



## Head Start Intake Application 2022

*Please complete one application per child*

_____	_____	_____	
Child's First Name	Child's Middle Name	Child's Last Name	
_____	_____	_____	_____
Physical Address	City	Zip	County
<input type="checkbox"/> Mailing Address is Same as Physical Address	_____		
	Mailing Address (Address, City, Zip)		
_____	_____	_____	
Phone #1	Phone #2	Parent's Email	

**REQUIRED DOCUMENTS** (Absence of any support documents will cause a delay in processing or denial)

- \_\_\_ Complete Application
- \_\_\_ Copy of Birth Certificate, Immunization Records, and Well Child Checks of the child
- \_\_\_ Proof of Residency (utility bill or document that shows your residential address)
- \_\_\_ Proof of income for the **last 12 months** for all parent/guardians of the child  
(Income Tax Return or W2's from all jobs held in the previous year, 2 current pay stubs, or letter from employer)
- \_\_\_ Additional income verification for any of the following sources:
  - ✓ SSI Award Letter
  - ✓ Social Security Income
  - ✓ Veteran's Benefit Letter
  - ✓ Unemployment
  - ✓ Child Support Statement from Attorney General
  - ✓ Worker's Compensation
  - ✓ TANF Award Letter
  - ✓ Grants or Scholarships
- \_\_\_ Complete the Declaration of No Income Statement for any parent/guardians **not receiving income at any time within the last 12 months** (included in application)
- \_\_\_ Child Residency Questionnaire (included in application)
- \_\_\_ Verification document if homeless (letter from shelter, hotel receipts)
- \_\_\_ Proof of Pregnancy (**Only if** applying for the prenatal program)

**Head Start** is a federal funded program for low income families. Our program selects applicants based on a selection criteria and not on a first come first served basis. Upon receipt of the required information, your child will be put on the waiting list. This could take up to 30 days. You will be notified as soon as possible if your child has been selected. If you are applying for prenatal and you are not selected, you will need to fill out a new application once the child is born. Please update your address and phone number if you move, so that we can contact you. **All applications expire and will need to be updated annually.**

### Service Area: Williamson and Burnet Counties

Centers located in: Bartlett, Burnet, Florence, Georgetown, Highland Lakes, Hutto, Leander, Marble Falls, Taylor, and Round Rock

604 High Tech Drive, Georgetown, TX 78626 (512) 763-1400 (512)763-1411 (Fax)

[www.owbc-tx.org](http://www.owbc-tx.org)



## Opportunities for Williamson and Burnet Counties Intake Application

### HOUSEHOLD MEMBERS INFORMATION

Please print all household members including applicant, incomplete applications are unable to be processed.

Names of Members in Household <small>Head of Household</small>	Gender M / F	Date of Birth	Relationship to Applicant	English proficiency Circle One	Bilingual Y or N	Other Language If Bilingual	Race Circle One	Hispanic Y or N	VET Y or N	Educ. Grade Level Circle One	Emp. Status Circle	Insurance Name or None	Disabled Y or N
1	✓		Head Start Applicant	None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
2				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
3				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
4				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
5				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
6				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		

Continued

Names of Members in Household Head of Household ✓	Gender M / F	Date of Birth	Relationship to Applicant	English proficiency Circle One	Bilingual Y or N	Other Language If Bilingual	Race Circle One	Hispanic Y or N	VET Y or N	Educ. Grade Level Circle One	Emp. Status Circle	Insurance Name or None	Disabled Y or N
7				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
8				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
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10				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
11				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
12				None Little Moderate Proficient			Asian Am. Indian Black Hawaiian/PI White Multi-Racial			0-8 <sup>th</sup> 9-12 <sup>th</sup> HS Grad/GED College Associates Bachelors+	FT PT Training School Seasonal Unemployed Retired		
TOTAL NUMBER IN HOUSEHOLD:													

**HOUSEHOLD CHARACTERISTICS**

Please mark (✓) for yes for all that apply

Household Type		Other Characteristics Please mark (✓) for yes for all that apply			
Circle One: Own Rent Homeless Other		Primary Language Spoken in Home _____			
Single Parent/Female		Receive Food Stamps		Referred by Child Welfare Agency	
Single Parent/Male		Receiving WIC		Receiving Counseling/ Therapy/Rehab	
Two-Parent household		Farmer/Migrant Farmworker		Victim of Violence	
Foster Placement		Parent in School or Training		Pregnant – Due Date _____	
Other _____		Active Military Duty		Teen Pregnancy	
		Parent (s) Deployed		Teen Parent	
		Incarcerated Parent		Teen Parent Enrolled in School	
		OWBC Staff			

**HOUSEHOLD INCOME INFORMATION**

List all parent/guardians with their source of income and the gross (pre-tax) income information from the last 12 months

Names of Parent/Guardians	Income Source (Ex: No Income, TANF, SSI, Social Security, Child Support, Workman’s Comp, Unemployment, Pension, Veteran’s Assistance, Employment)	Gross Income MONTHLY
1		
2		
3		
4		

**EMERGENCY CONTACTS**

A minimum of 1 emergency contact is required

<b>Contact #1</b>	<b>Name</b>		<b>Relationship</b>	
	<b>Phone #1 (Required)</b>	<b>Phone #2</b>	<b>Email</b>	
	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
	<b>Name</b>		<b>Relationship</b>	
<b>Contact #2</b>	<b>Phone #1 (Required)</b>	<b>Phone #2</b>	<b>Email</b>	
	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

**HEAD START ELIGIBILITY**

Please mark (✓) for yes

<input type="checkbox"/> Previously in Head Start	<input type="checkbox"/> Sibling enrolled	<input type="checkbox"/> Parent with a disability	Receiving services from: <input type="checkbox"/> School <input type="checkbox"/> ECI <input type="checkbox"/> Private Agency	<input type="checkbox"/> Disability Suspected for Child	<input type="checkbox"/> IEP or IFSP School District _____
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**AUTHORIZATION**

1. The information is true and correct to the best of my knowledge and belief.
2. I understand that my household gross income has been annualized, at the time of application, according to pre-established agency procedure.
3. I am an applicant of Opportunities for Williamson and Burnet Counties, Inc. I hereby give my permission to release and verify all information requested and understand that it will be kept in strict confidence to be used for program purposes only. I understand that a photocopy of this release is as valid as the original and may be used to obtain employment information or verify other data.
4. I am aware that I am subject to prosecution for providing false or fraudulent information on this application. I also understand that receipt or assistance through misrepresentation or fraud is punishable by fine or imprisonment.

\_\_\_\_\_  
Signature of Parent/Guardian of Applicant\_\_\_\_\_  
Date**IMPORTANT INFORMATION**

The Head Start program helps young children prepare to succeed in school by focusing on early learning, comprehensive health and wellness services, nutrition, and overall family well-being. One important aspect of our program is involving and supporting parents as partners in their children's learning and development.

If your child is selected for our program, some ways that you can expect to be involved in supporting your child's journey at Head Start include:

- Attending parent meetings and engagement activities at your child's center
- Providing 9 hours a month of volunteer time at your child's center
- Completing take home learning activities with your child
- Visiting with a Family Advocate to set family goals
- Serving on Parent Committees or Policy Council to further learn how to become more involved in your child's school and community

\_\_\_\_\_  
Signature of Parent/Guardian of Applicant\_\_\_\_\_  
Date



### Declaration of No Income Statement

Complete this statement if any parent/guardians of the applicant do not have income at any time during the last 12 months.

\_\_\_\_\_ Child's Name \_\_\_\_\_ Head Start Center

I certify that these individuals did not have income during the following dates.

Names of Parent/Guardians Who Have NO Income	Reason For No Income	Dates of No Income During Last 12 Months
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I give permission for Opportunities for Williamson & Burnet Counties, Inc. to contact a third party to verify that the information on this form is correct:

Name of Contact: \_\_\_\_\_ Title/Affiliation: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Relationship to Person: \_\_\_\_\_

*I certify that the above information is true and correct to the best of my knowledge and belief. If any part is false, my participation in this agency's program 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.*

\_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date

[ OFFICE USE ONLY ]

Status	Signature	Date
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### Child Residency Questionnaire

The information on this form is required to meet the law known as the McKinney-Vento Act 42 U.S.C. 11434a(2), which is also known as Title X, Part C, of the No Child Left Behind Act. The answers you give will help determine the services the student may be eligible to receive.

**Who does the child live with:**

- Legal Guardians(s)
- Caregiver(s) who are not legal guardian(s) (Examples: friends, relatives, parents of friends, etc.)
- Awaiting Foster Care Placement
- Other \_\_\_\_\_

Length of Time at Present Address: \_\_\_\_\_

Length of Time at Previous Address: \_\_\_\_\_

**Where is the child living: (Choose Only One)**

- In my own home or apartment
  - My home has no electricity
  - My home has no running water
- In Section 8 housing, or in military housing
- In the home of a friend or relative because I lost my housing
- In a shelter because I do not have permanent housing
- In transitional housing
- In a hotel or motel
- In a tent, car, van, abandoned building, on the streets, at a campground, in the park, or other unsheltered location
- None of the above, *Please Describe* \_\_\_\_\_

**I give permission for Opportunities for Williamson & Burnet Counties, Inc. to contact a third party to verify that I am currently homeless.**

Name of Contact: \_\_\_\_\_

Title/Affiliation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to Person: \_\_\_\_\_

*I certify that this information is true. If any part is false, my participation in this agency's program 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.*

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date