

I/T \_\_\_ 3-5 yr. old \_\_\_

1<sup>st</sup> yr. \_\_\_ 2<sup>nd</sup> yr. \_\_\_ 3<sup>rd</sup> yr. \_\_\_

Mfld \_\_\_ Biron \_\_\_ WR \_\_\_ Nekoosa \_\_\_ HB \_\_\_

Entered \_\_\_ Date \_\_\_

FDA \_\_\_ File \_\_\_

# Wood County Head Start Inc Preschool & Infant/Toddler Program

## APPLICATION 2021 – 2022 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 IEP/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: \_\_\_\_\_

**Veteran**  Yes  No

**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:

- |  |  |
|--|--|
| <input type="checkbox"/> Two Parent Family (includes Step-Parents)           | <input type="checkbox"/> Single Parent Family (mother only)                  |
| <input type="checkbox"/> Single Parent Family (father only)                  | <input type="checkbox"/> Single Parent Family (mother only) living w/partner |
| <input type="checkbox"/> Single Parent Family (father only) living w/partner | <input type="checkbox"/> Other relative(s)                                   |
| <input type="checkbox"/> Foster Family                                       | <input type="checkbox"/> 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)

- |   |   |
|---|---|
| <input type="checkbox"/> WIC                  | <input type="checkbox"/> Supplemental Security Income (SSI) |
| <input type="checkbox"/> Food Stamps          | <input type="checkbox"/> Foster Care/Adoption Subsidy       |
| <input type="checkbox"/> Energy Assistance    | <input type="checkbox"/> Housing Assistance                 |
| <input type="checkbox"/> Childcare Assistance | <input type="checkbox"/> 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: \_\_\_\_\_

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\*Race is required for statistical purposes  
This organization is an equal opportunity provider

**Wood County Head Start, Inc.**  
1011 8<sup>TH</sup> Street South  
Wisconsin Rapids, WI 54494  
(715) 421-2066  
(866) 421-2066  
Fax 715-421-2069  
[www.woodcoheadstart.org](http://www.woodcoheadstart.org)

January 7, 2021





# WOOD COUNTY HEAD START<sup>®</sup>, INC.

1011 8<sup>th</sup> Street South · Wisconsin Rapids, WI 54494

Telephone (715) 421-2066 · Fax (715) 421-2069

E-Mail [wchs@woodcoheadstart.org](mailto: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,

Amy Arnold

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](http://www.access.wisconsin.gov)**

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

Income Declaration Affidavit  
2021-2022

**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.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Income Documentation and Verification**

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Head Start employee verifying income: \_\_\_\_\_

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 Exam – immunization given
- ✓ 1 Month Exam – immunization given
- ✓ 2 Month Exam – immunization given
- ✓ 4 Month Exam – immunization given
- ✓ 6 Month Exam – immunization given
- ✓ 9 Month Exam – no immunization at this apt, unless to get caught up
- ✓ 12 Month Exam (**Blood Lead Level and Hemoglobin Level drawn**) - immunization given
- ✓ 15 Month – Last of required immunizations for DCF.
- ✓ 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.

**\*Please Note - 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.**