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 2019
- 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 - 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
Attn. Stacy King
**Hawkeye Area Community Action Program, Inc.**  
**1515 Hawkeye Drive, PO Box 490, Hiawatha, IA 52233**  
**Basic Intake Form – HS/EHS**

**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)

<table>
<thead>
<tr>
<th>Primary Adult</th>
<th>Secondary Adult on Child</th>
<th>Child</th>
<th>Child</th>
<th>Child</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (first and last)</td>
<td>Relationship to Applicant</td>
<td>Date of Birth</td>
<td>Sex</td>
<td>Hispanic or Latino</td>
<td>Race</td>
</tr>
<tr>
<td>PRIMARY ADULT</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SECONDARY ADULT</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHILD</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Education Level**  
- COL-College/Advanced Training  
- CTG-Training Cert.  
- HS/High School Grad  
- GED-General Education Diploma

**Employment Status**  
- F-Full Time (28+ hrs/wk)  
- P-Part Time  
- R-Retired or Disabled  
- T-Training or School

**Medical Insurance**  
- XIX  
- HMO  
- Private  
- Other

### INCOME SOURCES
**Proof of Income will be required to process application**  
Income received in the last year (check all that apply)

<table>
<thead>
<tr>
<th>Work</th>
<th>SSI</th>
<th>Social Security</th>
<th>TANF</th>
<th>Unemployment</th>
<th>Scholarships</th>
<th>Grants</th>
<th>Child Support</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
</tbody>
</table>

**Emergency Contacts**  
(Other than parents)

<table>
<thead>
<tr>
<th>#1</th>
<th>Name: ______________________</th>
<th>Relationship: ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Address: ____________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City/State/Zip: ____________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: H/C/M/W: ( )</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Contact? ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Release To? ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>#2</td>
<td>Name: ______________________</td>
<td>Relationship: ______________________</td>
</tr>
<tr>
<td></td>
<td>Address: ____________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City/State/Zip: ____________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: H/C/M/W: ( )</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency Contact? ☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Release To? ☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

**Doctor:**  
Name: ______________________  
Phone: ______________________

**Address:** ______________________  
City: ______________________  
State: ______________________

**Dentist:**  
Name: ______________________  
Phone: ______________________

**Address:** ______________________  
City: ______________________  
State: ______________________

**Hospital Preference:**  
Name: ______________________  
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:** ______________________

---

**Revised Jan 2020**  
**Policy Council approved:**
## ADDITIONAL HOUSEHOLD MEMBERS

<table>
<thead>
<tr>
<th>Name (first and last)</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Hispanic or Latino</th>
<th>Race</th>
<th>Ed Level</th>
<th>Employment Status</th>
<th>Disability Y or N</th>
<th>Medical Insur.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Codes

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Employment Status</th>
<th>Medical Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL-College/Advanced Training</td>
<td>F-Full Time (28+hrs/wk)</td>
<td>Other</td>
</tr>
<tr>
<td>CTG-Training Cert.</td>
<td>P-Part Time</td>
<td>Head-1</td>
</tr>
<tr>
<td>HSG-High School Grad</td>
<td>R-Retired or Disabled</td>
<td>Private</td>
</tr>
<tr>
<td>GED-General Education Diploma</td>
<td>T-Training or School</td>
<td>None</td>
</tr>
<tr>
<td>G9-Grade 9 or less</td>
<td>B-Full Time &amp; Training</td>
<td></td>
</tr>
<tr>
<td>G10-Grade 10</td>
<td>L-Part Time &amp; Training</td>
<td></td>
</tr>
<tr>
<td>G11-Grade 11</td>
<td>S-Seasonally Employed</td>
<td></td>
</tr>
<tr>
<td>G12-Grade 12</td>
<td>U-Unemployed</td>
<td></td>
</tr>
</tbody>
</table>

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: ___________________________
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: ___________________________ (location)  - DATE: ___________________________

- 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. Block Grant (CCBG Subsidy): Applied_____ Receiving_____

4. 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 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

SPECIAL NEEDS— Must be completed at time of application

1. Suspected Disability
   If yes, suspected disability reported by: ___________________________
   Yes  No

2. Professionally Diagnosed Disability
   If yes, describe: ___________________________
   Disability professionally diagnosed by: ___________________________
   Documented diagnosis/verification included with application included with application? Yes  No

3. Special Health Concerns
   If yes, describe: ___________________________
   Yes  No

Revised January 2020
Policy Council Approved
HACAP Head Start/Early Head Start Listing

Vinton Head Start
202 E 4th Str Vinton

Coral Ridge Head Start
2441 10th Str Coralville

Iowa City Bloomington Head Start
318 E Bloomington Iowa City

Waterfront Head Start
367 Southgate Dr Iowa City

Faith UCC
1609 Deforest Ave Iowa City

Anamosa Head Start
100 Park Ave Anamosa

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

Olivet Head Start
230 10th Str NW Cedar Rapids

Hayes Head Start
1924 D Str SW Cedar Rapids

Horizons Head Start/Early Head Start
819 5th Str SE Cedar Rapids

Jane Boyd Head Start
943 14th Ave SE Cedar Rapids

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

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

Orchard Hill Head Start
2176 Lexington Blvd Washington

Contracted Head Start Locations:
Belle Plaine Monticello
Center Point Williamsburg
Central City
Iowa Valley

Partnership Location:
Linn County Child Development Center, Cedar Rapids