

**Office Use Only**

Program Year \_\_\_\_\_

Placement \_\_\_\_\_

**Head Start/Early Head Start Application**

Umatilla Morrow Head Start, Inc.

110 NE 4<sup>th</sup> St., Hermiston, OR 97838

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

**Office Use Only**

Date Enrolled \_\_\_\_\_

Site \_\_\_\_\_

**Child Information**

Child's Name:	Child's Preferred 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 Language Spoken

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?
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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.*