

**UMATILLA-MORROW COUNTY HEAD START, INC.
NEIGHBORHOOD REVITALIZATION PROGRAM FACE SHEET**

Address: _____

Name 1: _____ Name 2: _____

Are there children in the home? Yes No

Child's Name: _____ Age: _____ School: _____

Child's Name: _____ Age: _____ School: _____

Child's Name: _____ Age: _____ School: _____

Child's Name: _____ Age: _____ School: _____

Are there children EHS/HS Age Eligible? Yes No

Is the family enrolled in Early Head Start/Head Start? Yes _____ No

Was the family given a Early Head Start/Head Start Application? Yes No

Primary Language Spoken in Home: English Spanish Other _____

Is the resident the: Owner Tenant

Landlord Name: _____

Landlord Address: _____

Landlord Phone Number: _____

Interested in Neighborhood Watch: Yes No

Income Assistance: Yes _____ No

Health Insurance: Yes _____ No