



owcap

Ogden-Weber Community Action Partnership

Dear Parent/Guardian:

OWCAP Head Start/Early Head Start is a School Readiness Program for all children in need, living in Weber County.

Early Head Start/Prenatal Program- is to support pregnant women and expectant fathers. Prenatal Care and Education offered. Learn how to fully care for your newborn as well as yourself.

Early Head Start is for children under the age of 3. OWCAP offers a home based program and a center based program.

Head Start is for children ages 3 & 4.

The program is **free** for children and families accepted into these programs.

Please be aware that you will have to provide or plan for transportation services for your child to and from school. We do not provide transportation to students; however, we can provide transportation support.

Refer to our website, our Facebook page and call for registration dates and appointments. **Please bring all listed documents to registration.**

When you come to registration. Please have the following items with you, if possible:

BIRTH CERTIFICATE/PROOF OF BIRTH

INCOME VERIFICATIONS please bring proof of your income for the past 12 months

- Last year's w-2 form
- Tax form 1040's
- Current financial assistance printout from DWS
- Social Security Letter (reflecting amount of income)
- Employer letter
- Check stubs
- Proof of Foster Placement or State Custody Letter from DCFS

PROOF OF PUBLIC ASSISTANCE (SSI, TANF/FEP)

PROOF OF ADDRESS (utility bill, picture ID, ect)

OFFICIAL SHOT RECORDS

INSURANCE CARD (private, Medicaid, Chip, ect)

Other items that are needed if your child is enrolled:

PHYSICAL (to include Blood Pressure, Hemoglobin, lead)

DENTAL EXAM (to include cleaning and/or fluoride)

Children with disabilities or special needs are encouraged to apply.

Frequently Asked Questions:

Does my child have to be potty trained to attend Head Start?

No, our teachers are trained to work with children and the parent to help with potty training.

Is there an attendance requirement for my child to attend Head Start/Early Head Start?

Regular attendance creates a lifelong habit that impacts your child's success in school. We want your child taking advantage of every opportunity to be a part of Head Start. An 85% attendance rate must be maintained, so you do not want your child to miss more than 1 day per month.

What is the Home-Based Program?

The Home-Based Program has a home visitor that comes to the home each week to work with the parents and the child on school readiness, parenting, health, and other goals. They also have a socialization twice a month to meet other children and families.

Please call 801-399-9281 for registration information or to schedule an appointment.



801-399-9281 [ph]
801-399-9887 [fx]



owcap.org
info@owcap.org



3159 Grant Ave
Ogden, UT 84401

Family Member Information

Shaded boxes will be completed by agency staff.



Pregnant Mom's Name _____

Birthday _____

Primary Adult (participant) Pregnant Mom			
Last	First	Middle	Preferred
Birthday	Gender	<input type="checkbox"/> Provides Financial Support	<input type="checkbox"/> Teen Parent
Highest Grade Completed _____	Employment Status ¹	Email Address	English Proficiency: <input type="checkbox"/> Primary Language <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Graduated High School <input type="checkbox"/> Yes <input type="checkbox"/> No			

Secondary Adult (nonparticipant) Living in the Household			
Are you related to the unborn child by blood, marriage, adoption, have court-ordered custody, or authorized care giver?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Last	First	Middle	Preferred
Birthday	Gender	<input type="checkbox"/> Lives with Child	<input type="checkbox"/> Provides Financial Support
Highest Grade Completed _____	Employment Status ¹	Email Address	English Proficiency: <input type="checkbox"/> Primary Language <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Graduated High School <input type="checkbox"/> Yes <input type="checkbox"/> No			

¹ F - Full Time, P - Part Time, R - Retired or Disabled, T - Training or School, S - Seasonally Employed, U - Unemployed

Expectant Baby Information (If known)			
Last	First	Middle	Preferred
Due Date	Gender		
Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	English Proficiency: <input type="checkbox"/> Primary Language <input type="checkbox"/> None <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
		Other Language Spoken _____ <input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	

<input type="checkbox"/> Medicaid Eligibility: Medicaid Number _____	<input type="checkbox"/> Private Insurance Coverage: Insurance Number _____	<input type="checkbox"/> Dental Insurance Dental Insurance No. _____
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Doctor/Dentist						
Doctor Clinic Name	Address	City	State	Zip	Phone	
Dentist Clinic Name	Address	City	State	Zip	Phone	

Other children in the home			
Last	First	Birthday	Gender

Family Information

Shaded boxes will be completed by agency staff.



Pregnant Mom's Name _____ Birthday _____

CHILDPLUS®

General Information

Living Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Phone Number	Home, Work, Cell, etc.	Primary	Receive Text Messages	Notes
		<input type="checkbox"/>	<input type="checkbox"/> Yes	
		<input type="checkbox"/>	<input type="checkbox"/> Yes	

Do you lack a fixed, regular, and adequate night time residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you sharing the housing of other persons due to loss of your own housing, your own economic hardship, or a similar reason? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which of the situation below apply to the child? Living in: <input type="checkbox"/> a motel <input type="checkbox"/> Hotel <input type="checkbox"/> trailer park <input type="checkbox"/> Campground <input type="checkbox"/> Emergency or transitional shelter <input type="checkbox"/> Abandoned in hospital <input type="checkbox"/> Awaiting foster care placement	<input type="checkbox"/> Primary Nighttime Residence is a public or private space not designed for sleeping accommodations <input type="checkbox"/> Migrant Child	Living in: <input type="checkbox"/> Car <input type="checkbox"/> Park <input type="checkbox"/> Public spaces <input type="checkbox"/> Abandoned building <input type="checkbox"/> Substandard Housing <input type="checkbox"/> Bus or train station
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Primary Language at Home _____

At least one parent or guardian is a member of the US Military?
 Yes No

At least one or parent/guardian is a veteran of the US Military?
 Yes No

Emergency Contact (Not Primary or Secondary Adults)

Phone Type Codes: H-Home W-Work C-Cell M-Message

Contact 1	Name	Phone Type	Phone Number	Phone Note	Relationship
	Address		()		Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	City and State	Zip	()		

Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated and I may be subject to legal action. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.

Signature _____ Date _____

Verifying Staff Member _____ Date _____

Enrollment Information: *To be completed by agency staff.*

Income Amount	Per	Annual Amount	Description	Verification	Note
Program Details					
Program/Term			Site	Application Date	
Enrollment					
Eligibility Notes					
Eligibility					
Eligibility Income		Number in Family	Income Status ²		

Is this parent income eligible for Head Start? Yes No



Eligibility Assessment

Participante Name: _____

****Please mark all that apply**

AREA	
	Parent is under 19 years old or younger <input type="checkbox"/> Father <input type="checkbox"/> Mother
	Family is receiving: <input type="checkbox"/> FEP <input type="checkbox"/> SSI (documentation must be provided)
	Child in a: <input type="checkbox"/> Kinship Placement <input type="checkbox"/> State ordered Custody <input type="checkbox"/> Foster Care (Documentation must be provided)
	Homeless living in shelter, campground, park, motel or car due to loss of housing or economic hardship? How long? _____ Where? _____
	Registering child enrolled in OWCAP HS/ EHS last school year
	Homeless living with another family due to loss of housing or economic hardship and not voluntarily to save money? How long? _____
	Child is transitioning from OWCAP EHS (during current program year)
	Child transferring from another Head Start Program
	Only one adult living in household
	Child living with an adult other than Parent/Guardian. Who: _____
	Child is non-English speaking Please list language _____
Other	
	Registering child has current IEP/IFSP (with documentation provided, initials _____)
	Family receiving: <input type="checkbox"/> food stamps <input type="checkbox"/> WIC
	Domestic Violence (including emotional, verbal, psychological, and physical): <input type="checkbox"/> Present <input type="checkbox"/> Past
	Physical Abuse/Neglect: <input type="checkbox"/> Present <input type="checkbox"/> Past
	Current Child Protective Services Involvement: <input type="checkbox"/> Present <input type="checkbox"/> Past
	Substance abuse/use, includes prescription drug abuse: <input type="checkbox"/> Present <input type="checkbox"/> Past
	Child has severe health problems that affect the child's learning (Listed on Application)
	Registering child has a suspected disability
	Family referred by another agency/Professional Referred by: _____
	Both parents currently unemployed
	Single parent unemployed
	Parent(s) incarcerated <input type="checkbox"/> Present <input type="checkbox"/> Past
	Parent(s) Deported <input type="checkbox"/> Present <input type="checkbox"/> Past
	Currently enrolled in High School or OWATC (not ESL)
	Parent has less than a High School diploma or GED <input type="checkbox"/> Father <input type="checkbox"/> Mother
	Parent(s) Deployed currently or on the past 12 months
	Gas, water or electricity was turned off last 12 months How many times? _____
Income **FOR STAFF USE ONLY	
	Eligible
	101-110%
	111-120%
	121-130%
	131-150% (Over)
	151-175% (Over)
	176-200% (Over)
	Over 200% (Over)