

Recruitment Notes Reviewed by: _____ Date: _____
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Total Points _____
 Date enrolled _____
 Classroom _____

**UMATILLA MORROW HEAD START, INC.
 Early Head Start/Head Start Recruitment Notes/Family Profile**

Family Name _____ Child's Name _____ Date _____

Adults in home	Sex	Date of Birth	Social Security Number	How Related to Child	Ed Level 0-12, college or degree?	Employment Status FT/PT/U If unemployed, Retired or disabled?	Hispanic Y/N	Race/ Origin *	Name of Employer, School, or Training Program Or Job Related Training (JOBS, CAPECO, etc.)
Children in home	Sex	Date of Birth (if unborn— indicate due date)	Social Security Number	Age	How Related in Family	Hispanic Y/N	Race/ Origin*	Primary (list first) & Other Languages Spoken	

*Race=Ancestor's origins: **NA**-Native American/American Indian/Alaskan Native; **AS**-Asian; **BL**-Black/African American; **H**-Hawaiian/Pacific Islander; **C**-Caucasian/White/Native of European countries)

** You should only count Hispanic Children from Mexico as Native American if they are from an indigenous population in Mexico (example, Mayan origins). The majority of Hispanics from most areas of North, Central and South America will not fall into the indigenous/Native American category and more than likely fall under White (if not from an indigenous group) or Black (ex. Black Cubans)**

Program Options (Family Preference)	
<input type="checkbox"/> 3-Day, part-day <input type="checkbox"/> 4 day, part-day <input type="checkbox"/> Full-day, full year <input type="checkbox"/> Full Day, Part Year <input type="checkbox"/> Home Base	
Does child need full day care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is being used now? <input type="checkbox"/> child care center <input type="checkbox"/> family child care home <input type="checkbox"/> home of relative <input type="checkbox"/> Other _____	
Are you, or the child being recruited, related to any UMCHS, Inc employee? <input type="checkbox"/> Yes <input type="checkbox"/> No How related? _____	

HEAD START ELIGIBILITY VERIFICATION

1. Child's name: _____

2. Child's date of birth: _____

3. This child is eligible to participate in the program. Yes No

4. Check one category of eligibility for this child (*Categorically Eligible or Income Eligible*):

- | | |
|---|--|
| <input type="checkbox"/> SSI | <input type="checkbox"/> Below federal poverty guidelines (0-100% of federal poverty guidelines) |
| <input type="checkbox"/> Public Assistance (<i>TANF, NPIHG</i>) | <input type="checkbox"/> Between 101-130% of federal poverty guidelines
(<i>No more than 35% enrolled children may fall into this category</i>) |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Over-Income (<i>counted as part of 10% maximum for Non-AI/AN programs</i>) |
| <input type="checkbox"/> Homeless (<i>Check which category applies</i>) | |

___ In Shelter or Transitional housing ___ Unsheltered: living outside, camping, substandard housing (over crowded or lacking essential utilities, in vehicles, trailers, transportation terminal buildings) ___ Motels/Hotels ___ Doubled-up sharing housing with relatives or friends (not paying rent and not long term): or children who are waiting foster care placement

5. What documentation was used to determine eligibility?

- Income Tax Form 1040
- W-2
- TANF/NPIHG documentation (if verified by DHS, Name of worker _____, Title _____, date _____)
- Pay stub or pay envelopes
- Unemployment
- Written statements from employers
- Foster care reimbursement/Letter of Wardship
- SSI documentation
- Other If Other, please explain: _____
- Documentation of no income _____

6. Staff signature _____ Date: _____

7. Staff Name: _____ Title: _____

8. I have participated in a Head Start Orientation. I understand that Head Start is a federally funded program and my participation is voluntary.

Parent Signature: _____ Date: _____

*****If re-verifying after original recruitment, must fill out a new eligibility verification form.*****

Priority Pointing

Child's age on September 1: 0-18 mos. (4) 18-35 mos. (2) 3 yrs. (2) 4 yrs. (4)

- Unemployed (no one in home is working) (2)
- Single Parent (2)
- Teen Parent (19 years or younger) (3)
- No GED/HS Diploma (2)**
- Homeless (3)**
- Housing Concerns (1)
- Socially/Culturally Isolated Family (1)
- Out of Home Placement (**Foster Care** / Relative / NPIHG) (4)

Family Risk Factors:

- Mental Health Issues (3)
- Domestic Violence Issues (3)
- Substance Use / Abuse (3)
- Tobacco Use (1)
- Child Abuse and Neglect Issues (3)
- No Health Insurance for child being recruited (2)
- Probation (3)
- Incarceration (3)
- Chronic Health Issues (3)
- Disability (3):** (Documentation needed for points)

Documented by: IFSP dated _____ (must be <year) or Verified via ESD Case Manager
 _____ (name) on _____ (date)

Identified as: _____ (disability category)

Points for Income _____ Points for Priority _____ **Total Points** _____

Orientation Outline

The purpose of Head Start is to provide comprehensive services to pre-school and infant/toddler age children and their families, to better prepare the child for school and their parents in their role as the primary educator of their children. Participation in Head Start is voluntary. However, Head start is a federally funded program with Performance Standards, or expectations that our program must meet in order to maintain our funding and continue providing these services. This outline explains what you can expect from our program and what the program expects of our families in order for us to maintain the program as the Federal government requires.

1. Program Design:

- Combination – 2 or 3 day/wk, 12-24 Home Visits (HV) per year.
- Center Base - 4 day/wk, 2 education (ED) HV/yr, 2 Conferences/3 Social Service (SS) HV with monthly follow up as needed.
- Home Base - HV each week - 2/mo. Socialization time
- Full Day - 5 day/wk, 2 Ed HV/yr, 2Parent-Staff Conferences, 3 SS HV- with monthly follow up contact (Requirements for full day program, to include co-pays)
- Full Day-Part Year , 5 day/wk Sept-June; 2 Ed HV/yr, 2 Conferences 3 SS HV- with monthly follow up contact (Requirements for full day program, to include co-pays)

2. Developmentally Appropriate Practices:

Although there is a guide to show what children should be able to accomplish at any certain age, children learn at their own pace, in a variety of styles and manners. Head Start supports that and ensures that there are a variety of activities and materials covering a wide range of skill development.

3. Meal Service in the Classroom:

- Children are served USDA meals/snacks
- Meals are served family style
- Children serve themselves, set & clear tables, pass serving dishes to their peers, developing fine and gross motor skills used in pouring, cutting, spreading, etc.

4. Anti-Bias Curriculum:

- Respect to the diversity of the families we serve
- Lessons planned around 4 seasons of the year
- Celebrations around holidays, birthdays & special days are encouraged and incorporated into activities that are planned on home visits with their family.

5. Transportation and Bus Policy:

Head Start provides bus services for all part day centers for families living within the service area. (Explain more on policy)

6. Home Visits:

(see program design as described above) Discuss purpose of home visits and that in some options a family may have two home visitors (Education and Social Services)

7. Screening/Assessments—Completed by Head Start Staff on site or with parents:

- Hearing
- Vision
- Developmental screen: Ages and Stages Questionnaire (ASQ)
- Behavioral screen: Ages and Stages Questionnaire-Social Emotional (ASQ-SE)
- Devereux Early Childhood Assessment (DECA)-as needed
- Outcome Measures
- With parent permission, informal observations to determine need for evaluation of possible special needs

8. Screens - Parent responsibility within 90 days:

- Well Child Exam
- Dental Exam/Screen
- WIC Nutrition Assessment
- Importance of Good Health in child development

9. Mental Health/Disabilities:

Children with special needs, whether physical, emotional or developmental are welcome at Head Start. We believe that integration with typical peers is the best practice for development of children with special needs and disabilities. We work closely with the ESD to assure that children identified and receiving special services receive specialist's assistance in the Head Start Classroom as much as possible. Children are also identified and referred for evaluation - based on parent concerns or staff observations.

10. Parent Involvement:

- Classroom Volunteer
- Parent Center Officer
- Policy Council Representative
- Parent Education/Support Groups
- Community Involvement(Focus on Leadership, Neighborhood Walk Assessment, Neighborhood Revitalization)
- Career Ladders

11. Review Policies:

- Attendance (both classroom and Home visit for part day);
- Child Abuse & Neglect—to include releasing children to an impaired adult (an adult “under the influence,” intoxicated or otherwise impaired in their ability to safely get the child home).
- Confidentiality policy – Parent’s written consent required

The USDA and the State of Oregon are equal opportunity providers and employers

Contact Person _____ Phone Number _____

Resumen de la Orientación

El Propósito del Head Start es proveer servicios comprensivos a niños de edad preescolar e infantes y niños pequeños y sus familias, para preparar mejor al niño para la escuela y a los padres en su papel de ser los principales educadores de sus niños.

La participación en el Head Start es voluntaria. Sin embargo, Head Start es un programa financiado con fondos Federales con Reglas de Desempeño, o expectativas que nuestro programa debe cumplir para poder seguir recibiendo la ayuda financiera que el programa necesita y para continuar dando estos servicios. Este resumen explica lo que usted puede esperar de nuestro programa y lo que el programa espera de nuestras familias para que podamos mantener al programa según lo requiere el gobierno Federal.

12. Diseño del Programa:

- Combinación – 2 o 3 días por semana, 12-24 Visitas en Hogar (VH) por año.
- Base en Centro - 4 días por semana, 2 VH de educación (ED) VH al año, 2 Conferencias/3 VH de Servicio Social (SS) VH con continuación de visitas mensuales según sea necesario.
- Base en Hogar - VH cada semana – 2 veces al mes tiempo de Socialización
- Día Completo - 5 días a la semana, 2 VH de ED al año, 2 Conferencias de Padres y Maestro, 3 VH de SS – con continuación de contacto mensual (Requerimientos para día completo, que incluya co-pagos)
- Día Completo-Parte de Año, 5 días por semana Sept-Junio; 2 VH de ED al año, 2 Conferencias, 3 VH de SS – con contacto mensual a continuación (Requerimientos para programa de día completo, que incluya co-pagos)

13. Prácticas Apropriadas para el Desarrollo:

Aunque hay un guía que muestra lo que los niños deben poder hacer a cierta edad, los niños aprenden a su propio paso, en variedad de estilos y formas. El Head Start apoya esto y asegura que habrá variedad de actividades y materiales cubriendo amplio rango de habilidades de desarrollo.

14. Servicio de Comidas en el Salón de Clase:

- A los niños se les sirve comidas y meriendas aprobadas por el USDA
- Las comidas se sirven al estilo familiar
- Los niños se sirven solos, ponen y limpian la mesa, pasan los platillos a sus compañeros para que ellos se sirvan, desarrollando movimientos de capacidades finas y brascas que se usan para vaciar, cortar, esparcir, etc.

15. Currículo de Perjuicio:

- Respeto para la diversidad de familias a las que servimos
- Lecciones planeadas alrededor de las cuatro estaciones del año
- Celebraciones alrededor de los días festivos, celebraciones de cumpleaños y días especiales se animan y se incorporan en actividades planeadas en visitas en el hogar con su familia.

16. Transporte y Póliza de Autobús:

Head Start provee servicios de autobús para todos los centros de parte de día para las familias que viven dentro del área de servicio. (se provee más explicación)

17. Visitas en Hogar:

(ver el diseño de programa según se explica arriba) Hablar del propósito de las visitas en hogar y el hecho de que en algunas opciones una familia puede tener dos visitantes de hogar (educación y servicios sociales)

18. Revisiones/Evaluaciones—Completados por personal del Head Start en el sitio o con los padres:

- Oído
- Vista
- Revisión de Desarrollo: Cuestionario de Edades y Etapas (ASQ)
- Revisión de Comportamiento: Cuestionario de Edades y Etapas-Social Emocional (ASQ-SE)
- Evaluación Devereaux en Niñez Temprana (DECA)
- Con permiso de los padres, observaciones informales para determinar la necesidad para una evaluación de posibles necesidades especiales

19. Revisiones – Responsabilidad de los Padres dentro de 90 días:

- Examen de Bienestar de Niño
- Examen o Revisión Dental
- Evaluación de Nutrición con la Clínica del WIC
- La importancia de Buena Salud en el desarrollo del niño

20. Salud Mental e Incapacidades:

Los niños son bienvenidos al Head Start aunque tengan necesidades especiales físicas, emocionales o de desarrollo. Creemos que la integración con compañeros típicos es la mejor práctica para el desarrollo de niños con necesidades especiales e incapacidades. Los niños identificados y que están recibiendo servicios especiales reciben los servicios de un especialista en el salón de clase del Head Start. A los niños también se les identifica y se les da referencia para una evaluación – basado en preocupaciones de los padres u observaciones del personal.

21. Involucración de Padres:

- Ser voluntario en el Salón de Clase
- Ser Oficial de Padres del Centro
- Ser Representante para el Concilio de Póliza
- Grupos de Educación para Padres o de Apoyo
- Involucración en la Comunidad (Enfoque en Liderazgo, Caminata por el Vecindario para hacer una Evaluación, Revitalización del Vecindario)
- Escalera de Carrera

22. Repaso a las Pólizas:

- Asistencia (ambas, en el salón de clase y en visitas en el hogar para parte de día);
- Abuso y Negligencia de Niño – que incluya la liberación de niños a un adulto que esté en estado de facultades de juicio deteriorado (un adulto “bajo la influencia de,” intoxicado o de otra forma bajo el estado de facultades de juicio deterioradas en su capacidad para llevar al niño a casa con seguridad);
- Póliza de Confidencialidad – se requiere el consentimiento de los padres por escrito.

El USDA y el Estado de Oregon son proveedores y empresas con oportunidades de igualdad.

Persona que hace contacto _____ Teléfono _____