

Skagit/Islands Head Start & ECEAP (SIHS)

Physical Address: 320 Pacific Place, Mount Vernon, WA 98273

Mailing Address: 2405 E. College Way, Mount Vernon, WA 98273

Central Office (360) 416-7590 ext. 100 ♦ FAX (360) 416-7573 ♦ Website: www.sihs.skagit.edu



Application Instructions

Thank you for your interest in Skagit/Islands Head Start & ECEAP! Our program offers educational and family services to pregnant women and eligible children age 0 to 5. To qualify your, child must be age eligible AND your family must be income or categorically eligible. All services are free.

Please complete all application questions to the best of your knowledge. The information you provide will be kept confidential and will be used to determine your eligibility for the program. Applications may be returned to your local center (see contact list on page 2) or submitted via fax or mail to our central office. You may also apply online by visiting our website at www.sihs.skagit.edu.

Once your application is received a staff member will contact you to schedule an eligibility appointment. At that time we will need to see proof of your child's age and your family's income.

Your child's date of birth can be verified with one of the following document:

- Adoption papers
- Birth certificate
- Court documents
- Foster Care authorization letter
- Medical record of birth/hospital record
- TANF award letter

A copy of the following can be used as proof of your family income:

- Public Assistance (TANF OR SSI) Award Letter*
- Tax Return for the past year
- W2 Form(s) for the past year
- Employers statement with total gross earnings for the past 12 month
- Unemployment Benefit Letter
- Social Security benefit statement
- Child Support Statement/Order
- Military Leave and Earning Statement (LES)
- Financial Aid Award Letter(s)
- Self-declaration statements are acceptable under some conditions

*If your family is a current recipient of TANF benefits, is receiving Supplemental Security Income (SSI), or is providing court ordered foster care for the child you are applying for, you automatically qualify and proof of income is not required.

Program Options

Please review the program options and indicate which would best meet your family's needs.

Early Head Start (EHS)

- EHS Prenatal Home Based**
- EHS Home Based**
 - For children ages birth to 3 years old.
 - 1 ½ hour home visit once a week
 - Play groups twice a month
- EHS Toddler Part Day Classroom**
 - Center/Home Based Combination
 - 3 ½ hour class 2 days a week (September-June)
 - 1 ½ hour home visit twice a month (year round)
- EHS Toddler Full Day Classroom**
 - Washington center only
 - Priority for working parents and SVC students
 - 6 ¼ hour class 5 days a week (year round)
 - Home visits throughout the year

Preschool Head Start (PHS)

- PHS Part Day Classroom**
 - Centers in Skagit, Island, and San Juan county
 - For children 3 or 4 years old by August 31 of the current enrollment year
 - 3 ½ hour class 4 days a week (Sep.-May)
 - Home visits throughout the year
- PHS Full Day Classroom**
 - Classrooms located at Washington and CFLC
 - Priority for working parents and SVC students
 - For children 3 or 4 years old by August 31 of the current enrollment year
 - 6 hour class 5 days a week (Sep.-June)
 - Home visits throughout the year

SKAGIT/ISLANDS HEAD START & ECEAP CENTER LOCATIONS

SKAGIT COUNTY

BURLINGTON

Burlington-Edison Child Development Center

Located at Westview Elementary

515 W. Victoria Ave.

(360) 755-0904

MOUNT VERNON

Child and Family Learning Center (CFLC)

Full day classes (6 hours) M-F

1919 N. LaVenture Rd.

(360) 416-6694

Rosewood Preschool (Coordinated with SPARC)

3109 Rosewood Ct.

(360) 416-7590

Pacific Place Head Start/Early Head Start

320 Pacific Pl.

(360) 416-7590 (ext. 122)

Madison Head Start

Located at Madison Elementary School

907 E. Fir St.

(360) 461-7590 (ext. 100)

Washington Head Start/Early Head Start

Full day classes (6 hours) M-F

Located at Washington Elementary School

1020 McLean Rd.

(360) 428-6124

CONCRETE

Concrete Head Start

7838 S. Superior Ave.

(360) 853-7209

SEDRO WOOLLEY

Sedro Woolley Head Start

Located at Evergreen Elementary School

1011 McGarigle Rd.

(360) 856-4994

LA CONNER ECEAP

Susan Wilbur Early Education Center

17275 Reservation Rd.

(360) 466-7345

ISLAND/SAN JUAN COUNTY

FRIDAY HARBOR

San Juan Head Start

Located at Friday Harbor Elementary School

97 Grover St.

(360) 378-6030

OAK HARBOR

Hand in Hand Early Learning Center

600 Cherokee St.

(360) 279-5941

Whidbey Early Head Start

Located at Oak Harbor Elementary School

151 SE Midway Blvd.

(360) 679-4784

Return application to the Central Office at 320 Pacific Place in Mount Vernon or call 360-416-7590 for more information

**SECTION A. CHILD INFORMATION** (If applying for prenatal services you may skip this section)

Last Name: _____ Middle Initial: _____ First Name: _____

Date of Birth: _____ Gender: Male Female Telephone: _____

Address _____ Apt. Name/Number _____

City _____ Zip _____ Language your child primarily speaks at home: _____

How do you identify your child's race(s)/ethnicity? _____

Has your child attended a Head Start or Early Head Start program within the last year? Yes No

If yes, name of program: _____

Is your child attending a licensed child care program? Yes No If yes, where: _____**SECTION B. FAMILY INFORMATION**Are you applying for prenatal services? Yes No If yes, what is your due date: _____How did you hear about our program? Family/Friends Healthcare Provider Online/social media WIC/Comm. Action
 School District Community event Other: _____Family Type: One parent/guardian Two parents/guardians Single parent living with partner Foster family or relative placement**PARENT/GUARDIAN**

(The person signing the application should complete this section)

Name: _____

Date of birth: _____ Gender: Male Female

Relationship to the child: _____

Address (if different than child): _____

Mailing Address (if different): _____

Primary Phone: _____

 Home Cell Work Message

Secondary Phone: _____

 Home Cell Work Message

Email Address: _____

Race/Ethnicity _____

What language(s) do you speak? _____

Do you need an interpreter? Yes NoAre you in active U.S. military duty? Yes NoAre you a U.S. military veteran? Yes NoAre you in school/job training at Yes No

Skagit Valley College

What is your employment status? Full Time Part Time
 Seasonal Retired/Disabled Unemployed

What is your highest education level completed?

- | | |
|--|---|
| <input type="checkbox"/> Grade 9 or less | <input type="checkbox"/> GED |
| <input type="checkbox"/> Grade 10 | <input type="checkbox"/> Training Certificate |
| <input type="checkbox"/> Grade 11 | <input type="checkbox"/> Associate Degree |
| <input type="checkbox"/> Grade 12 (no diploma) | <input type="checkbox"/> Bachelor Degree |
| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Master's Degree |

PARENT/GUARDIAN

Name: _____

Date of birth: _____ Gender: Male Female

Relationship to the child: _____

Address (if different than child): _____

Mailing Address (if different): _____

Primary Phone: _____

 Home Cell Work Message

Secondary Phone: _____

 Home Cell Work Message

Email Address: _____

Race/Ethnicity _____

What language(s) do you speak? _____

Do you need an interpreter? Yes NoAre you in active U.S. military duty? Yes NoAre you a U.S. military veteran? Yes NoAre you in school/job training at Yes No

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| <input type="checkbox"/> High School Graduate | <input type="checkbox"/> Master's Degree |

SECTION C. CHILD'S HEALTH AND DEVELOPMENT INFORMATION

Is your child receiving services for a diagnosed disability? Yes No If yes, who provides the services? _____

Do you have concerns about your child's development (i.e. speech, behavior, gross/fine motor)? Yes No
If yes, explain: _____

Do you have any other concerns about your child's health? Yes No If yes, explain: _____

Does your child have medical insurance? Yes No If yes, what type: Apple Health/Provider One Tri-Care Private

Does your child have dental insurance? Yes No If yes, what type: Apple Health/Provider One Tri-Care Private

Has your child been diagnosed by a health care provider with any of the conditions listed below? Yes No
 Asthma Diabetes Seizures Heart Condition Food allergies (list): _____
 Non Food Allergies (list): _____ Other: _____

SECTION D. ELIGIBILITY INFORMATION

PLEASE LIST ALL <u>ADDITIONAL</u> CHILDREN AND ADULTS LIVING IN THE HOUSEHOLD		
Name	Relationship to Child	Date of Birth

Is your family currently receiving TANF cash assistance? Yes No Do you receive a child-only TANF grant? Yes No

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

Family member receiving Income	Amount	Per (i.e. week, month, year)	Annual Amount	Source of Income (Employment, Unemployment Benefits, Child Support, Public Assistance, etc.)
	\$		\$	
	\$		\$	
	\$		\$	

SECTION E. FAMILY NEEDS (Check if the following stress factors apply to you and/or your family)

- | | |
|--|--|
| <input type="checkbox"/> Living in a temporary shelter or sharing housing due to economic hardship | <input type="checkbox"/> Currently receiving services from Child Protective Services (CPS) or Family Assessment Response (FAR) |
| <input type="checkbox"/> Recent death of an immediate family member | <input type="checkbox"/> Received CPS or FAR services in the past |
| <input type="checkbox"/> Parent Incarcerated, on probation/parole | <input type="checkbox"/> Domestic violence in the home |
| <input type="checkbox"/> Family member has a diagnosed disability or chronic medical condition | <input type="checkbox"/> New to the area with a very limited support system |
| <input type="checkbox"/> Family member receiving substance abuse/mental health treatment | <input type="checkbox"/> Other _____ |

I verify that the information I have provided in this application is accurate and truthful to the best of my knowledge. I understand that this is an application ONLY and does not guarantee my child's enrollment. Inaccurate, untruthful, or fraudulent information could result in my child's disenrollment from Skagit/Islands Head Start & ECEAP.

PARENT SIGNATURE: _____

DATE: _____

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