child's comprehensive evaluation and/or IFSP or IEP in order to provide individualized education services to my child
 - Coordinating educational services for my child
- Yes No **The local District Office of the Economic Services Division that administers TANF (Reach Up) benefits for the purpose of:**
- Obtaining TANF documentation to determine eligibility for the Head Start program
 - Coordinating the family goal setting process
 - Contacting my family if direct communication methods fail
- Yes No **The local Community Care Support Agency that administers the Child Care Financial Assistance program for the purpose of:**
- Obtaining Child Care Financial Assistance documentation to determine eligibility for specific Head Start program options.
 - Coordinating the enrollment of my child in Head Start and/or its collaborative partner sites
- Yes No **The local District Office of the Family Services Division for the purpose of:**
- Obtaining documentation to determine eligibility for the Head Start program
 - Coordinating family safety/support services
- Yes No **Other (please specify):** _____

USE OF PHOTOGRAPHS/VIDEO

- Yes No I give my permission to Champlain Valley Head Start or its funders/partners to use photos and/or video of my child and/or family with the understanding that my child/family will not be identified by name. Photos or video may be used in newsletters, websites, social media, brochures or other recruitment/outreach/fundraising/promotional materials or reports.

AUTHORIZED REPRESENTATIVE (Optional)

If you would like to give permission to someone to speak with us on your behalf, please fill out this section.

By filling out the Authorized Representative section and signing below you agree to the following:

- I understand that I am not required to have an Authorized Representative
- I give CVHS and the Authorized Representative permission to communicate with each other and share information about my family and myself for the purposes of applying for the Head Start program and coordinating services for my family.
- I may revoke this authorization at any time by calling (802) 651-4180 x204 and informing the Enrollment Manager that I am revoking this authorization.

NAME OF AUTHORIZED REPRESENTATIVE

REPRESENTATIVE'S PHONE NUMBER

AUTHORIZED REPRESENTATIVE'S RELATIONSHIP TO YOU

AUTHORIZED REPRESENTATIVE'S ORGANIZATION NAME (IF APPLICABLE)

CHILD'S INFORMATION

CHILD'S LEGAL NAME

CHILD'S DATE OF BIRTH

PARENT/LEGAL GUARDIAN'S NAME (PRINTED)

DATE

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

HEALTH RELEASE

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RELEASE OF HEALTH & SCREENING INFORMATION

Head Start & Early Head Start are national programs. Federal regulations require that these programs obtain documentation to facilitate up to date health requirements for children and pregnant women and any follow up care needed.

Except as allowed in this authorization and release, Champlain Valley Head Start (CHVS) will not communicate or disseminate any confidential child or family information to organizations or entities outside of CVHS and our collaborative partner child care and school sites.

I hereby authorize Champlain Valley Head Start to:

Obtain the following information from health care providers and state registries for the below named child/pregnant woman:

- medical and dental records (including follow-up care with specialists)
- lead and hemoglobin test results
- immunization records
- developmental screening results
- prenatal and postpartum documentation for pregnant women enrolled in EHS

The above information may be either electronic, written or verbal and will be released to:

Champlain Valley Head Start Health or Special Needs Coordinator, Nurse Consultant or Tooth Tutor
431 Pine Street, Suite 212
Burlington, VT 05401
(802) 651-4180 X215

Share and discuss results of my child's Head Start screenings (vision, hearing, growth, oral health, and developmental) and health records with my child's health care providers and/or state registries or CVHS collaborative partners in order to provide/support services for my child/family.

Share my child's growth assessment, enrollment and oral health status with WIC and its Public Health Dental Hygienists.

If my child is transitioning to public school: share my child's oral health status with the public school Tooth Tutor.

I acknowledge that:

- I may revoke this consent at any time (by contacting CVHS at the address or telephone number above) except to the extent that action has been taken in reliance on it before I revoked it.
- This consent will expire on December 31, 2021.

THE FOLLOWING AUTHORIZATION IS FOR:

CHILD'S LEGAL NAME OR PREGNANT WOMAN'S LEGAL NAME		DATE OF BIRTH
I am the: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> DCF Authorized Representative of the above-named child		
PRINTED NAME	DATE	
Parent/Guardian Signature: _____		Date: _____

EMERGENCY

HEAD START & EARLY HEAD START PROGRAMS

UPDATED JUNE 2020



A Program of Champlain Valley Office of Economic Opportunity

CHILD'S HEALTH INFORMATION		
FIRST NAME	MIDDLE INITIAL	LAST NAME
NICKNAME / PREFERRED NAME		DATE OF BIRTH
Does your child have a doctor? <input type="checkbox"/> No <input type="checkbox"/> Yes, Doctor's Name:		PHONE
Does your child have a dentist? <input type="checkbox"/> No <input type="checkbox"/> Yes, Dentist's Name:		PHONE
Does your child have any health conditions? <input type="checkbox"/> No <input type="checkbox"/> Yes Please list conditions:		SYMPTOMS
Does your child take any medications? <input type="checkbox"/> No <input type="checkbox"/> Yes Is medication needed on site? <input type="checkbox"/> No <input type="checkbox"/> Yes	Please list medications:	
Does your child have any allergies (including medications, food, bee stings, etc.)? <input type="checkbox"/> No known allergies <input type="checkbox"/> Yes, please list:		SYMPTOMS

PERMISSION TO PICK UP/PERMISSION TO TRANSPORT		
<p>By signing on the Parent/Guardian signature line below, I give my permission for my child to be transported in the event of an emergency. Additionally, I give my permission for my child to be released to the following people for the purposes of pick-up and/or transportation to/from CVHS activity sites. (Include the child's other parent and other family members who may be likely to transport the child.) The parent/guardian understands that his/her child will only be released to persons identified on the following list. Anyone who is unknown to CVHS staff must show identification. I give my permission for my child to be transported to and from CVHS activities by any transportation service with whom CVHS may contract for transportation of children in the CVHS program, and to release the name and address of my child to transportation services contracted by CVHS for the purpose of CVHS activities.</p> <p>In the event of an emergency, I authorize the staff or collaborative partners of Champlain Valley Head Start to seek any necessary treatment or emergency medical care for my child.</p> <p>Emergency Contacts: Vermont State Early Childhood Program Licensing Regulations require that at least two (2) emergency contacts, other than the legal parent(s)/guardian(s), be identified. Emergency Contact People must be able to transport the child in the event of an emergency if the CVHS parent or legal guardian cannot be reached. Emergency contacts must be aware they are designated as such. Emergency contacts unknown to CVHS staff must produce identification before a child is released.</p>		
PRIMARY PARENT/GUARDIAN NAME	PHONE NUMBER	ALTERNATE PHONE NUMBER
SECONDARY PARENT/GUARDIAN NAME	PHONE NUMBER	ALTERNATE PHONE NUMBER
Other people authorized to pick up my child are:	NAME	RELATIONSHIP TO CHILD
	NAME	RELATIONSHIP TO CHILD

EMERGENCY CONTACTS (must include 2 contacts)	
FIRST CONTACT NAME	RELATIONSHIP TO CHILD
PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	ADDRESS
SECOND CONTACT NAME	RELATIONSHIP TO CHILD
PHONE <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	ADDRESS
Parent/Guardian Signature: _____ Date: _____	

ANTICIPATED PROGRAM OPTIONS LIST

HEAD START & EARLY HEAD START PROGRAMS

UPDATED JUNE 2020



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Instructions: Please use the CHOICE column to select your first, second, and third choice options by indicating 1, 2, and 3 before the name of the site. Please also indicate below whether you have transportation to this site.

CHOICE	Do you have transportation to the preferred sites selected below? <input type="checkbox"/> Yes <input type="checkbox"/> No	AGES SERVED					TOWN	DAY	TIME	SESSION YEAR	TOWN RESIDENT	ACT 166 APPROVED	CHILD CARE SUBSIDY
		PREGNANT WOMEN	BIRTH-15 MONTHS	15 MONTHS-3 YEARS	3-4 YEARS	4 YEARS ONLY							
ADDISON COUNTY													
	Home Visiting Program (throughout the county)	●	●	●	●		All	1 visit/week		Full			
	Otter Creek Child Center		●	●			Middlebury	Mon-Fri	7:30am-5:30pm	Full			●
	Addison County Early Learning Center Early Head Start			●			New Haven	Mon-Fri	8am-2pm	Full			
	Addison County Early Learning Center Head Start				●		New Haven	Mon-Fri	8am-2pm	Sep-Jun		●	
CHITTENDEN COUNTY													
	Home Visiting Program (throughout the county)	●	●	●	●		All	1 visit/week		Full			
	Burlington Children's Space Early Head Start		●	●			Burlington	Mon-Fri	8am-4:30pm	Full			●
	Franklin Square Early Learning Center				●		Burlington	Mon-Fri	8:30am-2:30pm	Sep-Jun		●	
	King Street Center Early Head Start			●			Burlington	Mon-Fri	7:30am-5:30pm	Full	●	●	●
	King Street Center Head Start				●		Burlington	Mon-Fri	7:30am-5:30pm	Full	●	●	●
	Riverside Early Learning Center Early Head Start			●			Burlington	Mon-Fri	8:30am-2:30pm	Full			
	Riverside Early Learning Center Head Start				●		Burlington	Mon-Fri	8:30am-2:30pm	Sep-Jun		●	
	Sara Holbrook Community Center Early Head Start			●			Burlington	Mon-Fri	8am-4:30pm	Full			●
	Sara Holbrook Community Center Head Start				●		Burlington	Mon-Fri	8am-4:30pm	Full		●	●
	Milton Elementary School*					●	Milton	Mon-Fri	8:45am-3:15pm	Sep-Jun	●	●	
	Milton Family Community Center		●	●			Milton	Mon-Fri	7:30am-5:30pm	Full			●
	JFK Elementary School Early Learning Center: Morning*				●		Winooski	Mon-Fri	7:30-11am	Sep-Jun	●	●	
	JFK Elementary School Early Learning Center: Afternoon*				●		Winooski	Mon-Fri	11:30am-3pm	Sep-Jun	●	●	
	JFK Elementary School: Morning*				●		Winooski	Mon-Thu	7:30-11am	Sep-Jun	●	●	
	JFK Elementary School: Afternoon*				●		Winooski	Mon-Thu	11:30am-3pm	Sep-Jun	●	●	
FRANKLIN & GRAND ISLE COUNTIES													
	Home Visiting Program (throughout the counties)	●	●	●	●		All	1 visit/week		Full			
	St. Albans Early Learning Center				●		St. Albans City	Mon-Fri	8:30am-2:30pm	Sep-Jun		●	

*Transportation currently provided by the school district (subject to change)

We will make every attempt to place your child within your preferred option based on program availability, eligibility, and selection criteria.

ADDISON COUNTY

Middlebury

Otter Creek Child Center
150 Weybridge Street

New Haven

Addison County Early Learning Center
87 Rivers Bend Road

Home-Visiting Program

90 Minute visit, once a week
At the family's home

CHITTENDEN COUNTY

Burlington

Burlington Children's Space
241 North Winooski Avenue

Franklin Square Early Learning Center
61 Red Maple Lane

King Street Center
87 King Street

Riverside Early Learning Center
669 Riverside Avenue

Sara Holbrook Community Center
66 North Avenue

Milton

Milton Elementary School
42 Herrick Avenue

Milton Family Community Center
23 Villmaire Lane

Winooski

JFK Elementary School
70 Normand Street

Home-Visiting Program

90 Minute visit, once a week
At the family's home

FRANKLIN & GRAND ISLE COUNTIES

St. Albans City

St. Albans Early Learning Center
27 Church Street

Home-Visiting Program

90 Minute visit, once a week
At the family's home