

Office Use Only

Program Year _____

Placement _____

Head Start/Early Head Start Application

Umatilla Morrow Head Start, Inc.

110 NE 4th St., Hermiston, OR 97838

541-564-6878 or 1-800-559-5878/State Relay 711

Office Use Only

Date Enrolled _____

Site _____

Start Date _____

Child Information

| | | | |
|---------------------|--------------------|--|------|
| Child's First Name: | Child's Last Name: | Social Security #: | DOB: |
| Country of Birth: | Sex: Female Male | Does any child/parent or guardian have a disability or need assistive services? Yes No | |

Parent/Guardian Information

| Parent/Guardian Name (Please print in the spaces below) | Sex | Age | How related (Parent, Step Parent, Foster Parent, other) | Employment: PT-Part time, FT-Full time, ST-Student, SE-Seasonal, D-Disabled | Primary (list first) and other languages spoken |
|--|-----|-----|---|--|---|
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|---|-----------------------------|----------------------------|---|
| Family Name: | Number of people in Family: | Number living in the home: | Home Phone # |
| Home Address: | City: | State: Zip Code: | Work Phone # |
| Mailing Address: | City: | State: Zip Code: | Message Phone # (Whose phone is this?) |
| Family Structure (circle which describes your family) Single Parent Two Parents (married or not) Foster Parent(s) Other (please explain) | | | Do you use child care outside of your home? Yes No If yes, who is your provider? |

Financial Information

To help us determine if your family is eligible for Early Head Start/Head Start, we need to know your gross income either for the past 12 months or as entered on last year's income tax returns. Federal guidelines require that all income be verified at the time of enrollment. To meet this regulation, a staff member will need to see written proof (income tax forms, W-2 form, pay stubs, pay envelope, written statement from employer, documentation of unemployment, cash assistance or child support received).

| | |
|--|--|
| Please provide an estimate of your gross annual income, from all sources indicated above: \$ | How did you find out about our services? |
|--|--|

I have read this application form and understand it. I certify that the above information, including financial is, to the best of my knowledge, true and complete.

Parent/Guardian's Signature _____ Date _____

Umatilla-Morrow Head Start, Inc. does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment, or participation in its programs, services and activities, or in employment. For further information about this policy, contact: Human Resource/ Section 504 Coordinator, 541-564-6878, State Relay 711.