



# 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 # _____	MECP? _____	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
_____ Jason Lee	2222 NE 92 <sup>nd</sup> Avenue	503-916-3170
_____ Clarendon	9325 N Van Houten	503-916-6269
_____ Applegate	7650 N Commercial Ave	503-916-6294
_____ 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	503-916-5153