



Hocking-Athens-Perry Community Action Head Start Application

Date: _____

Child's Name: _____ Birthdate: _____ Age: _____ Sex: M F

Mother/Guardian's Name: _____ Phone: _____

Father/Guardian's Name: _____ Phone: _____

Address: _____ City: _____ County: _____

Number of people living in your house: _____ Number of people in your family: _____

Directions to your home: _____

Total **household** income before taxes for the past 12 months: _____

Total **family** income before taxes for the past 12 months: _____

Are you homeless? _____ Who referred you to Head Start? _____

Are you a single parent? Yes _____ No _____

Would you be able to provide daily transportation for your child? Yes _____ No _____

Does your child have a suspected disability? _____ or diagnosed disability? _____

VOLUNTARY INFORMATION

Do you believe your child has a special need? Please check all concerns from the following list:

_____ BEHAVIOR
_____ SELF-HELP
_____ HEARING
_____ MEDICAL/HEALTH

_____ SOCIALIZATION
_____ ATTENTION
_____ VISION
_____ OTHER _____

_____ COMMUNICATION
_____ MOTOR
_____ DEVELOPMENT

If you have any questions about Head Start or need assistance in completing this application
call toll-free: 1-800-686-1093 or Glouster 767-4500.



Hocking - Athens - Perry
Community Action

HEAD START

POVERTY INCOME GUIDELINES

2009

Size of family unit	Poverty guidelines
1.....	\$10,830.00
2.....	\$14,570.00
3.....	\$18,310.00
4.....	\$22,050.00
5.....	\$25,790.00
6.....	\$29,530.00
7.....	\$33,270.00
8.....	\$37,010.00

For family units with more than 8 members, add \$3,740 for each additional member.

Head Start Centers located in:
Athens, Corning, Laurelville, Logan,
Nelsonville & New Lexington

Hocking - Athens - Perry Community Action
Head Start Program
3 Cardaras Drive
P.O. Box 220
Glouster, OH. 45732

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