I/T___3-5 yr. old___ 1st yr.__2nd yr.__3rd yr.__ Mfld__Vspr__Biron__WR__Nekoosa___HB__ Entered_____ Date_____

Wood County Head Start Inc
Preschool & Infant/Toddler Program

APPLICATION
2019 – 2020 Program Year

"ALL INFORMATION IS KEPT CONFIDENTIAL"

If you are pregnant and filling this application out for yourself go to the Mother-to-Be Information section.

CHILD'S INFORMATION

Child's Legal Name (Last) _____ (First) _____

Date of Birth: _____ Sex: ☐ Female ☐ Male Race: _____

What Language does child speak? _____ Interpreter needed: ☐ Yes ☐ No

Child lives with: _____ Total number in family: _____

Does your child attend a public school or other educational program? ☐ Yes ☐ No

If yes, what program? _____

Check any concerns you have about your child's overall health or development?

☐ Learning ☐ Health ☐ Behavior ☐ Speech/Language ☐ Hearing ☐ Vision ☐ Other:_____

Does child have IEF/IFSP ☐ Yes ☐ No How did you hear about Head Start? _____

APPLICANT'S ADDRESS

Living Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Telephone #: _____ **Cell phone #:**_____

Email address: _____ **What county do you live in:** _____

TO BE COMPLETED ONLY IF *PREGNANT* AND APPLYING FOR THE HOME BASE PROGRAM

MOTHER-TO-BE INFORMATION

Name (Last) _____ (First) _____

Date of Birth: _____ Estimated Due Date: _____ Marital Status: _____

*Race: _____ Language: _____

Last School Grade Completed: _____ Current Employer/School: _____

Number of Hours @ Work/School: _____

FAMILY INFORMATION

My Living Address is: ☐ My own residence ☐ With relatives/friends

☐ My own residence with relatives/friends ☐ Other: _____

Do you own or rent: ☐ Own ☐ Rent ☐ Other: _____

Housing Type: ☐ Apartment ☐ House ☐ Duplex ☐ Mobile Home ☐ Shelter ☐ Other: _____

Parent Military Deployment: ☐ Yes ☐ No

Parent Status (in household) ☐ One ☐ Two ☐ Legal Guardian ☐ Foster

Mother's Name (Last) _____ (First) _____

Address (if different from child's): _____
Street City/State Zip

Telephone #: _____ **Cell phone #:**_____

Date of Birth: _____ Marital Status: _____

*Race: _____ Language: _____ Last School Grade Completed: _____

Employer: _____ Number of Hours Worked: _____

Father's Name (Last) _____ (First) _____

Address (if different from child's): _____
Street City/State Zip

Telephone #: _____ **Cell phone #:**_____

Date of Birth: _____ Marital Status: _____

*Race: _____ Language: _____ Last School Grade Completed: _____

Employer: _____ Number of Hours Worked: _____

Guardian (if applicable) Name (Last) _____ (First) _____

Relation to Child: (check one) ☐ Foster ☐ Aunt ☐ Grandparent ☐ Other: _____

Date of Birth: _____ Marital Status: _____

*Race: _____ Language: _____ Last School Grade Completed: _____

Employer: _____ Number of Hours Worked: _____

Family Type:

- ☐ Two Parent Family (includes Step-Parents)
- ☐ Single Parent Family (father only)
- ☐ Single Parent Family (father only) living w/partner
- ☐ Foster Family
- ☐ Single Parent Family (mother only)
- ☐ Single Parent Family (mother only) living w/partner
- ☐ Other relative(s)
- ☐ Other family type

OTHER MEMBERS IN HOUSEHOLD YOU SUPPORT

First and Last Name	Date of Birth	Sex	Relationship to Child (ie. Brother, Sister, Uncle)

PUBLIC ASSISTANCE

(Check all that apply)

- ☐ WIC
- ☐ Food Stamps
- ☐ Energy Assistance
- ☐ Childcare Assistance
- ☐ Supplemental Security Income (SSI)
- ☐ Foster Care/Adoption Subsidy
- ☐ Housing Assistance
- ☐ Wisconsin Works (W2)

Does the child you are applying for have medical insurance? ☐ Yes ☐ No

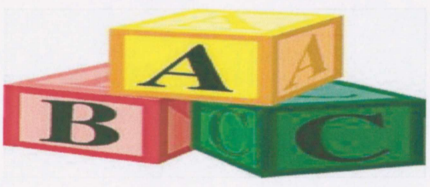
If yes: ☐ Medical Assistance/Badger Care ☐ Private

RELEASE OF INFORMATION

I give permission for Wood County Health Dept (Immunization Records, Lead and Hemoglobin), Wood County Head Start, Department of Human Services, Wisconsin Health Services and/or WIC to release/access information for my family to Wood County Head Start staff in order to verify services.

Applications cannot be fully processed without household income information & verification.

Parent Signature: _____ Date: _____



Agency Use Only

Application Documentation: (Date and Initial each entry)

☐ DOB Verified: _____ Source:_____

*Race is required for statistical purposes

Wood County Head Start, Inc.
1011 8TH Street South
Wisconsin Rapids, WI 54494
(715) 421-2066
(866) 421-2066
Fax 715-421-2069
www.woodcoheadstart.org

January 9, 2019

Like us on Facebook

WOOD COUNTY HEAD START®, INC.

1011 8th Street South · Wisconsin Rapids, WI 54494
Telephone (715) 421-2066 · Fax (715) 421-2069
E-Mail wchs@woodcoheadstart.org

Dear Parent,

When returning your child's application, please include verification of your current Household income and situation. Documents that can provide this information include the following:

- Income tax form – W2's – 1040
- Current Check Stubs
- Verification of childcare or W-2 program
- Social Security – Foster Care
- Unemployment Compensation

It is important that we receive this information, as we are unable to process the application without it. If you have any questions please feel free to call us at 715-421-2066 or toll free at 1-866-421-2066.

Sincerely,

Wood County Head Start, Inc

ATTENTION APPLICANTS

Head Start requires some form of income verification for the processing of **ALL** child applications. Without the verification we cannot process the application.

If you have **no income** and are receiving services like Badger Care or Food Share, please contact The Northern Income Maintenance Consortium (see below) and request that they send you your most recent Notice of Decision. We can use this as verification of income to process your Childs application.

The Northern Income Maintenance Consortium

Phone: 1-888-794-5722

Or

Internet: www.access.wisconsin.gov

(Please note this process may take more than 15 minutes)

WOOD COUNTY HEAD START, INC.

HEALTH REQUIREMENTS

Wood County Head Start recognizes the importance of identifying and addressing health concerns early in a child's life. Our program goals are to assure that each child is in optimal health, that preventative health measures are taken, and that follow-up treatment and services are obtained for any health condition detected.

Physical Exam Requirements – An up-to-date physical exam needs to be completed and on file within 90 days of starting (e.g. if your child is 3 years old, we need the 3 year old well child exam; if your child is 13 months old, we need the 12 month exam).

- For children under 2, we cannot accept an exam more than 6 months old.
- For children 2 and older, we cannot accept an exam more than 1 year old.

A physical for Head Start is not considered complete without the proper lead and hemoglobin test results. Lead test requirements are at 12 and 24 months of age or 1 test at or after 24 months of age and 1 hemoglobin test. Lead and hemoglobin tests can be completed at WIC or through your physician.

The physical well-child exam schedule is as following:

- ✓ 1 Week
- ✓ 1 Month
- ✓ 2 Month
- ✓ 4 Month
- ✓ 6 Month
- ✓ 9 Month
- ✓ 12 Month - **Blood Lead Level and Hemoglobin Level drawn**
- ✓ 15 Month
- ✓ 18 Month
- ✓ 24 Month - **Blood Lead Level drawn**
- ✓ 3 Year
- ✓ 4 Year
- ✓ 5 Year

Dental Exam Requirements - For children enrolled in the Preschool program, a dental exam needs to be completed and on file within 90 days of starting.

- Exams cannot be more than 1 year old.
- Any dental follow-up treatment needs to be completed as soon as possible, if not by the end of the school year.

For children under the age of 3 years old, a dental exam is not required but is recommended. If referred to the dentist from your physician for dental treatment, an exam and treatment by a dentist will need to be completed as soon as possible, if not by the end of the school year.

Immunization Requirements - An immunization record needs to be on file within 30 days of starting. Immunization requirements can be waived only if the health, religious or personal conviction waiver is signed within the 30 days.

If you need assistance completing any of the health requirements, let your Family Service Worker know. These components are very important, and our hope is not to overwhelm you but to help you achieve success with your child's health and well-being.

Income Declaration Affidavit
2019-2020

Please complete this ONLY if you have NO other form of income verification!

Child's Name:_____ Family Name:_____

I, _____ acknowledge that the following information regarding my family income is correct and truthful.

_____

_____

_____

_____

_____

_____

_____

Signature:_____ Date:_____

**********For Office Use Only**********

Income Documentation and Verification

_____

_____

_____

_____

_____

_____

_____

_____

Head Start employee verifying income: _____