

O Child O Expectant Mother	HEAD START / EARLY HEAD START APPLICATION		Date:
Child's Name	D.O.B.	Age:	Phone:
Mother/Guardian	Father /Guardian		Gender: ___ Male ___ Female
Address:	City:	State:	Zip:
	County:		
Expectant Mother	Due Date:	Child was enrolled last year: ___ Early Head Start ___ Head Start	
Family Description: ___ Single Parent ___ Two Parent Number of family members? ___		Is this a foster child? ___ Yes ___ No	
Number of Children in family: ___		Do you receive TANF? ___ Yes ___ No	
Number of children under 5: ___		Do you receive SSI? ___ Yes ___ No	
Are you homeless?	Are you a single Parent?	Are you a teen parent?	
Does your child have a suspected disability?		Does your child have a diagnosed disability? If enrolling in EHS as a Pregnant mom - do you have a diagnosed disability?	
Does your family have access to reliable transportation?			
Would you be able to provide daily transportation to Head Start for your child?			
Directions to your home:			
Required: Total family income before taxes for the past 12 months \$			
How did you find out about the Head Start/Early Head Start Program?			
VOLUNTARY INFORMATION			
Do you believe that your child has a special need? Please check all concerns from the following list:			
___ Behavior ___ Socialization ___ Communication ___ Self Help ___ Attention ___ Motor ___ Hearing			
___ Vision ___ Development ___ Medical ___ Other _____			
SELECTION CRITERIA (Bottom section is for office use only)			
Points : EHS-AGE	Points: HS-AGE	Points: Income	Points: Disability
4 Pregnant Woman	5 4 years	5 100% FPG	5 Diagnosed Disability
3 0-11 Months	2 3 years		5 Diagnosed Disability for pregnant Mother in EHS
2 12-23 Months			2 Suspected Disability
1 24-35 Months			2 Special Needs Indicated
			Points: Family Issues
			5 Foster Care / Homeless
			3 Teen Parent
			2 Referral from S.S. Agency / CPS
			1 Single Parent
			1 Previously in EHS
			1 HS & EHS aged children
_____ Total Application Points			
FOLLOW UP TO APPLICATION			
___ Eligible: ___ Contacted family for enrollment ___ Placed on waiting list & sent family a letter on _____			
___ Ineligible ___ Sent family ineligibility letter on _____			
Comments:			

Staff Signature: _____		Date: _____	

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



Hocking - Athens - Perry
Community Action

**HEAD START/
EARLY HEAD
START**

POVERTY INCOME GUIDELINES

Size of family unit	2019 Poverty guidelines
1.....	\$12,490
2.....	\$16,910
3.....	\$21,330
4.....	\$25,750
5.....	\$30,170
6.....	\$34,590
7.....	\$39,010
8.....	\$43,430

For family units with more than 8 members, add \$4,420 for each additional member.

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

**Early Head Start Services are provided in
Athens, Hocking and Perry Counties**

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