

HEAD START APPLICATIONS:

Please complete both forms attached (if not filled out completely the application will not be processed) and bring the following:

Head Start is a free preschool experience for income eligible families. In order for a Head Start application to be complete and processed and the child put on a waiting list, income verification is needed showing 12 months of income for parents listed in household. Below are different ways that income may be verified:

- Federal tax return forms for 2021 1040 form
- Pay stubs for the last 12 months
- Printout from your employer on company letterhead
- SSI benefits - award letter, copy of monthly check, or bank statement if direct deposited
- Child Support/Alimony - printout
- Iowa Workforce - printout for the past 5 quarters
- FIP or SNAP benefits, provide printout showing any benefits for the previous 12 months including the signature date on the Head Start application.
- College Students - scholarships or grants
- Copy of VISA if unable to work.

Please note that whatever you mark for income on the application, you will need to provide documentation for. Applications may be dropped off at any of our Head Start Locations or mailed to this location:

HACAP
1515 Hawkeye Drive
Hiawatha Iowa 52233
Att. Stacy King

APPLICATION COVER SHEET

(Must be complete and attached to all applications/files sent to Corporate for enrollment)

- CHILD NAME: _____ ●CHILD DATE OF BIRTH: _____
- HACAP HOUSING: Yes No ●POINTS: _____ ●PROGRAM: _____
- APPLICATION COMPLETED AT: _____ ●DATE: _____
(location)
- SITE REQUESTED (1ST Choice) _____ (2nd Choice) _____
- CURRENT SCHOOL DISTRICT _____

FAMILY NEED HS Full Day (10 hr.) _____ HS School Day (8 hr.) _____ HS Part Day (4 hr) Mon-Fri _____
EHS Center Based (10 hr.) _____ EHS Home Based _____

FAMILY INFO (Misc.)

1. What is the best way to contact you? Email _____ Email Address: _____
Phone _____ Phone No. _____ Text _____ Letter _____
Initial here to authorize this method of communication
2. Health Insurance through _____ Policy Number: _____
3. Health Insurance through Indian Health Center/Service _____ yes _____ no
4. DHS Child Care Assistance (DHS CCA): Applied _____ Receiving _____
5. How did you hear about Head Start? _____

ABBREVIATED NUTRITION ASSESSMENT - Must be completed at time of application

1. Parent concerns about child eating in the Head Start classroom? Yes No
2. Any special diet modifications child must follow? Yes No
(i.e. medical diet, food allergies)
If yes, a Food Allergy/Special Medical Diet Form must be completed and sent to the CACFP Manager.
Please complete and attach.
3. Any religious dietary restrictions we should know about? Yes No
If yes, explain _____
4. Are you participating in WIC? Yes No
If yes, when was the child's last certification? _____
5. Are you receiving food stamps/SNAP? Yes No
6. Are you able to provide adequate meals for your family? Yes No
(i.e. do you run out of food*, does your refrigerator/stove work?) *Encourage community resources as needed

NEEDS - Must be completed at time of application

1. Suspected Disability Yes No
If yes, suspected disability reported by: _____
2. Professionally Diagnosed Disability Yes No
If yes, describe: _____
Disability professionally diagnosed by: _____

Documented diagnosis/verification included with application Yes No
included with application?
3. Special Health Concerns Yes No
If yes, describe: _____

Hawkeye Area Community Action Program, Inc.
1515 Hawkeye Drive, PO Box 490, Hiawatha, IA 52233

Basic Intake Form – HS/EHS

Flag for Review
Red – Health
Blue – Disability
Yellow – Nutrition
Green – Other
ATTACH FLAG HERE

Child's Last Name _____ Child's First Name _____ MI _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Primary Phone # (home/cell) _____ Alternate Phone # (cell/work/message/emergency) _____

HOUSING: Own or Buying Renting Homeless (complete back page) Other explain _____ (complete back page)

FAMILY TYPE: Female single parent Male single parent Two parent Household

Total # of Household Members: _____ #of children _____ By age: 0-3 _____ 4-5 _____

Veteran in Family (indicate family member) _____ Native language if other than English: _____

HOUSEHOLD MEMBERS (including yourself; If more than 5 members please continue on the back of this form)

	Name (first and last)	Relationship to Applicant	Date of Birth	Sex	Hispanic or Latino	Race	Ed. Level	Employment Status	Disability Y or N	Medical Insur.
Primary Adult					Yes No					
Secondary Adult or Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					

Education Level		Codes		Employment Status		Medical Insurance	
COL-College/Advanced Training	G9-Grade 9 or less	F-Full Time (28+hrs/wk)	B-Full Time & Training	XIX	Other		
CTG-Training Cert.	G10-Grade 10	P-Part Time	L-Part Time & Training	Hawk-I			
HSG-High School Grad	G11-Grade 11	R-Retired or Disabled	S-Seasonally Employed	Private			
GED-General Education Diploma	G12-Grade 12	T-Training or School	U-Unemployed	None			

INCOME SOURCES

****Proof of Income will be required to process application**

Income received in the last year (check all that apply)

	Primary Adult	Secondary Adult
Work	<input type="checkbox"/>	<input type="checkbox"/>
SSI	<input type="checkbox"/>	<input type="checkbox"/>
Social Security	<input type="checkbox"/>	<input type="checkbox"/>
TANF/SNAP	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment	<input type="checkbox"/>	<input type="checkbox"/>
Scholarships	<input type="checkbox"/>	<input type="checkbox"/>
Grants	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain)	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Emergency Contacts

(Other than parents)

#1
Name: _____ Relationship _____

Address: _____

City/State/Zip _____

Phone: H/C/M/W: () _____

Emergency Contact? Yes No

Release To? Yes No

#2
Name: _____ Relationship _____

Address: _____

City/State/Zip _____

Phone: H/C/M/W: () _____

Emergency Contact? Yes No

Release To? Yes No

Doctor:
Name _____ Phone: _____

Address: _____ City: _____ State: _____

Dentist:
Name _____ Phone: _____

Address: _____ City: _____ State: _____

Hospital Preference: _____ Phone: _____

Address: _____ City: _____ State: _____

I have carefully reviewed the information in this form and by signing this application, certify to the best of my knowledge and belief that all information in this application is true and correct. I further understand that this is an application for services that are paid with federal funds and that intentionally providing misleading, inaccurate or untruthful information of a material nature could result in dis-enrolling my child from Head Start Early Head Start and is considered fraud and could have serious legal consequences for me.

Parent/Guardian signature: **X** _____ Date: _____

Verifying Staff Member: **X** _____ Date: _____

APPLICANT'S NAME: _____

ADDITIONAL HOUSEHOLD MEMBERS

	Name (first and last)	Relationship to Applicant	Date of Birth	Sex	Hispanic or Latino	Race	Ed. Level	Employment Status	Disability Y or N	Medical Insur.
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					
Child					Yes No					

Codes

Education Level			Employment Status			Medical Insurance	
COL-College/Advanced Training	G9-Grade 9 or less	F-Full Time (28+hrs/wk)	B-Full Time & Training	XIX	Other		
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Parent/Guardian signature: _____ Date: _____

Verifying Staff Member: _____ Date: _____

HACAP HEAD START/EARLY HEAD START LISTING

Benton County

Vinton Head Start
202 E 4th St, Vinton

Jones County

Anamosa Head Start
100 Park Ave, Anamosa

Johnson County

Coral Ridge Head Start
2441 10th St, Coralville

Faith UCC
1609 Deforest Ave, Iowa City

Iowa City Bloomington Head Start
318 E Bloomington St, Iowa City

Waterfront Head Start
367 Southgate Dr, Iowa City

Linn County

Hayes Head Start
1924 D St SW, Cedar Rapids

Horizons Head Start/ Early Head Start
819 5th St SE, Cedar Rapids

Inn Circle Head Start/Early Head Start
5560 6th St SW, Cedar Rapids

Jane Boyd Head Start
943 14th Ave SE, Cedar Rapids

Marion Head Start / Early Head Start
3405 7th Ave, Marion

Olivet Head Start
230 10th St NW, Cedar Rapids

Urban Head Start / Early Head Start
1328 2nd Ave SE, Cedar Rapids

Washington County

Orchard Hill Head Start
2176 Lexington Blvd, Washington

Delaware County

Earlville Head Start
226 Prospect St, Earlville

Manchester Head Start
1001 Doctor St, Manchester

Dubuque County

Dyersville Head Start
750 5th St NW, Dyersville

Engine House Head Start
1805 Central Ave, Dubuque

Epworth Head Start
110 Biermann Rd, Epworth

New View Head Start
10502 St. Joseph Dr, Dubuque

Prescott Head Start
1151 White St, Dubuque

Westminster Head Start
2155 University Ave, Dubuque

Westside Head Start
4135 Pennsylvania Ave Ste B, Dubuque

Jackson County

Maquoketa Head Start
904 East Quarry, Maquoketa

Contracted Head Start Locations:

Partnership Location:

Benton County

Belle Plaine

Jones County

Monticello

Iowa County

Iowa Valley
Williamsburg

Linn County

Center Point
Central City
College Community
Linn County Child Development Center
Marion Independent School District