APPLICATION
THANK YOU FOR YOUR INTEREST IN EARLY /HEAD START 0-5 2024-2025

Early Head Start and Head Start programs provide comprehensive family services for families with children ages prenatal to 5 years old.
We work in partnership with the families and the community in providing comprehensive services, including:

- Health Support/ Mental Health Support
- Education Services
- Self-Sufficiency Development

We take pride in participating in an integrated program model within the school district preschools, and community-based center programs. We focus on the importance of child initiation, creative play, hands-on discovery, and continuous exposure to developmentally appropriate activities for each child. Available programming includes:

- Full day preschool for children ages 3-5
- Full year childcare/preschool for infants, toddlers, and preschoolers

As part of the process of recruiting eligible children and their families, the following information is required. Please complete and return the following to us:

_____Completed Application
_____Signed Interagency Release
_____Housing Questionnaire
_____Family Income Verification for the last 12 months (e.g., taxes, W-2, paystubs, employer letter verifying income, Head Start Form)
_____ Residency Verification (e.g; Head Start Form, Lease, bill, bank statement)
_____Copy of Child's Birth Certificate
_____Copy of child's immunizations & General Health Appraisal Form
_____ASQ3 & ASQSE 2 Parent Questionnaires (Online)

Families who are applying for full year, full day childcare/preschool, we encourage you to also apply for the Care and Education Assistance Programs.
Tuition assistance:

- Colorado Childcare Assistance Program (CCCAP)
- Summit First Steps Ages 0-3
- Summit Pre-K Program (SPK)
- Universal Preschool (UPK)

PARENT/GUARDIAN ACKNOWLEDGMENT

I certify under penalty of perjury that the above information is true and correct to the best of my knowledge. I understand that providing false or distorted income information may result in my removal from the program. I understand that this application will not be complete until all required information is submitted, and it is

SUMMIT HEAD START 0-5

EDUCATION HEALTH SELF SUFFICIENCY COMMUNITY

The Head Start 0-5 program is a partnership between

- Summit County Government.
- Summit School District.
- Early Childhood Options
- Clayton Early Learning
- Summit County Preschool.
- Lake Dillon Preschool.
- Wildflower Nature School.
- Carriage House Early Learning Center

We accept applications year-round, and always maintain a waitlist.

Dulce Hernandez
Eligibility and Enrollment Coordinator
970-368-3120 *bilingual

After we receive your application, program eligibility will be determined based on your income or other qualifying factors. Completing the application does not guarantee a place in the program.
The complete application package must be delivered to any of the following options:

Summit Head Start,
330 Fiedler Ave Suite #100, Dillon, CO 80435
Email:
dulce@earlychildhoodoptions.org

SUMMIT HEAD START 0-5

EDUCATION HEALTH SELF SUFFICIENCY COMMUNITY

Summit County Head Start Program 0-5

PO Box 3355/330 Fiedler Ave. Suite 100 Dillon, CO 80435

Service Preference (if applying for Early Head Start, ages 0-3):

☐ Lake Dillon Preschool ☐ Wildflower Center ☐ Summit County Preschool ☐ Carriage House

Preschool of preference (if applying for Head Start, ages 3 to 5)

☐ Dillon Valley Elementary
☐ Upper Blue Elementary
☐ Silverthorne Elementary
☐ Lake Dillon Preschool
☐ Wildflower Center
☐ Summit County Preschool
☐ Carriage House Early Learning Center

Applicant Child Information

Child's Name	Middle name	Last Name	Date of Birth	Sex	Language spoken at home:
				□ F □ M	First: Second:

Citizenship Status: □ Citizen □ non-Citizen □ Qualified Immigrant **Race:** (Check what applies)	**Health Insurance:**	**Primary Medical Location Doctor/Clinic Name:**	**Dentist/Clinic Name:**
□ American or Alaska Native □ Asian □ Black or African American □ Multi Racial/Biracial □ Native Hawaiian/Pacific Islander □ White □ Other: _____ **Hispanic/Latino:** □ **Yes** □ **No**	□ Medicaid □ CHP+ □ Community Care Clinic Card □ None □ Private/Other:	Telephone:	Telephone:

Additional Child Information: (please answer each question)

Concern about your child's development ☐ Yes ❑ No Others have concerns about my child's development. ❑ Yes ❑ No		IEP (Individual Education Plan) ❑ Yes ❑ No IFSP (Individual Family Service Plan) ❑ Yes ❑ No Have documentation (diagnosed disability) ❑ Yes ❑ No	
If yes, please explain:		Have a chronic medical condition. ❑ Yes ❑ No Have any allergies (including any food) ❑ Yes ☐ No	
Are there any custody issues or restraining orders we need to be aware of? If yes, please explain and provide a copy of the legal orders:			❑ Yes ❑ No
Household Type:	☐Single Parent (Male) ☐Single Parent (Female) ☐ Date of Separation: _____ ☐ Both Parents in Home ☐ Foster ☐ Multigenerational home ☐ Home ☐ Temporary Family ☐ Adults unrelated to children ☐ Grandparents raising grandchildren ☐ Other _____		
Has your child attended another childcare or preschool? **No**☐ **Yes**☐ What is the name of the school or childcare?			
Please write down other comments, concerns, or anything else that you think would help your application.			

2024-2025 Eligibility Application PC-Approved by PC 01.22.24
Please fill out this application completely.
All information is confidential and will only be shared to determine the appropriate position.
I am aware that failure to answer all questions truthfully may negatively impact acceptance into the program.
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Summit County Head Start Program 0-5

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General Home Information

Do you live outside of Summit County? No ____ Yes ____ _____
(County Name)

Family is new to the county: Don't _____Yes (Explain) _____
(It's been 6 months or less since it arrived)

Physical Address of the Property:		City:	**Status: CO**	**Zip code:**	
Mailing Address (Po Box)		City:	**Status: CO**	**Zip code:**	

Your Family Is Considered Homeless Yes ❑ No

Homeless* (living with family or friends, in a shelter, car, motel, or hotel (due to financial situation)

Number of times you've moved house in the last year. _____

**The term "homeless" means individuals who lack regular or adequate nighttime residence due to homelessness, economic hardship, or a similar reason.*

Current state of the Home:	Current housing situation:
☐ Stable Housing ☐ At Imminent Risk of Losing Housing ☐ At Risk of Homelessness How Many Bedrooms is the Home: _____ **Housing situation (more than 2 people per room) Yes _____ No_____**	☐ Own ☐ Rental (not subsidized___ or ___ subsidized). ☐ Living/Staying with Another Person, Friend, or Family Member ☐ Emergency or Shelter _____ ☐ Unintended place (no room, no kitchen, no uninhabitable place) ☐ Substance Abuse Treatment Center/Detox Center

There are other programs or Benefit Assistance that your family is currently receiving

Medicaid_____ Medicare _____ CHP+_____ Other_____

_____SSI (Colorado Supplement to SSI), help for the disabled.

_____SNAP/EBT (Supplemental Nutrition Assistance Program).

_____TANF (Colorado Works) – which at the federal level is called Temporary Assistance for Needy Families.

_____LEAP (Energy Assistance for Low-Income Homes (Help Pay Heating Bill).

_____WIC- Women, Infants, Children _____Foster Care/Adoption Allowance _____Child Support/Alimona _____ Public Housing (Section 8)

_____FIRC _____NFP -Nurse Family Partnership _____SFOP- Strengthening Family

_____Advocates/Victims of Assault

____Building Hope ____Alma_____ SMART_____ ACCION Peer Support for Latino Men _____ Other (write it down):

_____

Financial Assistance for Daycare or Preschool: _____CCCAP- Child Care Program _____ Summit First Steps Ages 0-3 ___ SPK 3-5

Family circumstances within the household (check all that apply): _____ Not Applicable

- Family member other than the child with illness, therapy, or mental counseling _____
- Family member other than the child with medical issues _____
- Family member other than the child with disabilities _____
- Substance Abuse/Treatment _____Violence Domestic _____ **Abuse/Child** _____ **Neglect**
- Loss of a family member due to death (within the past 12 months) _____
- Father was deported or incarcerated (within the last 12 months) _____
- Transport or auto_____ difficulties

Was the child you are applying for premature? ___No ___Yes, yes how many weeks? _____

Do you have internet access at home? ___ Yes ___ No

When the first child was born, were the parents under the age of 18 and unmarried? No ___ **Yes _____Father ____Mother.**

Alternate or Emergency Contact

Name and Last Name:		**Phone Number:**	**Relationship with the Family:**

Summit County Head Start Program 0-5

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Adult Information #1

Name **Initial** **Last Name**	**Date of Birth**	**Sex**	**Language:**
		M F	Primary: Secondary:

Do you reside with the applicant child?	□ **Yes** □ **Please do not share your address** **Zip code:**	**English Skills:**	____ Nothing ____ Little ____ Moderate ____ Proficient
Relationship with the Child:	□**Mother** □ **Father** □ **Grandparent/Guardian Relative** □ **Other**	**Phone Number:**	
Email:	How do you prefer to be contacted? Call □ **text** □ email □	**Cell** □ □ **House** □ **Work**	

Race: (Check all that apply)	**Employment or Income Status**	**Do you provide financial support to the family?**
□ American or Alaska Native □ Asian □ Black or African American □ Multi Racial/Biracial □ Native Hawaiian/Other Pacific Islander □ White □ Other: _____ **Hispanic/Latino:** □ **Yes** □ **No**	____Full time ____Part time (less than 30 hrs per week) ____ I have more than 2 or Self-employment ____ Unemployed (looking for a job) ____ Training or School ____Child Support ____ Retired or disabled. ____ SSI(Alimony)	□ No □ Yes (Explain):

School Level: □ High school graduate or less □High School graduate/GED □ associate degree, vocational school, or some college □ Advanced degree or baccalaureate degree □ Job training or currently studying (ESL, GED) Other: _____

Parent/Guardian Employment #1 Information: ____NO Applies

Employer's Name _____Address_____

City _____Zip Code _____Employment Telephone _____

Where do you work? _____ **Position or Title:** _____**Your Current Job Yes or No**

Parent/Guardian Employment#2 Information: ____NO Applies

Employer's Name _____Address_____

City _____Zip Code _____Employment Telephone _____

Where do you work? _____ **Position or Title:** _____**Your Current Job Yes or No**

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Adult Information #2

Name **Initial** **Last Name**	**Date of Birth**	**Sex**	**Language:**
		M F	Primary: Secondary:

Do you reside with the applicant child?	□ **Yes** □ **Please do not share your address:** **Zip code:**	**English Skills:**	___Nothing ____Little ___Moderate ___Proficient
Relationship with the Child:	□Mother □ Father □ Grandparent/Guardian Relative □ Other:	**Phone Number:**	
Email:	How do you prefer to be contacted? **Call** □ **Text** □ **Email** □	□**Cell**	□ **House** □ **Work**

Race: (Check all that apply)	**Employment or Income Status**	**Do you provide financial support to the family?**
□ American or Alaska Native □ Asian □ Black or African American □ Multi Racial/Biracial □ Native Hawaiian/Other Pacific Islander □ White □ Other: _____ **Hispanic/Latino:** □ **Yes** □ **No**	____ Full time _____ Part time (less than 30 hrs per week) ____ I have more than 2 or Self-employment ____ Unemployed (looking for a job) ____ Training or School ____Child Support ____ Retired or disabled. ____ SSI(Alimony)	□ No □ Yes (Explain):

School Level: □ High school graduate or less □High School graduate/GED □ associate degree, vocational school, or some college □ Advanced degree or baccalaureate degree □ Job training or currently studying (ESL, GED) Other: _____

Parent/Guardian Employment Information: _____NO Applies

Employer Name#1 _____Address_____

City _____Zip Code _____Employment Telephone _____

Where do you work? _____ **Position or Title:** _____ **Your Current Job Yes or No**

Parent/Guardian Employment Information: _____NO Applies

Employer Name#1 _____Address_____

City _____Zip Code _____Employment Telephone _____

Where do you work? _____ **Position or Title:** _____ **Your Current Job Yes or No**

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Family Information

Please list all the people living in your household.
DO NOT INCLUDE ANYONE FROM THE TWO ADULT PAGES ABOVE

Name	Last Name	DOB	Sex	Race	Language	Relationship with the Applicant
			M F			
			M F			
			M F			
			M F			
			M F			
Total number of family members supported by Primary and Secondary Adults:						

Additional Family Information: (please answer each question)

Other Additional Information:	Military or Tribal Family ❑ **Yes** ❑ **No**	Sibling in Early/Head Start ❑ **Yes** ❑ **No** Referred by social agency ❑ **Yes** ❑ **No**
	Public Assistance Housing ❑ **Yes** ❑ **No**	Domestic Violence Services (past or present) ❑ **Yes** ❑ **No**
	Parent Has a Disability ❑ **Yes** ❑ **No** Teen Dad ❑ **Yes** ❑ **No**	Substance or Alcohol Abuse (past or present) ☐**Yes** ☐**No**

How did you hear about the Summit Head Start Program programs? ❑Family or Friend☐ Flyer☐ Previously Enrolled Child☐ Website ☐ Other: _____

Would you be interested in receiving information about other provider options or home care support grants (Licensed Home Providers)?☐**Yes** ❑**No.**

Parent/Guardian, *please read each statement on the back and initial.*

_____Summit County Head Start Program **cannot provide services to those families who do not reside or work within the Summit County** City limits. If you move during the school year, you must contact us.

_____ Summit County Head Start does **not provide transportation**.

_____ I certify that all information provided above on this application is true and accurate to the best of my knowledge. I am aware that failure to answer all questions truthfully may negatively impact acceptance into the program**.**

Completing an application does not guarantee program enrollment.

Parent or Guardian Signature _____ Date _____

Signature of the Personal _____Date_____

Office Use Only: Application entered by: _____ Date: _____

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