



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. Please refer to our website or call for registration dates and appointments.

- **Early Head Start/Prenatal Program**- is to support pregnant women and people and expectant fathers. Prenatal Care and Education offered.
- **Early Head Start** is for children under the age of 3. OWCAP offers:
 - Home-Based Program- The home visitor comes to the home each week for 90 minutes to work with the parents and the child. They also have a socialization twice a month to meet other children and families.
 - Center based- Classroom based program provides young learners with school readiness, social and emotional skills, and other goals. Moves to a Home-based program in the summer months. See above.
- **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.

When you come to registration. Please have the following items with you, if possible:		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Proof of Address (utility bill, picture ID, etc.)
<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 • Current financial assistance printout from DWS (FEP, SNAP, TANF) • 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 toilet 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. 		



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



Primary Adult (Participant) Pregnant Mom/person				
First	Middle	Last	Birthday	
Gender	Race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <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/person Information				
Due Date		Prenatal Care Provider		
Secondary Adult Living in the Household				
First	Middle	Last	Birthday	
Gender	Race (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <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		
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:				
How did you hear about us: <input type="checkbox"/> Flyer <input type="checkbox"/> Word of mouth <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> Website <input type="checkbox"/> Community Organization <input type="checkbox"/> Other _____				
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	Birthday	
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		Birthday

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	()	
	City		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.*****

Family member	Income amount	Per	Annual amount	Verification
Program Details				
Program/Term		Site		Application Date
Enrollment				
Eligibility Notes				
Eligibility				
Eligibility Income		Number in Family		Income Status

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

**** For prenatal applications, the unborn child is counted as part of the family for the application.**



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



Eligibility Assessment Guide

For use in the 2024-2025 Recruitment Year beginning January 1, 2024
[Agency Use Only Reference Sheet]

AREA	
	Registering child has current IEP/IFSP (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)
	Family is receiving: <input type="checkbox"/> FEP <input type="checkbox"/> SSI <input type="checkbox"/> SNAP (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?
	Current teen parent (19 years old and younger)
	Parent had a child when they were 19 years old or younger <input type="checkbox"/> Father <input type="checkbox"/> Mother
	Registering child completed OWCAP HS/ EHS last school year
	Child is transitioning from OWCAP Early Head Start (during current program year)
	Child is transitioning from another Early Head Start or Head Start Program (during current program year, documentation must be provided)
	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 misuse/use, including prescription drug misuse: <input type="checkbox"/> Present <input type="checkbox"/> Past
	Child has severe health problems
	Family member in the household has a mental health condition, chronic illness, or diagnosed disability
	Family experienced eviction in the last 12 months
	Family receiving: WIC
	Both parents currently unemployed
	Single parent unemployed
	Family referred by another agency/professional Referred by: _____
	Gas, water or electricity was turned off in the last 12 months How many times? _____
	Only one adult living in household
	Parent(s) Incarcerated <input type="checkbox"/> Present <input type="checkbox"/> Past
	Currently in a Refugee Status
	Child is non-English speaking Please list language _____
	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 or College)
	Parent(s) Deployed currently or on the past 12 months
Income **FOR STAFF USE ONLY	
	Eligible
	101-110% (Moderate)
	111-120% (Moderate)
	121-130% (Moderate)
	131-150% (Over)
	151-175% (Over)
	176-200% (Over)
	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.

Policy Council Approval: December 11, 2023
Board of Trustees Approval: