

Coshocton County Head Start & Early Head Start Enrollment Application

**3201 CR 16
Coshocton, OH 43812
740-622-9537**

Coshocton County Head Start is a free preschool program that serves families Coshocton County in a manner that does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, physical or mental handicaps, or disability. Any information disclosed in the application is strictly voluntary and will be kept confidential. **Only 1 application per family**

Applicant (Child Applying for Head Start)				
Last	First	Middle	Nickname	
Birthday	Gender	Social Security Number		
<input type="checkbox"/> Male <input type="checkbox"/> Female				
Race (Check All That Apply)		Language:		
<input type="checkbox"/> Asian	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	Ethnicity:		
<input type="checkbox"/> Other _____	<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Hispanic	
Primary Health Coverage	Insurance/Medicaid Number	Other Health Coverage	<input type="checkbox"/> NO INSURANCE	
Primary Doctor or Medical Home		Primary Dentist or Dental Home		
Family Information				
Living Address	City	State	Zip	County
Mailing Address (if different)	City	State	Zip	
Home Phone:		Work Phone:		
Cell Phone:		Message Phone:		
Cell Phone:		Other:		
Primary Language Spoken at Home:	School District in which you live:			
Primary Adult (Related by blood, marriage, or adoption and living in the home)				
Last	First	Birthday	Gender	
SSN	Race	Email Address		
Education: <input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> Diploma /GED <input type="checkbox"/> Some College/Vocational or Associate's <input type="checkbox"/> Bachelor's or Higher				
Employment Status (Check at that apply): <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled				
Relationship to Child:		Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Active US Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Secondary Adult (Related by blood, marriage, or adoption and living in the home)				
Last	First	Birthday	Gender	
SSN	Race	Email Address		
Education: <input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> Diploma /GED <input type="checkbox"/> Some College/Vocational or Associate's <input type="checkbox"/> Bachelor's or Higher				
Employment Status (Check at that apply): <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled				
Relationship to Child:		Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	Active US Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	

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List Other Family Members (Living in the home)				
First & Last Name	Birthday	Gender	Relationship to Applying Child	

Family Income Information				
OWF/TANF: <input type="checkbox"/> Yes (Currently or in last 12 mos) <input type="checkbox"/> No		<input type="checkbox"/> Supplemental Security Income		<input type="checkbox"/> Food Stamps <input type="checkbox"/> WIC
Family Member Earning Income	Income Source (Job, Unemployment, OWF, Child Support, SSI, etc)	Amount Received	How Often Received	Annual Amount

Please attach 12 months verification of income (1040 Income Tax Form, W2s, copies of pay stubs, unemployment benefits, or documentation of SSI, OWF/TANF, or child support).

Special Circumstances
<p>Enrollment priority is given to eligible families who have special circumstances. Please check any that apply:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Diagnosed Disability</div> <div style="width: 50%;"><input type="checkbox"/> Suspected Disability</div> <div style="width: 50%;"><input type="checkbox"/> IEP/IFSP</div> <div style="width: 50%;"><input type="checkbox"/> Health/Developmental Concerns</div> <div style="width: 50%;"><input type="checkbox"/> Emotional/Behavioral Concerns</div> <div style="width: 50%;"><input type="checkbox"/> Hearing/Vision Concerns</div> <div style="width: 50%;"><input type="checkbox"/> Dental Concerns</div> <div style="width: 50%;"><input type="checkbox"/> Medical Condition</div> <div style="width: 50%;"><input type="checkbox"/> Speech/Language Concerns</div> <div style="width: 50%;"><input type="checkbox"/> Military Deployed</div> <div style="width: 50%;"><input type="checkbox"/> Disabled Parent</div> <div style="width: 50%;"><input type="checkbox"/> Incarcerated Parent</div> <div style="width: 50%;"><input type="checkbox"/> English as a Second Language</div> <div style="width: 50%;"><input type="checkbox"/> Needs Interpreting services</div> <div style="width: 50%;"><input type="checkbox"/> Death of Parent</div> <div style="width: 50%;"><input type="checkbox"/> Child being raised by Grandparent</div> <div style="width: 50%;"><input type="checkbox"/> Homeless</div> <div style="width: 50%;"><input type="checkbox"/> Sharing Housing Due to Economic Hardship</div> <div style="width: 50%;"><input type="checkbox"/> Other:</div> </div>

Transportation Options
<p>Due to the fact that bus routes are limited in time, transportation may not be available to all Head Start families. If the bus route mandates, pick up points will be assigned to families that live in remote areas, and families that live within a 1 mile radius of the center MAY be asked to make their own transportation arrangements. Are you willing/able to provide your own transportation? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>

Pick Up Address: _____

Drop Off Address: _____

Certification: *I understand that this is an application ONLY and does not guarantee enrollment. I understand that I must keep Head Start informed of any changes of address or phone number. My signature certifies that, to the best of my knowledge, all information on this application is accurate and truthful.*

Parent/Guardian Signature _____ Date _____

PLEASE RETURN THIS COMPLETED ENROLLMENT APPLICATION, ALONG WITH COPIES OF INCOME VERIFICATION, IMMUNIZATION RECORD, BIRTH CERTIFICATE, & INSURANCE CARD TO:

Coshocton County Head Start, 3201 CR 16, Coshocton, OH 43812
OR
Call 740-622-9537 to schedule an appointment