# New Opportunities, Inc. Head Start/Early Head Start Application

**Applicant's Name** *(child or pregnant women)*

| **Legal Name** *(Last)* | *(First)* *(Other Name)* | ☐ HS ☐ EHS: __CB __HB __Transition ☐ IE ☐ OI Location_____ |
|---|---|---|

| **Address** *(Living) - street* | **City** | **Zip** |
|---|---|---|

| **Sex** | **Date of Birth** Mo. Day Year | **Language:** Primary Secondary (if applicable) | **Prior NOI HS/EHS Child** ☐ Yes ☐ No **Email address**_____ |
|---|---|---|---|

**Does your child have medical coverage?** ☐ Yes ☐ No
☐ Medicaid ☐ Hawk-I ☐ Private Insurance ☐ Other

**Receiving WIC?** ☐ Yes Location_____ ☐ No
**Receiving SNAP** (Supplemental Nutrition Assistance) Yes ☐ No ☐
(formerly food stamps)

| **Parent/Legal Guardian** (Head of Household) | | **Parent** | |
|---|---|---|---|
| First & Last Name | | First & Last Name | |
| Addresses: (Living) | Zip | Addresses: (Living) | Zip |
| Mailing | Zip | Mailing | Zip |
| Contact # Cell/Work # (circle one) | | Contact # Cell/Work # (circle one) | |
| Relative or friend not living with you & phone number | | Relative or friend not living with you & phone number | |

| **Family Information** *(1) Supported by the income of the parent(s) or guardian(s) of the child enrolling or participating in the program, and (2) Related to the parents(s) or guardian(s) by blood, marriage or adoption (3) Child's authorized caregiver or legally responsible party.* First & Last Name | Relationship to Applicant | Date of Birth (Verified DOB of applicant) ☐Y ☐N | Gender | English Speaking (circle one) | Primary/ Preferred Language | Ethnicity and/or Race | Education Level <HS HS SC AD | Employ. Yes No | Job Trg (JT) In School (IS) Military |
|---|---|---|---|---|---|---|---|---|---|
| **Adult** (include parent/guardian and/or pregnant women listed above) | | Mo. Day Year | | | | | | | |
| | | | | Y N | | | | | |
| | | | | Y N | | | | | |
| | | | | Y N | | | | | |
| **Children** (include child applicant listed above) | | | | | | | | | |
| | | | | Y N | | | | | |
| | | | | Y N | | | | | |
| | | | | Y N | | | | | |
| | | | | Y N | | | | | |
| | | | | Y N | | | | | |
| | | | | Y N | | | | | |

**Parental Status** (circle one)
One Two
Foster Guardian

My initials indicate that I have received and verified that all information recorded on this application is truthful and accurate. Parent/Legal Guardian Initials: _____ **# in family** _____

Revised 9/19/22

## Developmental Factors

**Are you currently working with another agency regarding your child's development?** ☐ **Yes** ☐ **No**

**If yes, with whom?** _____ **Consent to release information signed** _____

**Does your child have an:** **IEP** ☐ Yes ☐ No **IFSP** ☐ **Yes** ☐ **No**

Copy provided ☐ **Yes** ☐ **No** (date of IEP/IFSP _____)

**Was child referred to program by Child Welfare Agency** ☐ Yes ☐ No

**Other** ☐ **By Whom** _____

**Do you have any other questions or concerns about:**

| √ | AREA | Concern |
|---|---|---|
| | Speech | |
| | Language | |
| | Hearing | |
| | Vision | |
| | Developmental (# of weeks premature) | |
| | Behavior | |
| | Motor Skills | |
| | Health Concerns (Asthma, Seizures, etc.) | |
| | Food Allergies/Other | |

Resources/Referrals provided to the family:

*Additional Applicants Notes:*
*Please include any notes of current family living or custody situations (i.e. foster care parents, DHS workers, etc.)*

**Reason date of birth NOT verified:**

# HEAD START/EARLY HEAD START RELEASE OF INFORMATION

I voluntarily authorize the release or exchange of timely and relevant information among the agencies or persons listed below for:

_____
Child Name Birthdate

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**AEA/EARLY ACCESS / SCHOOL DISTRICT/IOWA DEPARTMENT OF EDUCATION**

_____ Area Education Agency - Heartland -Carroll, Audubon, Dallas, and Guthrie Counties- or
Initial Prairie Lakes -Sac, Calhoun, and Greene Counties. (*Circle Heartland or Prairie Lakes)*
and _____school district.

For the purpose of sharing and obtaining IEPs, IFSP's, Evaluations, Observations, Assessment Date, Consultations, Referrals & Reports, physicals, immunization records, health and dental history.

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**PRIVATE PHYSICIAN/DENTIST**

_____ Dr. _____ Address _____ Phone_____
Initial

Dentist _____ Address _____ Phone_____

Eye Dr. _____ Address _____ Phone _____

Specialist _____ Address _____ Phone _____

For the purpose of obtaining physicals, immunization records, dental exams, vision exams, as well as health and dental histories.

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**OTHER**

_____ Other agency _____
Initial (Child Health Specialty Clinic, DHS, CFI, etc.)
Information requested: _____

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**NOI** Information is shared between New Opportunities, Inc., staff. This includes the Family Development Center, WIC. Maternal Health, Health Services, Head Start/Early Head Start, Housing, Weatherization, and CACFP.

_____
Initial

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**CONFIDENTIALITY AND PERSONAL IDENTIFIABLE INFORMATION**

New Opportunities, Inc./Head Start, requires much documentation, which is safeguarded to insure confidentiality for your family.

- The program is able to release information to the following entities without parental consent: Officials within the program or acting for the program, State or Federal entities, as well as appropriate parties to address a disaster or health and safety concern.
- Your child's complete file is kept at the central Head Start office, and copies are kept at your Head Start center and/or with your Home Based Educator/Family Advocate. All are kept in locked file cabinets.
- A copy of this release may be used as the original.
- This authorization is effective for no longer than one year from the date of signature.
- I can revoke my consent by writing to both the persons giving and the persons receiving the information.
- The information disclosed may include matters regarding mental health/depression, alcohol or drug abuse and infectious diseases, including HIV. Refusal to consent to release information will result in such confidential records not being released. If you do not wish such information to be released, state information to be excluded:_____

This verifies that I voluntarily release the information initialed above. I have read this release, or it has been read to me, and I understand its content.

_____ _____
Parent/Legal Guardian Date Staff Signature Date