

HEAD START OF YAMHILL COUNTY

1006 NE 3rd Suite A; PO Box 1311

McMinnville, OR 97128

Phone: 503 472 2000

Fax: 503-472-6539

FOR OFFICE USE ONLY			
Age Eligible:	Yes	No	
Applicable Eligibility:			
Public Assistance:	SSI	TANF	
Foster	Homeless	Disability	
To 100%	100-130%	130% +	
Verification Document:			
Verified by:	Date:		
Approved by:	Date:		
Score			

ENROLLMENT APPLICATION

Did an agency refer you to Head Start? Yes No Agency name & person who referred: _____

Is someone helping you complete this form? Yes No

Primary Parent/Guardian Name: _____

Living in home Yes No Date of Birth: _____

Secondary Parent/Guardian Name: _____

Living in home Yes No Date of Birth: _____

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email address: _____

Message Phone _____

2 Parent household 1 Parent household 2 Grandparent household 1 Grandparent household

Parent is or was in foster care Parent(s)/Guardian(s) work in agriculture Parent/Guardian is or was in recovery

Parent/Guardian is or was incarcerated Is/Has experienced Domestic Violence Member of child's family is

medically fragile Parent/Guardian attend school Parent/Guardian has no high school diploma or GED

Number of people in family: _____

Own Home Renting Homeless, in a shelter or transitional housing, or living with friends or family

Please explain: _____

Are you pregnant? Yes No Due date: _____ Interested in Early Head Start? Yes No

Does anybody in your household receive WIC? Yes No

Primary Language: _____ Parent does not speak English Child does not speak English

Is child in daycare? Yes No **School bus Transportation is limited to certain centers and classes**

If yes, daycare address: _____ Days: Mon Tue Wed Thurs

Is child in diapers/pull-ups during daytime? Yes No **[Not required, but preferred for pre-K]**

Child/Children Information- please list all children in your family birth to age 5

Child's Name: _____ Date of Birth: _____ Male Female

Diagnosed disability? Yes No IFSP? Yes No Foster child or in DHS Custody? Yes No

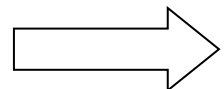
Child's Name: _____ Date of Birth: _____ Male Female

Diagnosed disability? Yes No IFSP? Yes No Foster child or in DHS Custody? Yes No

Child's Name: _____ Date of Birth: _____ Male Female

Diagnosed disability? Yes No IFSP? Yes No Foster child or in DHS Custody? Yes No

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INCOME INFORMATION: Include income from all sources

ATTACH COPIES OF PROOF OF INCOME. Such as: Form 1040 from previous tax year, W-2 forms from previous tax year, or copy of most recent pay stub.

If you receive benefits from DHS please mark which programs and sign the DHS release, and we will obtain proof of income on your behalf. At this time there is a delay in obtaining documentation from DHS and we recommend you submit your proof of income directly to us.

- TANF SNAP SSI/ SSD or VA Compensation

DHS RELEASE

I give permission for Head Start of Yamhill County to obtain income information from the Department of Human Services.

Parent/Guardian Signature

Date

I give my permission for HSYC to share my name and contact information with the school district, Yamhill County Public Health, A Family Place Relief Nursery, and/or Migrant/Tribal EHS and HS Programs for referrals to their parenting and child health/ preschool programs. Yes ____ No ____

The above information is true & complete, and I understand misrepresentation is considered fraud

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY:

\$ _____ Gross Yearly Income from Wages

\$ _____ Yearly Income – Other Source _____
Please list source e.g. TANF, SSI, Child Support, Financial Aid, Unemployment, Worker Comp. etc

\$ _____ **Total Gross Yearly Income**

Please submit the application by mail P.O. Box 1311, McMinnville, OR 97128, fax to 503-472-6539, text to 503-437-4100, or to the lockbox at one of our sites:

- Administrative Office: 1006 NE 3rd St, Suite A, McMinnville
- Michael Eichman Center: 813 NE 2nd St, McMinnville
- Newberg Center: 2813 Crestview Dr, Newberg
- Dayton Center: 528 Ferry St, Dayton
- Sheridan Center: 1500 W Main St, Sheridan

For further support, contact us at
503-472-2000

Applications accepted all year

Head Start of Yamhill County is an equal opportunity provider.

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Interviewed by:		
In Person	Phone Call	Date: