

HS/EHS - Application for Services

Instructions – EL001

Must be completed by the staff with the parent in person. **Starting April, 2013, we will only put Verified families on the Waitlist.** Please send all documents with the application including the Eligibility Form and everything needed to Complete & Verify a child

NOTE: Over income families will not be Selected until we have enrolled all Income or Categorically Eligible families. Requires ERSEA Manager approval. Agency cap of 10% funded & current enrollment for Over Income slots.

A1. Applicant (Child or Pregnant Mother Applying for Services)

Section A is designed to gather basic information about the applicant. Please use LEGAL names only.

First – Enter the applicant’s **Legal** first name

Middle – Enter the applicant’s **Legal** middle name/initial

Last – Enter the applicant’s **Legal** last name

Date of Birth – Enter the date of birth. *Will be verified as it appears on the age verification document. Pregnant Mother exempt from age verification documentation.*

Gender – Check the appropriate box to indicate whether child is Male or Female

Applicant’s Primary Language – Default is English. Check appropriate box if not English. Specify language for Other. For infants indicate primary language spoken in the home.

Due Date – Required for Pregnant Mothers

A2. Legal Guardians

Section A2 is designed to gather basic information about the legal guardians/parents of the participating/enrolling child. It is used to determine Parental Status for the child for legal custody and PIR purposes.

- **Married couples** are considered a 2 parent status.
- **Biological parents** living in the same household are considered a 2 parent status regardless of their marriage status.
- **Non-married couples** with one person who is not the biological parent to the enrolling child are not included in the guardian section or family section.
- **Boy/girl friends** can be listed on the Emergency Contact Card and Release documents.

Parent/Guardian A – Indicate the **Legal** name of the parent or guardian

Relationship – Please check the appropriate box indicating the relationship of the Parent/Guardian A to applicant

- Parent = natural/adopted/step child
- Foster = foster child
- Guardian = niece/nephew, grandchild, other

Date of Birth - Indicate the date of birth of Parent/Guardian A

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Employment Status – Check the appropriate box(es) as it relates to Parent/Guardian A. Must be completed.

- Student – currently registered or taking classes at a college or high school
- Homemaker – Parent at home managing the household, most likely an unpaid position
- Unemployed - indicate if receiving Unemployment benefits/money (count in income) or not
- Employed – work for company, someone other than yourself.
 - Select PT (<30 hrs) or FT (30+ hrs)
- Self-employed – work for self, own their own business
- Seasonally employed – number of months worked per year
- Retired – receiving social security/retirement benefits
- Disabled – receiving social security/disability benefits

For State full day programs please include the days and hours (am/pm too) the parent/guardian usually works or is in school. CPS, seeking employment/housing and Parental Incapacity are other types of need. Please identify the hours and days they are needing services.

Parent/Guardian B:

Spouse for Parent/Guardian A **must** be listed if they are living in the household. If they are not married BUT the other biological parent to the enrolling child, living in the house, they **must** be listed and counted in the family. We also list and count parents not living in the home if they are on active overseas military duty or working away from home to support the family.

Complete *Name, Relationship, Date of Birth, Employment Status* as it relates to Parent/Guardian B per definitions above.

A3. FAMILY ADDRESS/GENERAL INFORMATION

Living Address – Enter the applicant’s home address

Address Line 2 - Enter unit/apartment number

Zip – Enter the applicant’s zip code

City – Enter the applicant’s city

State – Enter the applicant’s state

Mailing Address – Enter the applicant’s mailing address if different from the Living Address or an alternative address if applicable

Contact Number – Enter the primary contact number. *Starting 2016 we are offering a text broadcast service for reminders/updates using the cell phone numbers for enrolled families.

Type - Check appropriate box as it relates to the primary contact number

Alternate Number – Indicate an alternate number other than primary contact number if applicable

Type - Check appropriate box as it relates to the alternate contact number

Email Address – Enter applicant’s email address, if applicable.

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A4. Joint/Split Custody

Notify family that it is up to the other parent/guardian to contact us to complete the Application, Eligibility Form and provide supporting documentation.

Gather current Court Documents.

Note: If the Applying family is on Public Assistance and provides the documentation for verification, we do not need the other family to complete the application and eligibility form. We DO need the current court documents still.

B1. ADDITIONAL SELECTION CRITERIA

This section is intended to capture additional information about the family. The information gathered will be used to rank/prioritize the family on the waitlist. If staff identify a unique circumstance that applies to the family, the agency will be able to use an adjustment factor to assign additional points. This information must be captured in the application notes section and entered into Child Plus in accordance with agency approved selection criteria.

- Applicant Status* – Check the appropriate box(es), check all that apply
 - *5 year old - Kindergarten Unavailable:* Check if NO Kindergarten exists in the school district child lives in. As of April 2012, all school districts in our program area have Kindergarten available.

B2 PROGRAM SELECTION AND NEED FOR CARE:

Section B2 is designed to capture information about the family's interest in the program. Basic collaboration requirements are identified. Please use the blue reference card to see the names of sites associated with them. We will be placing children on 1 site/program waitlist instead of multiple sites starting 2012/13. Please identify site that fits the child/parent best.

Program Type & Age:

Circle 1: EHS = Early Head Start (0-3) or HS = Head Start (class age 3 or 4 – birthday on or before 9/1/20xx).

Circle 1: Home Base, Center Base, or FCC

Circle 1: Full-day or Part-day

HB OK – Please ask parent if Home Base is an option they would be willing to take if no center base slots are available. It will be noted in the Application Number field in CP. If no, we will automatically skip over them when selecting for Home Base.

Site Name – Enter the center/site name (family preferred site). Only 1 record will be created in ChildPlus per child starting with Program Year 2012-13.

- Collaboration Requirements:*

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- We may place families on waitlist for sites where they do not meet collaboration requirements but they will be among the last families selected.
- Colleges: Require current enrollment
- High Schools: Require live in district & attending school
- State Centers:
 - Require parent(s) to be unable to care for children during center hours.
 - 70% state median income level maximum if using Over Income slot.
 - Child must be 3 on or before 9/1 if enrolling in HS/State classrooms.
- SCOE Collaborations:
 - Child must be 3 on or before 9/1.
 - 70% state median income level maximum if using Over Income slot.

B3 OTHER CIRCUMSTANCES:

Related to staff member - Please list name of staff member.

Currently receiving SHS services – Please list name of sibling or parent and site location they are enrolled at.

B4 RESOURCES PROVIDED AND NOTES

Please check all resources provided to family at time of application. Indicate any additional notes, clarifications, special circumstances regarding the applicant, including any notes related to the adjustment factor (s) (please specify the number of points and the specific criteria that applies).

Note: All adjustment factors require approval from ERSEA Manager or designee by placing an initial on the notes area.

Application Date – Enter the date when **all** documents required for application have been gathered and completed. This includes the supporting documentation provided by the parent(s)/guardian(s) as well as the Eligibility Form, Income Worksheet and Staff Statement as applicable. **Original Application for Services date will be used to help break ties.**

Signature and Date of Staff Certifying Application – The application must be signed and dated by the staff working with the family to complete the form. It should be the same as the Eligibility Form.