



Tel: (608) 275-6740 Fax: (608) 275-6756 www.reachdane.org

Application for Enrollment

Head Start Early Head Start Child Care

Dear Parent/Guardian:

Thank you for your interest in Reach Dane! Reach Dane is a federally funded agency that provides Head Start and Early Head Start services for low income families in Dane and Green counties. Reach Dane provides high-quality early childhood services to children ages 0-5 through center-based and home-based programs.

Proof of income is required to determine eligibility for Head Start and Early Head Start and is a part of the application process. Please complete the attached application and submit it <u>and</u> proof of income to:

Reach Dane 2096 Red Arrow Trail Madison, WI 53711 Attn: Enrollment

You can also fax the application and proof of income to (608) 275-6756 Attn: Enrollment

Examples of Acceptable Income Forms:

- A copy of your 2023 Federal Tax return
- 2023 W-2 Tax Statements from all employers
- Paycheck stub from current employer
 (if you have been at your job for more than 1 year)
- SSI Documentation
- Unemployment Payment
- Child Support
- W-2 (Wisconsin Works) Paperwork
- Foster Care/Kinship Care Placement for the Enrolling Child
- SNAP (Food Share Benefits)

Please call us at (608) 275-6740 if you have any questions or concerns!

Please note that applications are processed throughout the program year. Please contact us with any changes in address and/or phone number so we are able to contact you. Thank you for your interest in Head Start/Early Head Start!

Sincerely,

Application 365 2/2017



reachwareen

2096 Red Arrow Trail Madison, WI 53711

APPLICATION FOR ENROLLMENT Head Start, Early Head Start, & Child Care

Phone: 608-275-6740 **Fax**: 608-275-6756

www.reachdane.org Acceptance to Head Start and Early Head Start is based on the income and needs of the child/family and NOT first-come first-served

Primary Applicant: please circle Pregnant Mother Child
CHILD INFORMATION:
Child's Legal Name (Last):(First):(Middle):
Date of Birth:/ Gender: Male Female Social Security #:
Race of Child: Circle All American Indian or Alaska Native Asian Black/African American That Apply Native Hawaiian/Pacific Islander White Bi-Racial/Multi Racial Other (specify): Ethnicity: Hispanic/Latino Non-Hispanic/Latino
Child's Primary Language: English Spanish Hmong Other (Specify): Speaks English: Proficient Moderate Little None
Does your child receive Medical Assistance? Yes No MA/Forward ID Number: Does your child have private insurance? Yes No Company: Is this child currently in Early Head Start? Yes No If yes, who is your Family Advocate?
Living Address:
Mailing Address (if different than living address): City: Zip Code:
Child Lives With: Both Parents Mother Father Foster Care Guardian Other specify:
Primary Parent/Guardian Name: (Last): (First): Date of Birth:/ Relationship to Child please circle: Mother Father Stepparent Foster Parent Guardian Other specify: Address (if different than child's): City: Zip Code: Phone Number: Home: () Cell: () Work: () How do you prefer we contact you? circle all that apply Phone Call Text Email Social Security #: Email Address:
Currently Pregnant? Yes No N/A If yes, due date: Do you have medical coverage/health insurance? Yes No Race: Circle All American Indian or Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White That Apply Bi-Racial/Multi Racial Other (specify): Ethnicity: Hispanic/Latino Non-Hispanic/Latino Primary Language: English Spanish Hmong Other (Specify): Speaks English: Proficient Moderate Little None Currently in the Military or Military Veteran? Y N Highest Grade Completed: please circle Grade 9 or less 10 11 12 High School Graduate GED HSED Some College Associates Bachelor Master
Secondary Parent/Guardian Name: (Last):
Currently Pregnant? Yes No N/A If yes, due date: Do you have medical coverage/health insurance? Yes No Race: Circle All American Indian or Alaska Native Asian Black/African American Native Hawaiian/Pacific Islander White That Apply Bi-Racial/Multi Racial Other (specify): Ethnicity: Hispanic/Latino Non-Hispanic/Latino Primary Language: English Spanish Hmong Other (Specify): Speaks English: Proficient Moderate Little None Currently in the Military or Military Veteran? Y N Highest Grade Completed: please circle Grade 9 or less 10 11 12 High School Graduate GED HSED Some College Associates Bachelor Master

Never Married: Living Together Or Living with: Never Married: Not Living Together Family Friends Shelter Other Homelessness (describe): Total # of OTHER people living in your household. INCLUDE ALL SIBLINGS: ______ attach paper if more space is needed Name: **DOB**: ____/____ Sex: M / F 1. Relationship to applicant: _____ Any Income? Y / N (If yes, please specify) _____ **DOB**: ____/___ **Sex**: M / F 2. Name: _____ Relationship to applicant: Any Income? Y / N (If yes, please specify) Name: _____ **DOB**: ____/___ Sex: M / F Relationship to applicant: ______ Any Income? Y / N (If yes, please specify) _____ **DOB:** ____/___ Sex: M / F Name: _____ Relationship to applicant: ______ Any Income? Y / N (If yes, please specify) _____ **Birth History:** Is this your first pregnancy? (please circle) Yes No Have you/did you receive regular prenatal care during this pregnancy? Yes No Which month was your first prenatal visit? (please circle) 1 2 3 4 5 6 7 8 9 Is/Was your pregnancy determined to be High Risk by a doctor or health care provider? Yes No Are you currently seeing a Public Health Nurse or PNCC? Yes No Is the applicant child in childcare now? (please circle) Yes No What hours is child in care? How much is your weekly co-pay?_____ Do you have child care subsidy from (please Circle): County City Type of care (please circle)? Center Family Day Care Friend Family Member Address/Location? Are you interested in full-day child care with us? (please circle)? Yes No Days and hours you need care: Does the applicant child have a <u>diagnosed</u> disability? Yes Describe the diagnosed disability:_ Does your child have Individualized Education Plan or Individualized Family Support Plan? IEP **IFSP** Is an IEP or IFSP underway for this child? Yes No Does your child receive any special services from a public school or Birth-3 agency? Yes Name of Public School:___ If yes, which of the following special services? Speech/Language Early Childhood Education Physical Therapy Occupational Therapy Does your child have a <u>suspected</u> disability? Yes Nο Describe the suspected disability: _____ Does anyone else in your family have a diagnosed or suspected disability? Yes No Who? (Describe):

Current Living Situation (please circle):

Own

Rent

Marital Status of Parent(s) (please circle:):

Married Divorced Separated Widowed

Application 365 2/2017

IMPORTANT!

Detailed answers to these questions help us determine placement.

Each answer is evaluated and contributes to the overall need of the child and family.

(If you need more writing space, you may attach a separate piece of paper with your answers and child's name & date of birth written at the top)

Newspaper Ad Internet Search Friend or Fa	•			
2. What program are you interested in for this child? please				
Home-Based Early Head Start (Pregnant Mother, 0-3 years)	Home-Based Head Start (3-5years)			
Center-Based Early Head Start (6 weeks-3 years) *child care subsidy required	Part-Day Head Start (3-5years)			
Infant/Toddler Child Care (6 weeks-3 years) *private pay or child care subsidy	Extended-Day (3-5 years) *limited transportation			
The state of the s	Full-Day Head Start (3-5 years) *child care subsidy required, no transportation provided			
For Head Start: Address for Bus Pick-Up:	·			
Are you able to provide transportation for your child? Y N <i>Note</i>				
3. Are you currently experiencing or did you experience any health problems or complications during this pregnancy, delivery, or after birth?				
4. How long did the child stay in the hospital at birth?				
5. Were there any problems or concerns at your child's birth	or in his/her early development? (Please specify)			
6. What are your current concerns about your child? (Health	, development, speech, taking medication, etc. Please Specify)			
7. How would you describe your child's behavior? Any conce	erns? (Please specify)			
8. Have any major things happened to affect your child? (Ho death of family member, etc., please describe)	melessness, family violence, foster care, neglect, incarceration,			
9. Do you have any concerns about providing for your family etc, please specify)	's basic needs? (Clothing, housing, food, financial, employment,			
10. Does anyone in your immediate family have health, dent	al, nutrition, or mental health concerns? (Please specify)			
11. Are there any other concerns you have for any family me	mbers? (Parenting skills, drug or alcohol issues, please specify)			
12. What are your current child care needs? (child care to me explain)	et work schedule not available and/or not affordable, please			
13. Do you receive any of the following services? Circle all the	nat apply Subsidized Housing FoodShare WIC			

APPLICATIONS **CANNOT** BE PROCESSED WITHOUT PROOF OF <u>ALL</u> FAMILY INCOME DURING THE LAST 12 MONTHS

Current Employment Status of		Current Employment Status of	
Primary Parent/Guardian please circle		Secondary Parent/Guardian please circle	
Full-Time (35 hrs/wk or more)	Full-Time & Training	Full-Time (35 hrs/wk or more)	Full-Time & Training
Part-Time (under 35 hrs/wk)	Part-Time & Training	Part-Time (under 35 hrs/wk)	Part-Time & Training
Retired or Disabled	Seasonally Employed	Retired or Disabled	Seasonally Employed
Training or School	Unemployed	Training or School	Unemployed
Unemployed & Training		Unemployed & Training	
If Currently Employed, Date Started Job:		If Currently Employed, Date Started Job:	
Employer Name:		Employer Name:	
Gross Income: \$		Gross Income: \$	
Paid (Circle One): Weekly Ev	ery 2 Weeks Monthly	Paid (Circle One): Weekly Every 2 Weeks Monthly	
Other <i>specify</i>	<u>.</u>	Other <i>specify</i> :	
If at current job LESS THAN ON	E YEAR or UNEMPLOYED	If at current job LESS THAN ONE YEAR or UNEMPLOYED list	
list dates of employment for th	e last 12 months:	dates of employment for the las	st 12 months:
Employer:		Employer:	
From/ to/	/	From/ to/	<u>, </u>
Employer:		Employer:	
From// to/	/	From// to//	
Unemployment Benefits \$		Unemployment Benefits \$	
Per (circle): Week 2 Weeks Month		• • • • • • • • • • • • • • • • • • • •	
	Month	Per (circle): Week 2 Weeks	
			Month
Per (circle): Week 2 Weeks	Started:	Per (circle): Week 2 Weeks Date Unemployment Benefits S	Month
Per (circle): Week 2 Weeks Date Unemployment Benefits S	EIVE ANY OF THE FOLLO	Per (circle): Week 2 Weeks Date Unemployment Benefits S OWING:	Month
Per (circle): Week 2 Weeks Date Unemployment Benefits S PLEASE CHECK IF YOU REC	EIVE ANY OF THE FOLLO	Per (circle): Week 2 Weeks Date Unemployment Benefits S DWING: Ved: \$	Month
Per (circle): Week 2 Weeks Date Unemployment Benefits S PLEASE CHECK IF YOU REC Foster Care or Kinship Care	Started: EIVE ANY OF THE FOLLO for this child Amount Received me (SSI) Amount Received \$	Per (circle): Week 2 Weeks Date Unemployment Benefits S DWING: yed: \$	Month
Per (circle): Week 2 Weeks Date Unemployment Benefits S PLEASE CHECK IF YOU REC Foster Care or Kinship Care Supplemental Security Income	Started: SEIVE ANY OF THE FOLLO for this child Amount Received me (SSI) Amount Received \$ Amount Received \$	Per (circle): Week 2 Weeks Date Unemployment Benefits S DWING: yed: \$	Month
Per (circle): Week 2 Weeks Date Unemployment Benefits S PLEASE CHECK IF YOU REC Foster Care or Kinship Care Supplemental Security Incom TANF (W-2 Cash Benefits) Child Support Amount Rec	Started: EVER ANY OF THE FOLLO for this child Amount Received \$ me (SSI) Amount Received \$ Amount Received \$ eived \$ per (circle, at apply) school grants/scho	Per (circle): Week 2 Weeks Date Unemployment Benefits S OWING: yed: \$ Week 2 Weeks Month larships, military income, social se	Month tarted:
Per (circle): Week 2 Weeks Date Unemployment Benefits S PLEASE CHECK IF YOU REC Foster Care or Kinship Care Supplemental Security Incom TANF (W-2 Cash Benefits) Child Support Amount Rec Other Income: (circle all that disability benefits, other specify)	Started: SEIVE ANY OF THE FOLLO for this child Amount Receive me (SSI) Amount Received \$ Amount Received \$ eived \$ per (circle, at apply) school grants/scho :	Per (circle): Week 2 Weeks Date Unemployment Benefits S OWING: yed: \$ Week 2 Weeks Month larships, military income, social se	Month tarted: ecurity benefits,
Per (circle): Week 2 Weeks Date Unemployment Benefits S PLEASE CHECK IF YOU REC Foster Care or Kinship Care Supplemental Security Incom TANF (W-2 Cash Benefits) Child Support Amount Reco Other Income: (circle all that disability benefits, other specify Amount Received \$	Started: SEIVE ANY OF THE FOLLO for this child Amount Receive me (SSI) Amount Received \$ Amount Received \$ eived \$ per (circle) at apply) school grants/scho ci per (circle) Week 2 Wee ead Start acceptance is be not on a first-come rided on this form are accur e information to a Federally	Per (circle): Week 2 Weeks Date Unemployment Benefits S DWING: Ved: \$ Week 2 Weeks Month larships, military income, social se	Month tarted: curity benefits, ify) ds of the family/child, f my knowledge. I
Per (circle): Week 2 Weeks Date Unemployment Benefits S PLEASE CHECK IF YOU REC Foster Care or Kinship Care	Started: SEIVE ANY OF THE FOLLO for this child Amount Received me (SSI) Amount Received \$ Amount Received \$ eived \$ per (circle) at apply) school grants/scho in per (circle) Week 2 Wee ead Start acceptance is boole not on a first-come rided on this form are accur e information to a Federally or family's income."	Per (circle): Week 2 Weeks Date Unemployment Benefits S DWING: Ved: \$ D Week 2 Weeks Month Clarships, military income, social seeks ks Month Semester Other (special seeks) ased on the income and needs, first-served basis. Trate and complete to the best of the program is against the served pro	Month tarted: curity benefits, ify) ds of the family/child, f my knowledge. I e law. I am this child's
Per (circle): Week 2 Weeks Date Unemployment Benefits S PLEASE CHECK IF YOU REC Foster Care or Kinship Care Supplemental Security Incom TANF (W-2 Cash Benefits) Child Support Amount Reco Other Income: (circle all that disability benefits, other specify Amount Received \$	Started: SEIVE ANY OF THE FOLLO for this child Amount Received me (SSI) Amount Received \$ Amount Received \$ eived \$ per (circle) at apply) school grants/scho in per (circle) Week 2 Wee ead Start acceptance is boole not on a first-come rided on this form are accur e information to a Federally or family's income."	Per (circle): Week 2 Weeks Date Unemployment Benefits S DWING: Ved: \$ D Week 2 Weeks Month Clarships, military income, social seeks ks Month Semester Other (special seeks) ased on the income and needs, first-served basis. Trate and complete to the best of the program is against the served pro	Month tarted: curity benefits, ify) ds of the family/child, f my knowledge. I

Application 365 2/2017

Date Entered:______Entered By:_____

Help keep your information up-to-date by notifying us of any changes at (608) 275-6740.