

Skagit/Islands Head Start

ELIGIBILITY APPLICATION

Thank you for your interest in Skagit/Islands Head Start (SIHS). Our tuition free program provides education and family support services for pregnant women and children ages birth to five who live in our Skagit, Island, and San Juan county service area.

REQUIREMENTS

Age Eligibility

- Pregnant women and children birth to three years of age are eligible for Early Head Start (EHS)
- Children who are 3 or 4 years of age and not more than 5 years of age by August 31, 2022 are eligible for Preschool Head Start (PHS)

Income Eligibility

Services are available if your family is living at or below the current Federal Poverty Guidelines

Income Eligible - 100% of Federal Poverty Level			
Family Size	At or Below	Family Size	At or Below
1	\$13,590	5	\$32,470
2	\$18,310	6	\$37,190
3	\$23,030	7	\$41,910
4	\$27,750	8	\$46,630
<i>*For each additional person after 8, add \$4,720</i>			

Above Income - 130% of Federal Poverty Level+			
Family Size	At or Below	Family Size	At or Below
1	\$17,667	5	\$42,211
2	\$28,803	6	\$48,347
3	\$29,939	7	\$54,483
4	\$36,075	8	\$60,619
<i>*For each additional person after 8, add \$6,136</i>			

Categorical Eligibility

Eligibility is granted if your family meets ANY of the following categories:

- The child to be enrolled is in **foster care**
- Your family is experiencing **homelessness** (lacking fixed, regular, and adequate housing)
- Receiving ongoing public assistance benefits including **SNAP**, **TANF (Temporary Assistance to Needy Families)**, or **SSI (Supplemental Security Income)** benefits

REQUIRED DOCUMENTATION

Along with your completed application the following documentation is required:



Proof of your child's age (birth certificate, hospital birth record, adoption documents)



Proof of ALL family income for the past 12 months (1040 Tax return, W2's, pay stubs, LES, unemployment benefit letter, statement from employer, TANF or SSI documents)



Proof of guardianship (if applicable: DCYF Placement Agreement, court documents)
Proof of child support (if applicable: court order, letter, etc.)

HOW TO APPLY

- Visit our website at www.sih.s.kagit.edu and click on the "Apply Now" link. (available for new families only)
- Complete this electronic application and return it via email to mv@sihs.skagit.edu
- Request a postage paid envelope to return your application and supporting documents via postal mail.
- Drop off in person at your local center

CONTACT US

You and your children are very important, and we want to make the application process as simple as possible. If you experience any issues or have questions, please contact us!



Phone (360) 416-7590



Text (360) 499-6431



Email mv.sih.s@skagit.edu

PROGRAM MODELS

Early Head Start *Operates Year-round*

Home-based Home Visiting (Prenatal-age 3)

- Weekly home visit (1½ hour)
- Parent/child play groups twice a month

Toddler Combination Program (ages 1-2)

- Classroom experience (3 ½ hrs.) 2 days a week (Sep.-June)
- Home visit (1½ hour) twice a month

Part Day Toddler Classroom (ages 2-3)

- Classroom experience (3 ½ hrs/day) Monday through Thursday (Sep.-June)
- Home visit (1½ hour) twice a month July-August

Full Day Toddler Classroom (ages 2-3)

- Classroom experience Monday through Friday 6 hours/day

Preschool Head Start

Part Day Classroom (3-4 years of age)

- Classroom experience (3 ½ hours) 4 days a week
- Operates September through June

Full Day Classroom (3-4 years of age)

- Classroom experience (6 hours) 5 days a week
- Operates September through June

CENTER LOCATIONS

BURLINGTON

Westview Head Start

515 W. Victoria Ave.

Burlington Head Start

(OPENING FALL 2022)

1575 S. Burlington Blvd.

CONCRETE

Concrete Head Start

7838 S. Superior Ave

MOUNT VERNON

Pacific Place Head Start

320 Pacific Place

Child and Family Learning Center (CFLC)

1919 N. LaVenture Rd.

Jefferson Head Start

1801 E. Blackburn Rd.

Washington Head Start

1020 McLean Rd.

SEDRO WOOLLEY

Sedro Woolley Head Start

1011 McGarigle Rd.

Good Beginnings Early Head Start

780 Cook Rd.

OAK HARBOR

Hand in Hand Early Learning Center

600 Cherokee St.

Whidbey Early Head Start

151 SE Midway Blvd.

Oak Harbor Head Start

(OPENING FALL 2022)

1080 NE 7th Ave.

FRIDAY HARBOR

San Juan Head Start

97 Grover St.



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Email mv.sih@skagit.edu



Skagit/Islands Head Start is a department of Skagit Valley College and provides a drug-free environment and does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, or age in its programs and employment

Skagit/Islands Head Start Enrollment Application

320 Pacific Pl. Mount Vernon, WA. 98273

Phone: (360)416-7590 Text: (360)499-6432 Email: mv@sihs.skagit.edu



SECTION A. APPLICANT INFORMATION				RESET FORM
LEGAL FIRST NAME:		LEGAL LAST NAME:		DATE OF BIRTH:
GENDER:				
HISPANIC/LATINO? <input type="checkbox"/> Yes <input type="checkbox"/> No	HEALTH INSURANCE: <input type="checkbox"/> Apple Health (Medicaid) <input type="checkbox"/> Military <input type="checkbox"/> Private <input type="checkbox"/> None		DUE DATE: (PREGNANT WOMEN ONLY)	
RACE: (check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White			PRIMARY HOME LANGUAGE:	
			SECONDARY LANGUAGE:	
SECTION B. PRIMARY ADULT OR PRENATAL MOM INFORMATION				
FIRST NAME:		LAST NAME:		DATE OF BIRTH:
GENDER:				
RELATIONSHIP TO CHILD APPLICANT:		PRIMARY PHONE NUMBER: (including area code)		
		May we send text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HISPANIC/LATINO? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-MAIL ADDRESS:		SECONDARY PHONE NUMBER:	
RACE: (check all that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White			PRIMARY LANGUAGE:	
			IS INTERPRETER NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LIVES IN HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No			MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	
EDUCATION LEVEL: <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> Vocational school/some college <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Advanced or Bachelor degree <input type="checkbox"/> Associate degree			EMPLOYMENT STATUS: <input type="checkbox"/> Employed full time <input type="checkbox"/> Student <input type="checkbox"/> Employed part-time/seasonally <input type="checkbox"/> Retired/Disabled <input type="checkbox"/> Stay at home parent <input type="checkbox"/> Unemployed	
SECTION C. SECONDARY ADULT INFORMATION				
FIRST NAME:		LAST NAME:		DATE OF BIRTH:
GENDER:				
RELATIONSHIP TO CHILD APPLICANT:		PRIMARY PHONE NUMBER: (including area code)		
		May we send text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HISPANIC/LATINO? <input type="checkbox"/> Yes <input type="checkbox"/> No	E-MAIL ADDRESS:		SECONDARY PHONE NUMBER:	
RACE: <input type="checkbox"/> American Indian <input type="checkbox"/> Black/African American <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White			PRIMARY LANGUAGE:	
			IS INTERPRETER NEEDED? <input type="checkbox"/> Yes <input type="checkbox"/> No	
LIVES IN HOUSEHOLD? <input type="checkbox"/> Yes <input type="checkbox"/> No			MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> N/A	
EDUCATION LEVEL: <input type="checkbox"/> Less than high school diploma <input type="checkbox"/> Vocational school/some college <input type="checkbox"/> High school diploma/GED <input type="checkbox"/> Advanced or Bachelor degree <input type="checkbox"/> Associate degree			EMPLOYMENT STATUS: Employed full time <input type="checkbox"/> Student Employed part-time/seasonally <input type="checkbox"/> Retired/Disabled Stay at home parent <input type="checkbox"/> Unemployed	
SECTION D. FAMILY INFORMATION				
# OF ADULTS IN THE FAMILY:		# OF CHILDREN IN THE FAMILY:		ESTIMATED ANNUAL INCOME:
				\$



LIVING ADDRESS: Address: _____ City: _____ State: _____ Zip: _____	MAILING ADDRESS: <input type="checkbox"/> N/A - SAME AS LIVING Address: _____ City: _____ State: _____ Zip: _____
FAMILY TYPE: <input type="checkbox"/> One parent <input type="checkbox"/> Two parents <input type="checkbox"/> One parent living with partner <input type="checkbox"/> Shared custody/two households <input type="checkbox"/> Foster family/relative placement	DOES YOUR FAMILY RECEIVE ANY OF THE FOLLOWING BENEFITS? <input type="checkbox"/> None <input type="checkbox"/> SSI (Supplemental Security Income) <input type="checkbox"/> Social Security Benefit <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> TANF (Cash Assistance) <input type="checkbox"/> WIC

SECTION E. CHILD HEALTH AND DEVELOPMENTAL INFORMATION	
IS YOUR CHILD ATTENDING A LICENSED CHILD CARE? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, where: _____	PREVIOUS ENROLLMENT: <input type="checkbox"/> Early Head Start <input type="checkbox"/> ECEAP <input type="checkbox"/> School District Program
IS YOUR CHILD RECEIVING SERVICES FOR A DIAGNOSED DISABILITY? <input type="checkbox"/> Yes (IEP, IFSP, private therapy) <input type="checkbox"/> No If YES, who is providing services? _____	DO YOU HAVE CONCERNS ABOUT YOUR CHILD'S DEVELOPMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain: _____
DOES YOUR CHILD HAVE ANY HEALTH CONDITIONS? (allergies, asthma, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain: _____	DO YOU HAVE CONCERNS ABOUT YOUR CHILD'S HEALTH? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain: _____
DOES YOUR CHILD TAKE ANY MEDICATIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain: _____	

SECTION F. INCOME AND OTHER FAMILY INFORMATION		
FIRST & LAST NAME (Other household members NOT listed in sections A,B, & C)	RELATIONSHIP TO CHILD APPLICANT OR PREGNANT MOM	DATE OF BIRTH

SECTION G. FAMILY CONCERNS (Please check any areas of concern you have for your child and/or family)	
<input type="checkbox"/> Currently receiving services from Child Protective Services(CPS) or Family Assessment Response (FAR)	<input type="checkbox"/> Living in temporary housing (including shelter, hotel, vehicle, or moving frequently between homes of relatives or friends)
<input type="checkbox"/> Received CPS or FAR services in the past	<input type="checkbox"/> Child has been adopted from foster care or kinship care
<input type="checkbox"/> Household member has a disability or chronic physical/mental health condition	<input type="checkbox"/> Household drug/alcohol issues or substance abuse (past or current)
<input type="checkbox"/> Family is new to the area and/or has limited support system	<input type="checkbox"/> Household domestic violence (past or current)
<input type="checkbox"/> Child's parent is incarcerated or on probation/parole	<input type="checkbox"/> Loss of a parent (death, abandonment, or deportation)
<input type="checkbox"/> Other: _____	

HOW DID YOU HEAR ABOUT US?

☐ Friend/Family
 ☐ Online Search
 ☐ Facebook Post
 ☐ Flyer
 ☐ Healthcare Provider
 ☐ Community Event
☐ Other: _____

I certify that the above information is true and correct to the best of my knowledge. I understand that if I knowingly give false information or misrepresentation of my income, it may result in disqualification from the program. I understand that this application is not complete until I submit all required documentation including income verification.	
PARENT/GUARDIAN SIGNATURE: _____	DATE: _____