2017-2018 St. Clair County Early Head Start, Head Start and Great Start Readiness Programs Application

Great Start Readiness Program™ Michigan's Nationally Recognized Pre-K Program

0–5 Head Start

Child MUST be: Under 3 or an expecting mother for the Early Head Start Program; 3 or 4 for the Head Start Preschool Program; 4 years old by Sept. 1, 2017 for the Great Start Readiness Program.

Return by mail, fax or email:

Great Start Readiness Program / SCCRESA
Attn: Becky Gorinac
499 Range Rd., PO Box 1500, Marysville, MI 48040

Phone: (810) 455-4037
Fax: (810) 364-7474
Email: gorinac.becky@sccresa.org

APPLICANT

First Name | Middle Name | Last Name | Birthdate | Gender ☐ Male ☐ Female

Address | City | State | Zip

Race (not considered for eligibility)

Check all that apply: ☐ Asian ☐ American Indian/Alaska Native ☐ Black ☐ Hawaiian/Pacific Islander ☐ White

Hispanic ☐ Yes ☐ No

MOTHER/GUARDIAN NAME

First Name | Middle Name | Last Name | Birthdate | Phone Number

Address (if different than child) | City | State | Zip

Email Address

Highest Grade Completed	Employment Status	Marital Status	Child's Relationship	Custody	Check all that apply:
☐ College ☐ High School ☐ GED ☐ Did not graduate	☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed	☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	☐ Natural/Adopted ☐ Stepchild ☐ Grandchild ☐ Foster Child ☐ Other	☐ Yes ☐ No	☐ Lives with family ☐ Provides financial support ☐ Child support order ☐ Visitation ☐ Pregnant Due Date: _____

Current college student ☐ Full Time ☐ Part Time

FATHER/GUARDIAN NAME

First Name | Middle Name | Last Name | Birthdate | Phone Number

Address (if different than child) | City | State | Zip

Email Address

Highest Grade Completed	Employment Status	Marital Status	Child's Relationship	Custody	Check all that apply:
☐ College ☐ High School ☐ GED ☐ Did not graduate	☐ Full Time ☐ Part Time ☐ Seasonal ☐ Unemployed	☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed	☐ Natural/Adopted ☐ Stepchild ☐ Grandchild ☐ Foster Child ☐ Other	☐ Yes ☐ No	☐ Lives with family ☐ Provides financial support ☐ Child support order ☐ Visitation

Current college student ☐ Full Time ☐ Part Time

ADDITIONAL INFORMATION

School district in which child lives

☐ Anchor Bay ☐ Marysville
☐ Algonac ☐ Memphis
☐ Capac ☐ Port Huron
☐ East China ☐ Yale

Elementary school closest to home: _____

Emergency contact number

How did you hear about Head Start /GSRP?

Transportation needed?

☐ Yes
☐ No

If yes, bused from:
☐ Home
☐ Childcare
(Not provided in all areas

Program preference (check all that apply):

☐ Full Day (4-year-olds only)
☐ Part Day
☐ Home Based (Head Start only)

Classroom location preference

Annual income (past 12 months)

$_____

Number of family members (A family includes all persons related by blood, marriage, or adoption living in the same household)

# of children 0-2	# of children 3-4	# of children 5 and over	# of adults	Total in family:

Proof of current income is required before final eligibility determination and must be turned in with this application. Proof of income includes: 2016 Federal Tax Form, 2016 W-2's, Child Support Reports, Current DHS Cash Statement, Current SSI Statement, previous 12 months of pay stubs, or college scholarships/grants.

St. Clair County RESA | Blue Water Community Action... Helping People, Changing Lives.

These materials were developed under a grant awarded by the Michigan Department of Education and the U.S. Department of Health and Human Services (SCCRESA REV 1/2017)

Staff use	Risk number	Risk Factors: Answer all of the following questions by placing an X in the Yes or No box	Yes	No
	CEHS	• Is this child in Foster Care or a Ward of the Court?		
		• Is this family homeless? (e.g., living in a shelter/hotel/car/campground or doubled-up with relatives or friends)		
		• Is this family currently receiving Cash Assistance from DHS?		
		• Does this family currently receive Supplemental Security Income?		
Low or no earned income / income not adequate for meeting basic needs ***Proof of current income is required before final eligibility determination and must be turned in with this application***			If you mark yes for any of the above, call for income submission requirements	
	1	• Annual family income below 100% of Federal Poverty Guidelines		
		• Annual family income equal to or less than 250% of Federal Poverty Guidelines		
Diagnosed disability or identified developmental delay				
	2	• Does your child have a referral or diagnosis from a physical or mental health system or provider, or other early childhood program?		
		• Does your child have an Early On transition referral at age three?		
		• Does your child have a Special Education referral; with developmental concerns, noted but not eligible for services?		
		• Does your child have an Individualized Education Plan from the school district (IEP) or an Individualized Family Service Plan from Early On (IFSP)?		
Severe or challenging behavior				
	3	• Has your child been expelled from preschool or a child care center?		
		• Does your child demonstrate intense anger or aggression, hit, pinch, bite or throw things when he/she is angry?		
		• Has your family participated in Family Counseling or any other program to help deal with your child's behavior?		
Primary home language other than English				
	4	• Is your child's native tongue a language other than English?		
		• Is the primary language* used in your child's home or environment a language other than English? If yes, what is the language?: _____ *"Primary language" means the dominant language used by a person for communication.		
Parent/Guardian with low educational attainment				
	5	• Did either parent not graduate from high school or attend special/remedial classes in school?		
		• Does either parent have trouble reading to your child?		
Physical/sexual abuse/neglect of child or parent/substance abuse/addiction				
	6	• Is or has your child been abused physically or sexually?		
		• Is or has there been domestic or spousal abuse of a parent or sibling?		
		• Has your child been removed from home for neglect or has a parent been charged with neglect?		
		• Has there been abuse of alcohol, prescription, or non-prescription drugs by family members who live in the home?		
Environmental risk				
	7	• Has the enrolling child lost a parent or sibling by death?		
		• Does this child have a parent in jail / prison?		
		• Is this child living with a relative or person other than the biological parent(s)?		
		• Has the enrolling child lost a parent to divorce?		
		• Does the enrolling child have a parent who is currently away due to active military service?		
		• Is this a single parent family?		
		• Is your child negatively affected by issues related to a sibling? (e.g., chronic illness, behavior issues, disability, death)		
		• Does the child or family member(s) in the home suffer from mental illness? (i.e., Bipolar Mania, Schizophrenia, Clinical Depression, Personality Disorder, etc.) *Specific documentation from physical or mental health system or provider will be required*		
		• Does the child or family member(s) in the home suffer from chronic illness or life threatening disease? (i.e., cancer, dialysis, heart failure, seizure, sickle cell anemia, etc.) *Specific diagnosis documentation from physical health system provider will be required*		
		• Were you a teenage parent?		
		• Has the enrolling child ever been diagnosed as failure to thrive?		
		• Was the enrolling child exposed to toxic substances known to cause learning or developmental delays; such as Fetal Alcohol Syndrome, drugs, or exposure to lead?		
		• Is your family currently without stable housing? (home in foreclosure, living with another family because you have no other choice, or have you moved 3 or more times this year)		

I certify that all the information provided in this application is true to the best of my knowledge and hereby release this information to be shared with St. Clair County Early Head Start, Head Start and / or the Great Start Readiness Program.

Parent / Guardian signature _____ Date _____

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