



# Portland Public Schools Head Start

4800 NE 74<sup>th</sup> Ave. Portland, OR 97218 503-916-5724 FAX 503-916-2670 www.pps.net/head-start.com

## OFFICE USE

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_ Application # \_\_\_\_\_ MECF? \_\_\_\_\_ Site \_\_\_\_\_

*This application does not ensure enrollment. You will be notified regarding the status of your application as soon as possible.*

Child's Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Child's Sex: Male ☐ Female ☐ Child's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Neighborhood elementary school \_\_\_\_\_ Email \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work/Other \_\_\_\_\_

Child's Ethnicity: Hispanic? ☐ Yes ☐ No Child's Race: Black Native American White Asian Pacific Islander

Family Home Language: 1st \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

Child's Medical # or Health Insurance Coverage \_\_\_\_\_

Does this child have a documented disability or health impairment? Yes ☐ No ☐ If yes, what type? \_\_\_\_\_

Is this child receiving any special education services? Yes ☐ No ☐ Provider? \_\_\_\_\_

Child's Family Please list parents/guardians:

Name	Relationship	Birth Date	Primary Language/ Interpreter Needed?	Address (If different from above)

Check one: ☐ Single Parent Family ☐ Two Parent Family ☐ Foster Family ☐ Grandparents ☐ Other

Are parents/guardians employed? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_ ☐ Full-time ☐ Part-time

\_\_\_\_\_ ☐ Full-time ☐ Part-time

Are parents/guardians attending school? ☐ Yes ☐ No

If yes, who? \_\_\_\_\_ ☐ Full-time ☐ Part-time

\_\_\_\_\_ ☐ Full-time ☐ Part-time

Please answer the following questions as completely as possible. It will help us determine the urgency of your family's needs.

Has this child been enrolled in: ☐ Head Start ☐ Early Head Start

When/where? \_\_\_\_\_

Is a family member currently incarcerated: ☐ Yes ☐ No If yes, relationship to child? \_\_\_\_\_

Has a sibling been enrolled in our program? ☐ Yes ☐ No If yes, Name: \_\_\_\_\_ When \_\_\_\_\_

Please check any environmental issues affecting the child within the last 2 years:

☐ Child Abuse/neglect ☐ Death in the family ☐ Divorce ☐ Homelessness ☐ Domestic Violence

☐ Drug or alcohol abuse ☐ Incarceration of a parent ☐ Serious child health problem \_\_\_\_\_ ☐ Other \_\_\_\_\_

Is a parent/guardian deployed in the military? ☐ Yes ☐ No

Were or are you a teen parent? ☐ Yes ☐ No

Is your family served by another agency: ☐ Yes ☐ No If yes, who? \_\_\_\_\_

Is your family receiving food stamps (SNAP)? ☐ Yes ☐ No

Are you receiving WIC for this child? ☐ Yes ☐ No If yes WIC # \_\_\_\_\_

**Proof of income will need to be provided for all parents/ guardians related to the child by blood, marriage, or adoption and are living in the same household. This amount must be verified at time of registration by at least one of the following: W2 forms, pay stubs, Tax Form 1040, written statement from employer, or signed statement.**

Is your family currently receiving a cash grant or other TANF benefits? ☐ Yes ☐ No

Are you or anyone in your family currently receiving Supplemental Security Income (SSI)? ☐ Yes ☐ No

Is this child a foster child placed with you through DHS? ☐ Yes ☐ No

Are you doubled up, sharing housing due to loss of housing or economic hardship? ☐ Yes ☐ No

Are you living in emergency shelters, motels, cars, parks, public spaces or substandard housing? ☐ Yes ☐ No

Current annual gross income: \_\_\_\_\_ Number in household: \_\_\_\_\_

Current monthly gross income: \_\_\_\_\_

***PPS Head Start program includes many family support services. Parents will be asked to work with the program by: helping with classroom activities, participating in regular home visits, ensuring their child attends regularly, communicating with program staff and by obtaining regular health and dental care for their child.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about PPS Head Start program? \_\_\_\_\_

PPS Head Start does not provide transportation to any sites, but assistance with TriMet transportation may be possible. To be eligible for PPS Head Start, families must reside within the Portland Public School boundaries.

**PPS Site Locations Please indicate your site preference(s)**

_____ Sacajawea	4800 NE 74 <sup>th</sup> Avenue	(main office) 503-916-5724
_____ Clarendon Early Learning	9325 N Van Houten	503-916-6269
_____ Applegate	7650 N Commercial Ave	503-916-6294
_____ Lane	7200 SE 60 <sup>th</sup>	503-916-5897
_____ Creston Annex	4620 SE Powell Blvd	503-916-6219
_____ Kelly Center	9015 SE Rural	503-916-5759
_____ Sitton	9930 N Smith	503-916-3043
_____ Grout	3119 SE Holgate Blvd	503-916-6711
_____ Whitman	7326 SE Flavel St	(new site! Call 503-916-5724)