

## 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 2020 1040 form
- 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  
Att. Stacy King

# 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: \_\_\_\_\_ ● DATE: \_\_\_\_\_  
(location)
- SITE REQUESTED (1<sup>ST</sup> Choice) \_\_\_\_\_ (2<sup>nd</sup> 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. DHS Child Care Assistance (DHS CCA): 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 receiving food stamps/SNAP? Yes  No
6. 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 Yes  No   
If yes, suspected disability reported by: \_\_\_\_\_
2. Professionally Diagnosed Disability Yes  No   
If yes, describe: \_\_\_\_\_  
Disability professionally diagnosed by: \_\_\_\_\_  
  
Documented diagnosis/verification included with application Yes  No   
included with application?
3. Special Health Concerns Yes  No   
If yes, describe: \_\_\_\_\_

Hawkeye Area Community Action Program, Inc.  
1515 Hawkeye Drive, PO Box 490, Hiawatha, IA 52233

**Basic Intake Form – HS/EHS**

**Flag for Review**  
Red – Health  
Blue – Disability  
Yellow – Nutrition  
Green – Other  
**ATTACH FLAG HERE**

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)**

|                          | Name (first and last) | Relationship to Applicant | Date of Birth | Sex | Hispanic or Latino                                          | Race | Ed. Level | Employment Status | Disability Y or N | Medical Insur. |
|--------------------------|-----------------------|---------------------------|---------------|-----|-------------------------------------------------------------|------|-----------|-------------------|-------------------|----------------|
| Primary Adult            |                       |                           |               |     | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |      |           |                   |                   |                |
| Secondary Adult or Child |                       |                           |               |     | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |      |           |                   |                   |                |
| Child                    |                       |                           |               |     | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |      |           |                   |                   |                |
| Child                    |                       |                           |               |     | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |      |           |                   |                   |                |
| Child                    |                       |                           |               |     | Yes No<br><input type="checkbox"/> <input type="checkbox"/> |      |           |                   |                   |                |

  

| Education Level                                                                                              | Codes                                                              | Employment Status                                                                       | Medical Insurance                                                                                                             |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| COL-College/Advanced Training<br>CTG-Training Cert.<br>HSG-High School Grad<br>GED-General Education Diploma | G9-Grade 9 or less<br>G10-Grade 10<br>G11-Grade 11<br>G12-Grade 12 | F-Full Time (28+hrs/wk)<br>P-Part Time<br>R-Retired or Disabled<br>T-Training or School | B-Full Time & Training<br>L-Part Time & Training<br>S-Seasonally Employed<br>U-Unemployed<br>XIX<br>Hawk-I<br>Private<br>None |

**INCOME SOURCES**

**\*\*Proof of Income will be required to process application**

Income received in the last year (check all that apply)

|                 | Primary Adult            | Secondary Adult          |
|-----------------|--------------------------|--------------------------|
| Work            | <input type="checkbox"/> | <input type="checkbox"/> |
| SSI             | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Security | <input type="checkbox"/> | <input type="checkbox"/> |
| FIP/TANF        | <input type="checkbox"/> | <input type="checkbox"/> |
| Unemployment    | <input type="checkbox"/> | <input type="checkbox"/> |
| Scholarships    | <input type="checkbox"/> | <input type="checkbox"/> |
| Grants          | <input type="checkbox"/> | <input type="checkbox"/> |
| Child Support   | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (explain) | <input type="checkbox"/> | <input type="checkbox"/> |

**Emergency Contacts**

(Other than parents)

**#1**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: H/C/M/W: ( ) \_\_\_\_\_  
Emergency Contact?  Yes  No  
Release To?  Yes  No

**#2**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: H/C/M/W: ( ) \_\_\_\_\_  
Emergency Contact?  Yes  No  
Release To?  Yes  No

**Doctor:**  
Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Dentist:**  
Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_ 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: \_\_\_\_\_

INCOME POVERTY GUIDELINES  
February 1, 2021  
GROSS INCOME

| FAMILY SIZE                                         | ANNUALLY  | SEMI-ANNUALLY | 100%                          |          | WEEKLY   |
|-----------------------------------------------------|-----------|---------------|-------------------------------|----------|----------|
|                                                     |           |               | QUARTERLY                     | MONTHLY  |          |
|                                                     |           |               | Head Start / Early Head Start |          |          |
| 1                                                   | 12,880.00 | 6,440.00      | 3,220.00                      | 1,073.33 | 247.69   |
| 2                                                   | 17,420.00 | 8,710.00      | 4,355.00                      | 1,451.67 | 335.00   |
| 3                                                   | 21,960.00 | 10,980.00     | 5,490.00                      | 1,830.00 | 422.31   |
| 4                                                   | 26,500.00 | 13,250.00     | 6,625.00                      | 2,208.33 | 509.62   |
| 5                                                   | 31,040.00 | 15,520.00     | 7,760.00                      | 2,586.67 | 596.92   |
| 6                                                   | 35,580.00 | 17,790.00     | 8,895.00                      | 2,965.00 | 684.23   |
| 7                                                   | 40,120.00 | 20,060.00     | 10,030.00                     | 3,343.33 | 771.54   |
| 8                                                   | 44,660.00 | 22,330.00     | 11,165.00                     | 3,721.67 | 858.85   |
| 130% SVG Limit                                      |           |               |                               |          |          |
| 1                                                   | 16,744.00 | 8,372.00      | 4,186.00                      | 1,395.33 | 322.00   |
| 2                                                   | 22,646.00 | 11,323.00     | 5,661.50                      | 1,887.17 | 435.50   |
| 3                                                   | 28,548.00 | 14,274.00     | 7,137.00                      | 2,379.00 | 549.00   |
| 4                                                   | 34,450.00 | 17,225.00     | 8,612.50                      | 2,870.83 | 662.50   |
| 5                                                   | 40,352.00 | 20,176.00     | 10,088.00                     | 3,362.67 | 776.00   |
| 6                                                   | 46,254.00 | 23,127.00     | 11,563.50                     | 3,854.50 | 889.50   |
| 7                                                   | 52,156.00 | 26,078.00     | 13,039.00                     | 4,346.33 | 1,003.00 |
| 8                                                   | 58,058.00 | 29,029.00     | 14,514.50                     | 4,838.17 | 1,116.50 |
| 133% Title XIX (mothers & children, ages 1-18)      |           |               |                               |          |          |
| 145% CCBG Limit                                     |           |               |                               |          |          |
| 1                                                   | 18,676.00 | 9,338.00      | 4,669.00                      | 1,556.33 | 359.15   |
| 2                                                   | 25,259.00 | 12,629.50     | 6,314.75                      | 2,104.92 | 485.75   |
| 3                                                   | 31,842.00 | 15,921.00     | 7,960.50                      | 2,653.50 | 612.35   |
| 4                                                   | 38,425.00 | 19,212.50     | 9,606.25                      | 3,202.08 | 738.94   |
| 5                                                   | 45,008.00 | 22,504.00     | 11,252.00                     | 3,750.67 | 865.54   |
| 6                                                   | 51,591.00 | 25,795.50     | 12,897.75                     | 4,299.25 | 992.13   |
| 7                                                   | 58,174.00 | 29,087.00     | 14,543.50                     | 4,847.83 | 1,118.73 |
| 8                                                   | 64,757.00 | 32,378.50     | 16,189.25                     | 5,396.42 | 1,245.33 |
| 150% LiHeap                                         |           |               |                               |          |          |
| 1                                                   | 19,320.00 | 9,660.00      | 4,830.00                      | 1,610.00 | 371.54   |
| 2                                                   | 26,130.00 | 13,065.00     | 6,532.50                      | 2,177.50 | 502.50   |
| 3                                                   | 32,940.00 | 16,470.00     | 8,235.00                      | 2,745.00 | 633.46   |
| 4                                                   | 39,750.00 | 19,875.00     | 9,937.50                      | 3,312.50 | 764.42   |
| 5                                                   | 46,560.00 | 23,280.00     | 11,640.00                     | 3,880.00 | 895.38   |
| 6                                                   | 53,370.00 | 26,685.00     | 13,342.50                     | 4,447.50 | 1,026.35 |
| 7                                                   | 60,180.00 | 30,090.00     | 15,045.00                     | 5,015.00 | 1,157.31 |
| 8                                                   | 66,990.00 | 33,495.00     | 16,747.50                     | 5,582.50 | 1,288.27 |
| 185% WIC                                            |           |               |                               |          |          |
| CCBG limit Children w/IEP or IFSP only              |           |               |                               |          |          |
| 200% hawk-I, Title XIX (mothers & infants, to age 1 |           |               |                               |          |          |
| 1                                                   | 25,760.00 | 12,880.00     | 6,440.00                      | 2,146.67 | 495.38   |
| 2                                                   | 34,840.00 | 17,420.00     | 8,710.00                      | 2,903.33 | 670.00   |
| 3                                                   | 43,920.00 | 21,960.00     | 10,980.00                     | 3,660.00 | 844.62   |
| 4                                                   | 53,000.00 | 26,500.00     | 13,250.00                     | 4,416.67 | 1,019.23 |
| 5                                                   | 62,080.00 | 31,040.00     | 15,520.00                     | 5,173.33 | 1,193.85 |
| 6                                                   | 71,160.00 | 35,580.00     | 17,790.00                     | 5,930.00 | 1,368.46 |
| 7                                                   | 80,240.00 | 40,120.00     | 20,060.00                     | 6,686.67 | 1,543.08 |
| 8                                                   | 89,320.00 | 44,660.00     | 22,330.00                     | 7,443.33 | 1,717.69 |

FOR FAMILY UNITS WITH MORE THAN 8 MEMBERS ADD \$4540 FOR EACH ADDITIONAL MEMBER. MULTIPLY THE RESULTING FIGURE BY .75 TO CALCULATE 75% FIGURE, 1.25% TO CALCULATE 125% FIGURE, 1.5 TO CALCULATE 150% FIGURE, AND 1.75 TO CALCULATE THE 175% FIGURE.