



# 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]



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3159 Grant Ave  
Ogden, UT 84401

HS  
EHS

## OWCAP Head Start/Early Head Start Application Family Member Information



Primary Adult (participant) Pregnant Mom					
Last	First	Middle	Birthday		
Gender	Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed	Primary Language _____ <input type="checkbox"/> Preferred	Other Languages _____ <input type="checkbox"/> Preferred		
Highest Grade Completed _____	Email Address _____				
Graduated High School <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Other _____			
Secondary Adult (nonparticipant) Living in the Household					
Are you related to the child by blood, marriage, adoption, have court-ordered custody, or authorized care giver?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Last	First	Middle	Birthday		
Gender	Employment Status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Training or School <input type="checkbox"/> Seasonally Employed <input type="checkbox"/> Unemployed	Primary Language _____ <input type="checkbox"/> Preferred	Other Languages _____ <input type="checkbox"/> Preferred		
Highest Grade Completed _____	Email Address _____				
Graduated High School <input type="checkbox"/> Yes <input type="checkbox"/> No	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Other _____			
Expectant Baby Information (If known)					
Last	First	Middle	Preferred		
Due Date	Gender	Primary Language _____ <input type="checkbox"/> Preferred	Other Languages _____ <input type="checkbox"/> Preferred		
Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Other _____				
Parental Status <input type="checkbox"/> One <input type="checkbox"/> Two		Primary Language at Home		Other Languages at Home	
At least one parent or guardian is an active duty member of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			At least one parent/guardian is a veteran of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-Custodial Parent (Not living in the household)					
Last	First	Birthday		Gender	
Phone Number		Email Address			
Address		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Race (check all that apply) <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Native American <input type="checkbox"/> Other _____		
Medical Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Private <input type="checkbox"/> Other      Dental Insurance: <input type="checkbox"/> Medicaid <input type="checkbox"/> CHIP <input type="checkbox"/> Private <input type="checkbox"/> Other					
Doctor/Dentist (of applying child)					
Doctor Clinic Name		Address		City	State
Dentist Clinic Name		Address		City	State
		Zip	Phone		
		City	State	Zip	Phone
Siblings of applying child					
Last		First		Birthday	Gender

# Family Information

*Shaded boxes will be completed by agency staff.*

General Information				
Living Address	City	State	Zip	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Homeless <input type="checkbox"/> Other
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	
<b>Please mark any of the following that may apply.</b>				
<input type="checkbox"/> Lives with another family because of a loss of housing or economic hardship.		<input type="checkbox"/> Lives in a motel or hotel.		
<input type="checkbox"/> Lives in a shelter (emergency, transitional, or domestic violence).		<input type="checkbox"/> Lives in a car, park, campground, or public place.		
<input type="checkbox"/> Lives in a residence without adequate facilities (running water, electricity, heat, ect.).				

## Emergency Contacts (Not Primary or Secondary Adults)

<b>Contact 1</b>	Name		Phone Type	Phone Number	Phone Note	Relationship
	Address			(   )		
	City			(   )		Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State	Zip				
<b>Contact 2</b>	Name		Phone Type	Phone Number	Phone Note	Relationship
	Address			(   )		
	city			(   )		Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	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.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Verifying Staff Member \_\_\_\_\_ Date \_\_\_\_\_

# To be completed by agency staff: Enrollment Information.



Releases Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Signed:			
Income Amount	Per	Annual Amount	Description	Verification	Note
<b>Program Details</b>					
Program/Term		Site		Application Date	
<b>Enrollment</b>					
Eligibility Notes					
<b>Eligibility</b>					
Eligibility Income		Number in Family	Income Status	Participation Year	

**Is this parent income eligible for Head Start?**  Yes  No

**Staff use worksheet to calculate income.**

**Income Time Period:**  Previous 12 months  Last Calendar Year  
 2<sup>nd</sup> Year Qualified  Relevant Time Period

**Weekly Pay** (when pay is different each check)

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ = (divide by 4 x 52 weeks) \_\_\_\_\_

**Bi-weekly Pay** (Paid every 2 Weeks and pay is different each check)

\_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ (divide by 4 x 26 pay dates) = \_\_\_\_\_

**Bi-monthly Pay** (when bi-monthly pay is different each check. Paid 2 times per month.)

\_\_\_\_\_ + \_\_\_\_\_ (divide by 2 x 24 pay dates) = \_\_\_\_\_

**Monthly Pay**

\_\_\_\_\_ (Monthly pay x 12 pay dates) = \_\_\_\_\_

**Less than 12 months of income**

Year to date gross paychecks: From \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_

Year to date gross pay divide by amount of time worked: weeks/months= \_\_\_\_\_

Multiple by their pay frequency (Weekly, bi-weekly, bi-monthly) = \_\_\_\_\_

**Yearly Income** - Total amount of Taxes / W-2s / Self Declaration = yearly income

Yearly income = \_\_\_\_\_



## Eligibility Assessment

Participant Name: \_\_\_\_\_

**\*\*Please mark all that apply**

AREA	
	Parent had a child when they were 19 years old or younger <input type="checkbox"/> Father <input type="checkbox"/> Mother
	Family is receiving: <input type="checkbox"/> FEP <input type="checkbox"/> SSI <b>(documentation must be provided)</b>
	Child in a: <input type="checkbox"/> Kinship Placement <input type="checkbox"/> State ordered Custody <input type="checkbox"/> Foster Care <b>(Documentation must be provided)</b>
	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 Early Head Start <b>(during current program year)</b>
	Child is transitioning from another Early Head Start Program <b>(during current program year)</b>
	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 <b>(with documentation provided, Disability Coordinator initials _____)</b>
	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
	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
	Registering child has a suspected disability
	Family referred by another agency/professional Referred by: _____
	Both parents currently unemployed
	Single parent unemployed
	Family directly impacted by COVID. Loss of <input type="checkbox"/> Income <input type="checkbox"/> Job <input type="checkbox"/> Housing
	Parent(s) incarcerated <input type="checkbox"/> Present <input type="checkbox"/> Past
	Parent(s) Deported <input type="checkbox"/> Present <input type="checkbox"/> Past
	Parent has less than a High School diploma or GED <input type="checkbox"/> Father <input type="checkbox"/> Mother
	Currently enrolled in High School, Adult Education/Diploma, GED or Trade School(not ESL)
	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	131-150% (Over)
101-110% (Moderate)	151-175% (Over)
111-120% (Moderate)	176-200% (Over)
121-130% (Moderate)	Over 200% (Over)

Twins/Multiple births receive the same points (based on the highest points of the two applications) so both children are considered for selection at the same time.