CARD Head Start/Early Head Start
Application Checklist

Child Name:

Center Name:

APPLICATION CHECKLIST

Complete applications to CARD's Head Start/Early Head Start will include the following items. Make sure you've included all necessary items before turning in your child's application. After the application is complete, call and make an appointment with your FSR for the application to be accepted. Incomplete applications will not be accepted.

- ☐ Family Application (3 pages)
- ☐ Income Worksheet (1 page)
- ☐ Proof of Income
- ☐ Agency Expectations for Early Childhood Programs
- ☐ Agreement for Services(3 pages)
- ☐ Proof of Pregnancy

For each child applying:

- ☐ Child Application (2 pages)
- ☐ Birth Certificate
- ☐ Social Security #'s for all family members
- ☐ Child's Health Insurance Information
- ☐ Current Well Child Checkup and Dental
- ☐ Proof Of Current Immunizations
- ☐ Documentation for Diagnosis or IEP/IFSP
- ☐ Documentation for Food Allergies/Health Notes

***You must provide a proof of receipt for any public benefit programs you receive assistance from.**
***If you are a foster parent, you must provide a copy of the foster care placement papers for each foster child who is applying.**

***If you indicated that your child was disabled or required special assistance, you must provide a copy of the IEP/IFSP. If there is no IEP/IFSP, you must provide a copy of the medical record with the diagnosis along with formal evaluation(s) completed by primary care physician or medical provider.**
***If there are custody issues regarding your child, you must provide a copy of the legal custody papers.**

Verify that all of your completed, signed application forms and copies of your supporting documentation are all together in one application folder. If so, you're ready to have your application reviewed.

Return your application to your local Head Start/Early Head Start site.

How to provide proof of income
Make a copy of the first page of your current tax return (tax form 1040) that shows your family's annual gross income for the current tax year. Other proofs of income can be your three most recent pay stubs, your SSI or TANF award letter, or some other official documentation of income whether from your employer, an insurance company, or the government.

How to get your child's birth certificate
If your child was born in Oklahoma, you can get a copy of your child's birth certificate at the Tulsa Health Department at 315 South Utica, Monday – Friday, 8:30 a.m. – 4:00 p.m. Call 594-4840 if you have questions. If your child was born in another state, contact that state's Department of Vital Records for a copy of your child's birth certificate.

How to get a well-child checkup for your child
Your child's health is very important. Every child should have a well-child checkup, which is a checkup provided by a doctor to assess your child's growth and development. You can get free or reduced-fee well-child checkups by visiting the Health Department, the Morton Clinic, or the OSU Health Care Center. A lead screening test will also be required for enrollment. If your child is three-years-old or older, a dental exam is required; otherwise, your child will need a dental screening completed by your child's doctor at his or her well-child check up. For more information on well-child checkups go to http://www.okhca.org/publications/pdflib/SGUENG%E2%80%93EPSDTG.pdf
Be sure to ask your child's doctor for a copy of the well-child checkup so that you can include it with your child's application.

How to get a copy of your child's current immunization record
Your doctor or clinic can provide a copy of your child's current immunization record. If you do not have a doctor, we can connect you with a medical provider.

How to provide documentation of your child's health insurance
Bring a copy of your Medicaid, SoonerCare, private insurance card or other proof of insurance. If your child doesn't have health insurance, we can help you complete a SoonerCare application for your child.

How to provide proof of receipt of SSI, TANF, or OKDHS Child Care Assistance
Bring a copy of your benefit award or Notice of Action letter. If you cannot find this letter, contact your local OKDHS office to ask for verification assistance. If you need assistance finding your local OKDHS office, call 211 or 877-836-2111.

CARD Head Start / Early Head Start

CHILD APPLICATION FORM

You should complete only one Family Application Form for your family.
Please complete one Child application for each child applying.

Child Name:

Child Information

Child's Name:	Date of Birth: SS#:
Child's Preferred Name:	Gender: ☐ Male ☐ Female
Race (check all that apply) ☐ Asian ☐ Native American ☐ White ☐ Black ☐ Pacific Islander ☐ Other: _____	Hispanic: ☐ Yes ☐ No
Primary Language:	Speaks English? ☐ Very Good ☐ Good ☐ Not Good ☐ Not At All
Nationality:	Is your child a returning student: ☐ Yes ☐ No

This child lives with: ☐ One Parent ☐ Two Parents ☐ Guardian ☐ Shared Custody ☐ Foster Parent

Do you have custody of the child listed above? ☐ Yes ☐ No ☐ Shared
If no, give the legal name of the person who has legal custody: _____
If shared custody, with whom do you share custody (name): _____

Eligibility

Program Term	Agency HS or EHS	Site	Participation Year

Application Status	Application Date	Income Status	Number in Family

EHS

Program Preference:
☐ Center-Based Education Program (at a school site)
☐ Home-Based Education program (only available in selected areas; your child must be younger than 36 months)
Site Preference: _____

Child Care Information

Is the child named above currently enrolled in a full-time childcare or education program? ☐ Yes ☐ No
If yes, what type? ☐ Childcare Center ☐ Family Childcare Home ☐ Relative's Home ☐ Home ☐ Pre-School
☐ Other: _____
Are you looking for a childcare or education program so that you can attend school or work? ☐ Yes ☐ No
Are you looking for childcare before 8:00-8:30 a.m. to 1:00-1:30 p.m.? ☐ Yes ☐ No
Please Note: Some CARD sites provide services from 8:00-8:30 a.m. to 1:00-1:30 p.m., some sites offer extended care from 7:30 a.m. to 6:00 p.m. Extended care is available as either private pay arrangement or eligible families may apply OKDHS childcare assistance subsidies towards the cost of extended care.

Child's Development

Do you have concerns about your child's overall health and development? ☐ Yes ☐ No
If yes, describe concerns: _____
Who has expressed concerns:
☐ Primary Care Physician ☐ Medical Provider ☐ CARD/Early Childhood Staff
☐ Sooner Start ☐ Family Member ☐ Other (specify) _____
Does your child have a documented disability, a certified IEP/IFSP or need assistive services? ☐ Yes ☐ No
If yes, what is the date of the IEP/IFSP: _____
(If yes, you must provide a copy of the IEP/IFSP. If there is no IEP/IFSP, you must provide a copy of the medical record with the diagnosis along with the formal evaluations(s) completed by your child's primary care physician or medical provider.)
Do you have any concerns about your child's mood or behavior? (For example: excessive crying, aggressive behavior, tantrums, or sexual behavior.) ☐ Yes ☐ No
If yes, describe concerns: _____

CARD Head Start / Early Head Start

CHILD APPLICATION FORM

You should complete only one Family Application Form for your family.
Please complete one Child application for each child applying.

Child Name:

Nutritional Information

Please complete the following two questions only of your child is 0-12 months old.
What does your child eat? ☐ Breast Milk ☐ Milk ☐ Formula: (Specify brand) _____
☐ Other: _____
Feeding Method: ☐ Breast Fed ☐ Bottle Fed

Medical Home Information

Physician/Clinic: _____ Phone: _____
Dentist: _____ Phone: _____
Specialist: _____ Phone: _____
Type of Health Insurance: ☐ SoonerCare ☐ Medicaid ☐ Indian ☐ Private ☐ None ☐ Other: _____
Insurance Provider's Name: _____ Dental Coverage Included: ☐ Yes ☐ No
Insurance Policy Number or ID: _____ Insurance Expiration Data: _____
Does your child receive care through Indian health Services? ☐ Yes ☐ No
Does your child receive regular medical care: ☐ Yes ☐ No When was your child's last well-child exam? _____
Does your child receive regular dental care? ☐ Yes ☐ No When was your child's last dental screening? _____

Medical History

Has your child ever been hospitalized or had surgery? ☐ Yes ☐ No If yes, explain: _____
Has your child ever had a serious accident? ☐ Yes ☐ No If yes, explain: _____
Identify any past or present health conditions your child has had:

☐ Anemia	☐ Diabetes	☐ Asthma	☐ High lead Level
☐ Hearing difficulties	☐ Seizures	☐ Trouble Chewing or Swallowing	☐ Traumatic Brain Injury
☐ Wears hearing aid	☐ Sickle Cell Disease	☐ Frequent Constipation	☐ Cancer
☐ Vision Problems	☐ Allergies	☐ Frequent Diarrhea	☐ Overweight
☐ Glasses are prescribed	☐ Eczema	☐ Heart Murmur/Condition	☐ Speech Concerns
			☐ Other: _____

Does your child take medications at home? ☐ Yes ☐ No
Will your child need to take medications at school? ☐ Yes ☐ No (If yes, provide a copy of the medication prescription.)
If yes, what is the name of the medication: _____
Why does your child take the medication: _____

Birth History

Birth Weight: _____ Pounds _____ Ounces Length: _____inches
Gestational Age: ☐ Term ☐ Premature (weeks) _____ ☐ More than 2 weeks overdue
Type of delivery: ☐ Vaginal ☐ Cesarean ☐ Unknown
Length of infant's hospital stay: ☐ Routine ☐ Non-Routine, Length of Stay: _____
Delivery Location: ☐ Hospital/Clinic ☐ Birthing Center ☐ Home ☐ Unknown
Were there any complications associated with this delivery (pre-term, fetal distress, etc)? ☐ Yes ☐ No ☐ Unknown
If yes, describe: _____
Did baby have any problems at birth? ☐ Yes ☐ No If yes, describe: _____
Describe observable birth defects: _____
Did mother have any health problems during pregnancy or delivery? ☐ Yes ☐ No
If yes, describe: _____

CARD Head Start / Early Head Start

FAMILY APPLICATION FORM

You should complete only one Family Application Form for your family.
Please complete one Child application for each child applying.

Primary Adult:

Contact Information

Home Address:		Apartment Complex Name:	
City:	State:	Zip:	County:

Mailing Address: (If different than the address given above)

Phone Number	Type of Phone	Is this your primary phone	Notes & Comments (specify if this is a message phone)
	☐ Home ☐ Work ☐ Cell ☐ Other	☐ Yes ☐ No	
	☐ Home ☐ Work ☐ Cell ☐ Other	☐ Yes ☐ No	
	☐ Home ☐ Work ☐ Cell ☐ Other	☐ Yes ☐ No	
	☐ Home ☐ Work ☐ Cell ☐ Other	☐ Yes ☐ No	

Family Information

Which of the following best describes your type of family: ☐ One Parent-Female ☐ One Parent-Male ☐ Two Parents

How many people in your immediate family live with you?
Count yourself, your spouse, children and other dependents who live with you. _____

How many people do you live with at your current address?
Count yourself and anyone living with you that you buy and share food with. _____

Do any of the following describe your family, please check all that apply: ☐ A parent is in the military and deployed
☐ A parent is incarcerated ☐ Grandparent or Relative other than birth parent is supporting and caring for child(ren)

Type of Housing: ☐ House ☐ Apartment ☐ Mobile Home/Trailer ☐ Homeless Shelter ☐ Other: _____

House Payment Type: ☐ Own ☐ Rent ☐ Subsidized Housing ☐ Living with family member/friend

Are you or your child homeless, living in a shelter, pay a weekly rate for your housing, awaiting foster care placement, or living in a car? ☐ Yes ☐ No

Are you or your child living at a friend or relative's house because you cannot afford or find affordable housing? ☐ Yes ☐ No

What is the primary language spoken by your family at home: _____

How many times have you moved in the past 12 months? _____

What is your family's primary means of transportation: ☐ Own a car ☐ Bus/Public Transportation ☐ Friend/Relative ☐ Taxi
☐ Other: _____

How did you find out about CARD's Head Start/Early Head Start? ☐ News Paper ☐ Flyer ☐ Material left at home ☐ Radio
☐ Sibling previously enrolled at CARD ☐ Social Service Agency, if so which: _____ ☐ Walk In
☐ Public School, if so which: _____ ☐ Sign at CARD site ☐ CAPTAIN: _____
☐ Friend/Family, if so who: _____ ☐ Other _____

Which of the following programs would you be interested in: ☐ Vo-Tech ☐ Community College ☐ Housing ☐ Weatherization

Are you a CARD employee? ☐ Yes ☐ No

CARD Head Start / Early Head Start

FAMILY APPLICATION FORM

You should complete only one Family Application Form for your family.
Please complete one Child application for each child applying.

Primary Adult

Adult 1 — Veteran circle Yes or No

Legal Name	Date of Birth	Relation to Child Applying	Race (check all that apply)	Hispanic	Highest Grade Completed	Employment Status
		☐ Parent ☐ Grandparent ☐ Uncle/Aunt ☐ Foster Parent ☐ Other:	☐ Asian ☐ Native American ☐ White ☐ Black ☐ Pacific Islander ☐ Other:	☐ Yes ☐ No	☐ 11 or Less ☐ High School Graduate ☐ GED ☐ Two Year Degree ☐ Bachelors ☐ Masters or Higher	☐ Part Time ☐ Full Time ☐ Unemployed ☐ Student/Training ☐ Disability ☐ Other:
Social Security Number						Place of Employment/School

Email Address	Check all that Apply	Custody	Gender	Primary Language	Speaks English?	Nationality/Place of Birth
	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent ☐ Pregnant	☐ Yes ☐ No ☐ Shared	☐ Female ☐ Male		☐ Very Good ☐ Good ☐ Not Good ☐ Not at All	

Adult 2 — Veteran circle Yes or No

Legal Name	Date of Birth	Relation to Child Applying	Race (check all that apply)	Hispanic	Highest Grade Completed	Employment Status
		☐ Parent ☐ Grandparent ☐ Uncle/Aunt ☐ Foster Parent ☐ Other:	☐ Asian ☐ Native American ☐ White ☐ Black ☐ Pacific Islander ☐ Other:	☐ Yes ☐ No	☐ 11 or Less ☐ High School Graduate ☐ GED ☐ Two Year Degree ☐ Bachelors ☐ Masters or Higher	☐ Part Time ☐ Full Time ☐ Unemployed ☐ Student/Training ☐ Disability ☐ Other:
Social Security Number						Place of Employment/School

Email Address	Check all that Apply	Custody	Gender	Primary Language	Speaks English?	Nationality/Place of Birth
	☐ Lives with Family ☐ Provides Financial Support ☐ Teen Parent ☐ Pregnant	☐ Yes ☐ No ☐ Shared	☐ Female ☐ Male		☐ Very Good ☐ Good ☐ Not Good ☐ Not at All	

Other Family Members (Please list any children or dependents in your immediate family who are not applying to CARD Head Start/Early Head Start)

Name		Date of Birth	SS#	Race	Primary Language	Hispanic
1 _____	M or F	_____	_____	_____	_____	Hispanic ☐ Yes ☐ No
2 _____	M or F	_____	_____	_____	_____	Hispanic ☐ Yes ☐ No
3 _____	M or F	_____	_____	_____	_____	Hispanic ☐ Yes ☐ No
4 _____	M or F	_____	_____	_____	_____	Hispanic ☐ Yes ☐ No

Family Income

Please mark if your family is receiving any of the following

TANF	Supplemental Security Income (SSI)	OKDHS Childcare Subsidy	WIC	Unemployment	Child Support	Support from Friends/Family
☐ Yes ☐ No ☐ Formerly	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Food Stamps yes No (circle answer)

CARD Head Start / Early Head Start

FAMILY APPLICATION FORM

You should complete only one Family Application Form for your family.
Please complete one Child application for each child applying.

Primary Adult:

Emergency Contacts Other Than Persons Listed on Page 2

Contact 1

Name	Relationship to Child	Your Child(ren) can be released to this person ☐ Yes ☐ No Emergency Contact? ☐ Yes ☐ No

Address | City | State | Zip

Phone 1 Notes	Phone 2 Notes	Phone 3 Notes
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Contact 2

Name	Relationship to Child	☐ Your Child(ren) can be released to this person Exceptions: _____

Address | City | State | Zip

Phone 1 Notes	Phone 2 Notes	Phone 3 Notes
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Contact 3

Name	Relationship to Child	Your Child(ren) can be released to this person ☐ Yes ☐ No Emergency Contact? ☐ Yes ☐ No

Address | City | State | Zip

Phone 1 Notes	Phone 2 Notes	Phone 3 Notes
☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work	☐ Cell ☐ Home ☐ Work

Certification of Information Provided in Application

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that the information about my income may be reviewed by representatives of the State of Oklahoma, the Federal Government, independent auditors, or others as necessary for the administration of this program.

Parent or Guardian's Signature: _____ Date: _____

Print Parent or Guardian Name: _____

FSR Signature: _____ Date: _____