

**HEAD START OF YAMHILL COUNTY**

**1006 NE 3<sup>rd</sup> 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

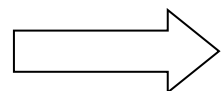
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

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 Self-Sufficiency (TANF, SNAP, SSI/SSD or VA Compensation) and want them to provide us with your proof of income, please call your DHS Self-Sufficiency Case Worker and ask them to fax income verification to Head Start of Yamhill County 503-472-6539, or contact us for a 3010 DHS Release of Information and we will obtain proof of income on your behalf.

- TANF     SNAP     SSI/ SSD or VA Compensation

<b><u>DHS RELEASE</u></b>	
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 503-437-4809, or to the lockbox at one of our sites:

Administrative Office: 1006 NE 3<sup>rd</sup> St, Suite A, McMinnville  
 Michael Eichman Center: 813 NE 2<sup>nd</sup> 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.**

FOR OFFICE USE ONLY		
Interviewed by:		
In Person	Phone Call	Date: