Ottawa County Early Childhood Application 2020-2021

(Please use this application to apply or receive information for early childhood programming in Ottawa County)

CHILD INFORMATION

Application Date _____

Child's Legal Last Name	Child's First Name	M.I.	Nickname	Gender ☐ Male ☐ Female
Child's Birthday (month, day, year)	My child is transitioning from Early Head Start ☐ YES ☐ NO		My child is transitioning from Early On ☐ YES ☐ NO	
Do you or your doctor have concerns about your child's development? (i.e. language, motor, behavior) ☐ YES (Please explain) ☐ NO				
Does your child have a current IEP or IFSP? ☐ YES ☐ NO				

HOUSEHOLD INFORMATION

ADDRESS

Living Address: Street / Apartment	City/ State/ Zip	County	Phone Number
Mailing Address (**if different**): Street / Apartment	City/ State/ Zip	County	Phone Number

Which school district do you live in?

☐ Allendale ☐ Coopersville ☐ Grand Haven ☐ Hamilton ☐ Holland ☐ Hudsonville ☐ Jenison ☐ Saugatuck ☐ Spring Lake ☐ West Ottawa ☐ Zeeland

How many times have you moved in the last year?	Do you have a permanent residence? ☐ YES ☐ NO	Have you been homeless in the past year? ☐ YES ☐ NO

Email Address: I am interested in receiving Early Childhood information by ☐ Email ☐ Text ☐ Both ☐ Neither

HOUSEHOLD- PLEASE LIST ALL MEMBERS

						Education level			
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex	High School Grad	Non-Grad	GED	Employed?
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex O M O F	High School Grad O	Non-Grad O	GED O	Employed? O YES O NO
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	F Sex O M O F	High School Grad O	Non-Grad O	GED O	Employed? O YES O NO
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex O M O F	High School Grad O	Non-Grad O	GED O	Employed? O YES O NO
Last Name	First Name	M.I.	Date of Birth	Relationship to Child	Sex O M O F	High School Grad O	Non-Grad O	GED O	Employed? O YES O NO

Total # in household: | Previous 12 months of income: $

List any parent(s) not living in above household: Name_____ Relationship to child:_____

VERIFICATION OF 12 MONTHS OF INCOME MUST BE ATTACHED IN ORDER TO PROCESS YOUR APPLICATION

A copy of your 2019 Tax Return, W2's, verification of Child Support, Unemployment and/or Disability Income

Check box if family is receiving any of the following services:

MDHS Child Care Reimbursements ☐ SSI ☐ FIP Payments ☐ Work First ☐ Child is a Foster Child

Name	Amount: $ ○ Yearly ○ Monthly ○ Weekly	Description
Name	Amount: $ ○ Yearly ○ Monthly ○ Weekly	Description

TRANSPORTATION INFORMATION (if available)			
Pick Up Location ☐ Home ☐ Childcare	**If Childcare,** Name:	Address	Phone
Drop Off Location ☐ Home ☐ Childcare	**If Childcare,** Name	Address	Phone
Are you able to self-transport? ☐ YES ☐ NO			

PARENT INFORMATION

Are parents able to speak English? ☐ YES ☐ NO		Primary language spoken in home		Secondary language spoken in home	
Does either parent have a disability? ☐ YES_____ ☐ NO		Is either parent on Active Military Duty? ☐ YES_____ ☐ NO		Is either parent incarcerated? ☐ YES_____ ☐ NO	
Has child lost a parent or sibling due to death? ☐ YES ☐ NO	Has child been abused/CPS involved? ☐ YES ☐ NO	Do you have a chronically ill family member? ☐ YES ☐ NO	Are you a recent immigrant/refugee? ☐ YES ☐ NO	Do you have a current/history of domestic violence? ☐ YES ☐ NO	Substance abuse/ addiction? ☐ YES ☐ NO
How did you hear about this program?					

IF I CANNOT BE REACHED, PLEASE CONTACT:		
Name	Phone Number	Relationship to child
Address		City / State / Zip

I hereby release this information to be shared by Help Me Grow-Ottawa, Ottawa Area Intermediate School District, Child Development Services - Lakeshore Head Start and any location preference indicated below.
Additionally, if I do not qualify for tuition free preschool programs, I give the Ottawa Area Intermediate School District permission to give my application to tuition assistance programs (Ready for School) ○ **Yes** ○ **No**

NOTE: APPLICATION MUST BE SIGNED IN ORDER TO BE PROCESSED

Signature of Parent/Guardian: Date:

Check all options for which you are interested in applying:

- ☐ Home-Based Services (Parents as Teachers/ Early Head Start)
- ☐ Childcare
- ☐ Three Year Old Preschool
  Location Preference _____
- ☐ Four Year Old Preschool
  Location Preference _____
- ☐ Other _____

See Early Childhood Program Options and Income Guidelines to help in making your choice at hmgOttawa.org.

If this is an agency referral, please fill out the following:

Contact Person:

Agency:

Phone/Email:

Please return application to:
CDS Lakeshore Head Start
Attn: Amanda McCreight
100 South Pine St. Suite 220
Zeeland, MI 49464
or amccreight@cdsoc.org
For Questions: 616-786-0736

Office use only:

Type of interview: ○PHONE ○IN PERSON Who did you speak with?_____

Verify family/household information (i.e. is this everyone living in the household?)_____

Is proof of income attached that is appropriate to the family situation? ○Yes ○No

Staff Signature_____ Date:_____

*** Filling out this application does not guarantee acceptance in programs.**