

# BEAVER COUNTY HEAD START ELIGIBILITY APPLICATION

**PLEASE CHOOSE PROGRAM OPTION YOU ARE APPLYING FOR: (Please check just one)**

**Head Start - 724-375-2300 • 724-775-9505**

- Head Start Pre-School Program  
 Head Start Pre-School Program with Extended Hours

Extended hours are for parents who are working or in school.

**Early Head Start - 724-775-8812**

- Birth to 3 Home Based Program  
 Pregnant Mother Program

Due Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**How did you find out about Head Start?**

- Friend/Relative  Flyer/brochure  Newspaper  Current Parent  Other \_\_\_\_\_

## **CHILD INFORMATION:**

**Child's Birth Certificate Name:** \_\_\_\_\_  
Last First

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **School District Where You Reside:** \_\_\_\_\_

## **FAMILY INFORMATION:**

**Parent/Guardian Name:** \_\_\_\_\_  
Last First

**Address:** \_\_\_\_\_  
Street City Zip Code

**Telephone:** Home #: ( ) \_\_\_\_\_ Work #: ( ) \_\_\_\_\_ Other #: ( ) \_\_\_\_\_  
Specify: \_\_\_\_\_

**Parental Status:**  Parent  Foster  Legal Guardian

**Marital Status:**  Single  Married  Separated  Divorced  Other \_\_\_\_\_

**Is there another address from which your child will be transported?**  Yes  No

## **DO YOU RECEIVE ANY OF THESE BENEFITS? (Please check all that apply):**

- CCIS Child Care Subsidy  DPW Child Care Subsidy  DPW Cash Assistance  
 DPW Transportation or Work Related Expenses  Supplemental Security Income (SSI)

## **INCOME INFORMATION:**

**A. Source of income (Please check all that apply):**

- Wages  Cash Assistance  Child Support  Foster Care Subsidy  
 Social Security  Supplemental Security Income  Other (Please List) \_\_\_\_\_

**B. If working, length of time with current employer** \_\_\_\_\_

**C. Income is earned by (Please check all that apply):**

- Mother  Father  Child (Foster Care, SSI)  Other \_\_\_\_\_

**D. Number of Household Members Dependent on Total Income:**

\_\_\_\_\_ Adults \_\_\_\_\_ Ages 0-3 \_\_\_\_\_ Ages 4-5 \_\_\_\_\_ Ages 6+

**E. How often is income received?**  Weekly  Bi-weekly  Bi-monthly  Monthly

**F. Amount of income received** \_\_\_\_\_

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I certify that the information I have given is true and correct and that all income is reported.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

## **HEAD START USE ONLY:**

**Date Received:** \_\_\_\_\_ **Staff Initials:** \_\_\_\_\_ **Data Entry Date:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

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Please attach a copy of your child's birth certificate and income verification and mail to the appropriate office below. If your child is accepted, you will be required to submit:

- ◆ Copy of your child's immunization record
- ◆ Medical insurance card
- ◆ Physical signed by your child's physician
- ◆ Dental signed by your child's dentist

**Head Start Region I Office**  
**Serving New Brighton,  
Beaver Falls, & Riverside**  
1011 6<sup>th</sup> Street  
New Brighton, PA 15066  
Phone (724) 847-3411  
Fax (724) 847-4565

**Head Start Region II Office**  
**Serving Rochester, Ambridge,  
Southside, & Freedom**  
351 Rhode Island Avenue  
Rochester, PA 15074  
Phone (724) 728-7694  
Fax (724) 728-2833

**Head Start Region III Office**  
**Serving Monaca, Midland,  
& Darlington**  
1135 Walnut Street  
Monaca, PA 15061  
Phone (724) 774-0951  
Fax (724) 774-0962

**Head Start Region IV Office**  
**Serving Aliquippa**  
1200 Main Street  
Aliquippa, Pa 15001  
Phone (724) 375-7570  
Fax (724) 375-8838

**Early Head Start**  
**Serving all of Beaver County**  
351 Rhode Island Avenue  
Rochester, Pa 15074  
(724) 775-8812  
(724) 775-8138

**[www.beavercountyheadstart.org](http://www.beavercountyheadstart.org)**