



Rock/Walworth Comprehensive Family Services, Inc.

Head Start/Early Head Start Application Packet

Program Year 2022 -2023



Welcome to our Head Start/Early Head Start Program, thank you for your interest in our services. We are a complete early childhood education/family program providing positive and developmentally appropriate school readiness experiences.

Acceptance is based on the needs of a child/family, we are not a first come, first served program.

Proof of income and an interview are part of the application process.

Completing the application packet is not a guarantee of placement.

WE ARE AN INCOME BASED PROGRAM AND WILL NEED YOUR 2021 INCOME:

If you **currently** receive one of the following, we will need verification.

Example: award letter or current statement

- ☼ **SSI** ☼ **W2 Cash Assistance** ☼ **Foster Care Supplement** ☼ **Kinship Care**
☼ **Food Stamps (Food Share/Snap)**

If none of the above applies, please send copies of all the incomes listed below that apply to your family:

- ☼ **2021 Tax Return** ☼ **2021 W2 Employer Statement(s)** ☼ **Caretaker's Supplement**
☼ **2021 Child Support received for all children in the home** ☼ **SSDI** ☼ **Unemployment**
☼ **Written statement from the employer** ☼ **Written statement for cash received for work**

If none of these apply to you, please contact the enrollment office.



APPLICATION CHECKLIST

	Application – done in pen , signed/dated
	Interview - will be done by staff in person or by phone
	Proof of income - 2021
	Physical- recent/less than one year old (will need to schedule if the physical is over a year old)
	Dental Exam (For children 3 and up-please schedule one if the last exam is over a year old)
	4K/P4J School District Paperwork - Beloit & Janesville only (if child is age 4 on or before 9/1)

Please allow up to 30 days for processing the application. Incomplete applications will not be considered for placement. Fall placement will begin over the summer months.

Please contact us with new address/phone number changes.

We cannot serve your child if we can't find you.

If you have any questions or need help with anything, please call/email us:

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1221 Henry Ave, Beloit, WI 53511 • Phone: (608) 299-1500 or 1-800-774-7778 • Fax: (608) 299-1629

APPLICATION FOR PLACEMENT: PROGRAM YEAR 2022-2023
THIS APPLICATION SHOULD BE COMPLETED /SIGNED ONLY BY THE LEGAL PARENT(S)/ GUARDIAN(S)
PEN ONLY PLEASE!

Child's Name: _____ DOB: _____
☐ Female ☐ Male

1. CHILD'S RACIAL/ETHNIC BACKGROUND (Check all that apply):

- ☐ White ☐ American Indian/Alaska Native ☐ Hispanic?
☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ Yes ☐ No
☐ Asian ☐ Other: _____

Child's Primary Language: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other: _____

Child's Secondary Language: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other: _____

Primary Language at Home: ☐ English ☐ Spanish ☐ American Sign Language ☐ Other: _____

Child's English-speaking ability? ☐ Very well ☐ Well ☐ Not well ☐ Not at all

Home Address: _____

APT/LOT # CITY ZIP COUNTY

Mailing Address (if different): _____

2. CHILD LIVES PRIMARILY WITH: (Check all that apply)

- ☐ Both Parents / Same Home ☐ Mother ☐ Father ☐ Legal Stepparent
☐ Girlfriend ☐ Boyfriend ☐ Grandparent(s) ☐ Foster Parent
☐ Legal Guardian ☐ Other: _____

Is one parent away on military duty? ☐ Yes ☐ No

Is mom pregnant? ☐ Yes ☐ No

3. WHAT IS YOUR CURRENT LIVING ARRANGEMENT?

☐ Rent ☐ Own ☐ Staying with family/friends' long term ☐ Foster Home ☐ Other: _____

☐ I am homeless. This means that you are staying in a car, park, campgrounds, hotel, emergency shelter, transitional housing, on the street, or are living with family/friends' short term. *If homeless, please check which applies to you:*

4. PRIMARY PARENT / LEGAL GUARDIAN #1

NAME: _____

DOB: _____ STATUS: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

☐ Birth Mom ☐ Birth Dad ☐ Legal Stepparent ☐ Adoptive ☐ Foster ☐ Guardian

☐ Other: _____

Primary Language: _____

Race/Ethnicity: _____ Hispanic? ☐ Yes ☐ No

Address if different than child's family: _____

Primary Phone: _____ H C W opt in for text messages: ☐ Yes ☐ No

Secondary Phone: _____ H C W E-Mail: _____

English speaking ability: ☐ None ☐ Little ☐ Moderate ☐ Proficient

Completed Elementary School: ☐ Yes ☐ No Did you receive? ☐ High School Diploma ☐ HSED/GED ☐ None

5.	PRIMARY PARENT / LEGAL GUARDIAN #2
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NAME: _____

DOB: _____ **STATUS:** ☐ Single ☐ Married ☐ Divorced ☐ Separated

☐ Birth Mom ☐ Birth Dad ☐ Legal Stepparent ☐ Adoptive ☐ Foster ☐ Guardian

☐ Other: _____ Custody? ☐ Yes ☐ No ☐ Shared

Race/Ethnicity: _____ Hispanic? ☐ Yes ☐ No

Address if different than child's family: _____

Primary Phone: _____ H C W opt in for text messages: ☐ Yes ☐ No

Secondary Phone: _____ H C W E-Mail: _____

English speaking ability: ☐ None ☐ Little ☐ Moderate ☐ Proficient

Completed Elementary School: ☐ Yes ☐ No Did you receive? ☐ High School Diploma ☐ HSED/GED ☐ None

6.	IS YOUR CHILD CURRENTLY IN?
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☐ Birth-3 ☐ Early Childhood/Special Education ☐ Autism Services (WEAP, Caravel, etc.) ☐ Early Head Start

☐ Other home visitation program:

☐ **None**

Was your child on a waitlist last year? ☐ Yes ☐ No If yes, what State/County? _____

7.	DOES YOUR CHILD CURRENTLY HAVE?
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☐ No

☐ IFSP

What services are they receiving? (check all that apply)

☐ Speech / Language ☐ Early Childhood

☐ Occupational Therapy ☐ Physical Therapy

☐ Other:

☐ IEP

What services are they receiving? (check all that apply)

☐ Speech / Language ☐ Early Intervention

☐ Occupational Therapy ☐ Physical Therapy

☐ Other:

8.	ARE YOU CONCERNED ABOUT ANY OF THE FOLLOWING FOR YOUR CHILD?
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☐ Learning ☐ Physical ☐ Health ☐ Vision ☐ Behavioral

☐ Hearing ☐ Speech / Language ☐ Interacting in a group setting ☐ Emotional ☐ **None**

☐ Other:

9.	DO YOU HAVE ANY OF THE FOLLOWING FAMILY CONCERNS?
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☐ Reading ☐ Writing ☐ Parent has/had an IEP

☐ Continuing Education ☐ Transportation ☐ Parent has a chronic illness

☐ Mental Health ☐ Not enough food in the home ☐ Shelter / Homelessness

☐ Unemployed / Not enough hours ☐ Alcohol / Drug use ☐ Legal Concerns

☐ One parent is incarcerated ☐ Both parents are incarcerated ☐ One or both parents are deceased

☐ Other:

☐ **None**

10.	HOW DID YOU FIND OUT ABOUT US?
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- | | | |
|---|--|---|
| <input type="checkbox"/> Day Care
<input type="checkbox"/> Early Head Start/Head Start Staff
<input type="checkbox"/> Social media /Internet
<input type="checkbox"/> Friend/Family
<input type="checkbox"/> Billboard Other: _____ | <input type="checkbox"/> Birth-3
<input type="checkbox"/> Job Center: Rock/Walworth Co
<input type="checkbox"/> Counselor
<input type="checkbox"/> Community Health Program/WIC | <input type="checkbox"/> School Staff
<input type="checkbox"/> Doctor
<input type="checkbox"/> Children's WI Resource Center
<input type="checkbox"/> Autism Services Provider |
|---|--|---|

11.	DOES THE PARENT/GUARDIAN CURRENTLY RECEIVE ANY OF THE FOLLOWING? (Check all that apply)
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- | | |
|---|---|
| <input type="checkbox"/> Foster /Kinship Care
<input type="checkbox"/> Supplemental Security Income (SSI)
<input type="checkbox"/> W2 / Cash Assistance
<input type="checkbox"/> Food Share/Food Stamps/Snap | <input type="checkbox"/> Health Insurance (State or private) <input type="checkbox"/> WIC
<input type="checkbox"/> Caretaker Supplement <input type="checkbox"/> Social Security benefits or SSDI
<input type="checkbox"/> Survivors Benefits <input type="checkbox"/> Energy Assistance <input type="checkbox"/> Child Care Assistance
<input type="checkbox"/> Section 8/Public Housing <input type="checkbox"/> Child Support |
|---|---|

12.	ADDITIONAL CONTACT PERSON(S) IN CASE WE CANNOT REACH YOU
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- | | | | |
|----|-------|-----------------------|-------|
| 1. | _____ | _____ | _____ |
| | Name | Relationship to child | Phone |
| 2. | _____ | _____ | _____ |
| | Name | Relationship to child | Phone |

13.	LIST CHILD'S SIBLINGS CURRENTLY LIVING IN THE HOME:
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- | | (First) | (Last) | (Relationship to child) | |
|----|---------|--------|-------------------------|--|
| 1. | _____ | | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ |
| 2. | _____ | | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ |
| 3. | _____ | | _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: _____ |

Please continue on the back if you need more space.

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:
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Application will not be complete until we have proof of income. For enrollment purposes, I understand that RWCFS Head Start/Early Head Start may need to coordinate programming with my local school district, WI Shot Registry, other home visitation programs, and/or daycare providers for transportation, placement, 4K registration, and scheduling.

By signing this application, I verify that I am the parent/legal guardian of this child and that the information provided is current and complete to the best of my knowledge. I further understand that if I knowingly provide false information, that my family may no longer be eligible for further services.

Signature _____ Date _____

Signature _____ Date _____

INTERVIEW:

- | | |
|------------------|-------------------------------------|
| In-Person: | Phone (reason for phone interview): |
| Staff Person: | Date: |
| Parent/Guardian: | Date: |

FOR OFFICE USE			
<u>New</u>	<u>Transition</u>	<u>3rd Year</u>	
		Health History Form	
Parent/Guardian Permission for Screenings/Testing		Immunizations	
Income			
INCOME POINTS	TOTAL POINTS:	DATA ENTERED BY:	REVIEWED BY:
Proof of income obtained:			

Notes:

Example of 2021 1040 Income Tax Return form used to verify your income.

Form

1040

Department of the Treasury—Internal Revenue Service

(99)

U.S. Individual Income Tax Return

2021

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

Filing Status

☐ Single
☐ Married filing jointly
☐ Married filing separately (MFS)
☐ Head of household (HOH)
☐ Qualifying widow(er) (QW)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial

Last name

Your social security number

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

State

ZIP code

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You ☐ Spouse

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency?

☐ Yes ☐ No

Standard Deduction

Someone can claim:

☐ You as a dependent
☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1957
☐ Are blind

Spouse:

☐ Was born before January 2, 1957
☐ Is blind

Dependents

(see instructions)

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) ☒ if qualifies for (see instructions):

Child tax credit

Credit for other dependents

1 Wages, salaries, tips, etc. Attach Form(s) W-2

2a Tax-exempt interest

3a Qualified dividends

4a IRA distributions

5a Pensions and annuities

6a Social security benefits

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here

8 Other income from Schedule 1, line 10

9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

10 Adjustments to income from Schedule 1, line 26

11 Subtract line 10 from line 9. This is your adjusted gross income

12a Standard deduction or itemized deductions (from Schedule A)

12b Charitable contributions if you take the standard deduction (see instructions)

12c Add lines 12a and 12b

13 Qualified business income deduction from Form 8995 or Form 8995-A

14 Add lines 12c and 13

15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-

Attach Sch. B if required.

Standard deduction for—

Single or Married filing separately.

\$12,550

Married filing jointly or Qualifying widow(er).

\$25,100

Head of household.

\$18,800

If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 11320B

Form 1040 (2021)

(First)

(Last)

(Relationship to child)

4.

☐ Male ☐ Female

DOB:

5.

☐ Male ☐ Female

DOB:

6.

☐ Male ☐ Female

DOB:

Revised 2/22: JK