owcap
Ogden-Weber Community Action Partnership

Dear Parent/Guardian:

OWCAP Head Start Preschool/Early Head Start Program is a School Readiness Program for children and families accepted into these programs at no cost to you. Please refer to our website or call for registration dates and appointments.

- **Early Head Start Program/Prenatal Program-** is to support pregnant women and people and expectant fathers. Prenatal Care and Education offered.
- **Early Head Start Program** is for children under the age of three. 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 Preschool** 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.

Call (801) 399-9281 to set an appointment. Please bring the following items with you to your registration appointment:

☐ Birth Certificate

☐ Proof of Income for the past 12 months

One of the following:

- 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

☐ Proof of Address (utility bill, picture ID, etc.)

☐ Immunization Record

☐ Physical Exam (Most recent)
-to include Blood Pressure, Hemoglobin, Lead Test

☐ Dental Exam (Most recent)
-to include cleaning, fluoride, treatments

Frequently Asked Questions:

Does my child have to be toilet trained to attend Head Start Preschool?

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

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

owcap.org
info@owcap.org

3159 Grant Ave
Ogden, UT 84401

Diminish the effects of poverty in weber county through education, individualized support, advocacy & collaboration.

❑**EHS-** Prenatal

OWCAP Head Start Preschool/Early Head Start Program Application
Family Member Information

Primary Adult (Participant) Pregnant Mom/person

First	Middle	Last	Birthday

Gender

Race/Ethnicity (*check all that apply*)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Middle Eastern or North African ☐ White ☐ Native Hawaiian/Pacific Islander

Primary Language _____
Other Languages _____

Highest Grade Completed
☐ Grade 9 or less
☐ Grade 10
☐ Grade 11
☐ Grade 12
☐ High School Graduate
☐ Training Certificate
☐ Associate's degree
☐ Bachelor's Degree
☐ Master's Degree

Employment Status
☐ Full-time
☐ Part-time
☐ Retired or Disabled
☐ Training or School
☐ Seasonally Employed
☐ Unemployed

Email Address

Cell Phone Number

Does this individual have Health Insurance ❑ Yes ❑ No
If yes, Type of Insurance
☐ Medicare ☐ State Health Plan
☐ Medicaid ☐ Employment Based
☐ Direct Purchase ☐ Military ☐ Other
Do you have a medical provider ❑ Yes ❑ No

Pregnant Mom/person Information

Due Date	Prenatal Care Provider

Secondary Adult Living in the Household

First	Middle	Last	Birthday

Gender

Race/Ethnicity (*check all that apply*)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Middle Eastern or North African ☐ White ☐ Native Hawaiian/Pacific Islander

Primary Language _____
Other Languages _____

Highest Grade Completed
☐ Grade 9 or less
☐ Grade 10
☐ Grade 11
☐ Grade 12
☐ High School Graduate
☐ Training Certificate
☐ Associate's degree
☐ Bachelor's Degree
☐ Master's Degree

Employment Status
☐ Full-time
☐ Part-time
☐ Retired or Disabled
☐ Training or School
☐ Seasonally Employed
☐ Unemployed

Email Address

Cell Phone Number

Does this individual have Health Insurance ❑ Yes ❑ No
If yes, Type of Insurance
☐ Medicare ☐ State Health Plan
☐ Medicaid ☐ Employment Based
☐ Direct Purchase ☐ Military ☐ Other
Do you have a medical provider ❑ Yes ❑ No

General/Family Information

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

Parental Status ❒ One ❒ Two	Primary Language at Home	Other Languages at Home

Housing Type (mark one): ☐ Homeless ☐ Own ☐ Rent ☐ Other Permanent Housing ☐ Other Please List:

How did you hear about us: ☐ Flyer ☐ Word of mouth ☐ Facebook ☐ Instagram ☐ Website ☐ Community Organization ☐ Other_____

Parent or guardian is an active-duty member of the US Military? ❒ Yes ❒ No	Parent or guardian is a veteran of the US Military? ❒ Yes ❒ No

Non-Custodial Parent (Not living in the household)

First	Middle	Last	Birthday

Gender

Race/Ethnicity (*check all that apply*)
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Hispanic or Latino
☐ Middle Eastern or North African ☐ White ☐ Native Hawaiian/Pacific Islander

Primary Language _____
Other Languages _____

Custody:
❑ Yes ❑ No

Phone number	Address

Other children in the home

Last	First	Birthday	Gender

Emergency Contacts other than primary or secondary.

Contact 1	Name		Phone Type	Phone Number	Relationship
	Address		Cell	( )	
	City		Home	( )	Emergency Contact? ❑ Yes ❑ No
	State	Zip	Work	( )	
Contact 2	Name		Phone Type	Phone Number	Relationship
	Address		Cell	( )	
	City		Home	( )	Emergency Contact? ❑ Yes ❑ No
	State	Zip	Work	( )	
Contact 3	Name		Phone Type	Phone Number	Relationship
	Address		Cell	( )	
	City		Home	( )	Emergency Contact? ❑ Yes ❑ 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 Preschool? □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 Preschool/Early Head Start Program

Eligibility Assessment Guide

For use in the 2025-2026 Recruitment Year beginning January 1, 2025

AREA	
	Registering child has current IEP/IFSP (Documentation must be provided)
	Child in a: ☐ Kinship Placement ☐ State ordered Custody ☐ Foster Care (Documentation must be provided)
	Family is receiving: ☐ FEP ☐ SSI ☐ 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 ☐ Father ☐ Mother
	Registering child completed OWCAP HS/ EHS last school year (for 3rd year students only)
	Child is transitioning from OWCAP Early Head Start (during current program year)
	Child is transitioning from another Head Start Preschool or Early Head Start Program (during current program year, documentation must be provided)
	Domestic Violence (including emotional, verbal, psychological, and physical): ☐ Present ☐Past
	Physical Abuse/Neglect: ☐ Present ☐ Past
	Child Protective Services Involvement: ☐ Present ☐ Past
	Substance misuse/use, including prescription drug use: ☐ Present ☐ 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
	Single parent currently unemployed or both parents currently unemployed
	Parent or child does not have health insurance or is under insured
	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 ☐ Present ☐ Past
	Currently in a Refugee Status
	Child is non-English speaking **Please list language** _____
	Parent has less than a High School diploma or GED ☐ Father ☐ 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
	Current Head Start Preschool or Early Head Start Program staff

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.