



Dear Parent/Guardian:

OWCAP Head Start/Early Head Start is a School Readiness Program that is **free** for children and families accepted into these programs.

- **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 and a center based program.
- **Head Start** is for children ages 3 & 4.

Children with disabilities or special needs are encouraged to apply.

We do not provide transportation to students; however, we can provide transportation support.

Refer to our website or call for registration dates and appointments.

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

<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Proof of Address (utility bill, picture ID, ect.)
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Insurance Card (Private, Medicaid, CHIP, ect.)
<input type="checkbox"/> Proof of Income for the past 12 months One of the following <ul style="list-style-type: none"> • 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 	
Other items needed, if your child is enrolled:	
<input type="checkbox"/> Physical Exam (to include Blood Pressure, Hemoglobin, Lead Test)	
<input type="checkbox"/> Dental Exam (to include cleaning, fluoride, treatments)	

Frequently Asked Questions:

Does my child have to be potty trained to attend Head Start? <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • 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? <ul style="list-style-type: none"> • 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.



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3159 Grant Ave
Ogden, UT 84401

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



Primary Adult (Participant) Pregnant Mom						
First		Middle		Last	Birthdate	
Gender	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 _____			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Primary Language _____ Other Languages _____	
Highest Grade Completed <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> Training Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree	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			Email Address		
				Cell Phone Number		
				Does this individual have Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type of Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> State Health Plan <input type="checkbox"/> Medicaid <input type="checkbox"/> Employment Based <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Other Do you have a medical provider <input type="checkbox"/> Yes <input type="checkbox"/> No		
Pregnant Mom Information						
Due Date			Prenatal Care Provider			
Secondary Adult Living in the Household						
First		Middle		Last	Birthdate	
Gender	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 _____			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Primary Language _____ Other Languages _____	
Highest Grade Completed <input type="checkbox"/> Grade 9 or less <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> Training Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree	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			Email Address		
				Cell Phone Number		
				Does this individual have Health Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Type of Insurance <input type="checkbox"/> Medicare <input type="checkbox"/> State Health Plan <input type="checkbox"/> Medicaid <input type="checkbox"/> Employment Based <input type="checkbox"/> Direct Purchase <input type="checkbox"/> Military <input type="checkbox"/> Other		
General/Family Information						
Living Address		City	State	Zip		
Mailing Address (if different)		City	State	Zip		
Parental Status <input type="checkbox"/> One <input type="checkbox"/> Two		Primary Language at Home		Other Languages at Home		
Housing Type(mark one): <input type="checkbox"/> Homeless <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Other Please List:						
Parent or guardian is an active duty member of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			Parent or guardian is a veteran of the US Military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Non-Custodial Parent (Not living in the household)						
First		Middle		Last	Birthdate	
Gender	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 _____			Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	Primary Language _____ Other Languages _____	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone number			Address			
Other children in the home						
Last		First		Birthdate	Gender	

Emergency Contacts other than primary or secondary.

Contact 1	Name		Phone Type	Phone Number	Relationship
	Address		Cell	()	
	City		Home	()	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State	Zip	Work	()	
Contact 2	Name		Phone Type	Phone Number	Relationship
	Address		Cell	()	
	city		Home	()	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State	Zip	Work	()	
Contact 3	Name		Phone Type	Phone Number	Relationship
	Address		Cell	()	
			Home	()	Emergency Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
	State	Zip	Work	()	

Certification: By submitting this application, 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.

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

Releases Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Signed:		
Income Amount	Income Amount	Income Amount	Income Amount	Income Amount
Program Details				
Program/Term		Program/Term		Program/Term
Enrollment				
Eligibility Notes				
Eligibility				
Eligibility Income		Eligibility Income		Eligibility Income

Is this pregnant mom income eligible for Head Start? Yes No



Ogden-Weber Community Action Partnership, Inc.
Head Start/ Early Head Start Program



Eligibility Assessment Guide

For use in the 2022-2023 Recruitment Year beginning January 1, 2022
[Agency Use Only Reference Sheet]

AREA	
	Only one adult living in household
	Child living with an adult other than Parent/Guardian. Who: _____
	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?
	Homeless living with another family due to loss of housing or economic hardship?
	Family is receiving: <input type="checkbox"/> FEP <input type="checkbox"/> SSI (documentation must be provided)
	Parent had a child when they were 19 years old or younger <input type="checkbox"/> Father <input type="checkbox"/> Mother
	Current teen parent (19 years old and younger)
	Child is non-English speaking Please list language _____
	Child transferring from another Head Start Program
	Child is transitioning from OWCAP Early Head Start (during current program year)
	Child is transitioning from another Early Head Start Program (during current program year)
	Registering child enrolled in OWCAP HS/ EHS last school year
Other	
	Registering child has current IEP/IFSP (with documentation provided, initials _____)
	Registering child has a suspected disability
	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, including prescription drug abuse: <input type="checkbox"/> Present <input type="checkbox"/> Past
	Child has severe health problems that affect the child's learning
	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 in the 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.