GUAM HEAD START PROGRAM
DEPARTMENT OF EDUCATION
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www.gdoe.net/headstart

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Application Information
For School Year 2020 – 2021

What is the Guam Head Start Program?

Head Start is a comprehensive preschool program that provides education, health, nutrition and social services to children and their families that support SCHOOL READINESS and FAMILY ENGAGEMENT.

Who should apply?

- Families that meet the Federal Income Guidelines and have a child who is age-eligible:
  - 5 years old (born August 1 to December 31, 2015)
  - 4 years old (born January 1 to December 31, 2016)
  - 3 years old (born January 1 to July 31, 2017)

2020 Federal Income Guidelines	
Family of 1 …….$12,760	Family of 6 …….$35,160
Family of 2 …….$17,240	Family of 7 …….$39,640
Family of 3 …….$21,720	Family of 8 …….$44,120
Family of 4 …….$26,200	For families with more than 8 persons,
Family of 5 …….$30,680	add $4,480 for each additional person

- Families who receive TANF or SSI and have an age-eligible child
- Families who are homeless and have an age-eligible child
- Age-eligible child in foster care
- Families who have an age-eligible child with certified special needs (a current IEP from GDOE Special Education)

How can I register my child for Head Start?

1. Interested families should complete the Head Start pre-screening applications during the open registration period.
   - Pick it up at Grab-N-Go distribution sites on Wednesdays and Fridays beginning on June 3 through July 31, 2020;
   - Download it from the Guam Head Start Program website at https://guamheadstart.gdoe.net/
   - Pick it up at the Head Start Central Office in Tiyan
2. Make copies of your supporting documents
3. Submit your completed packet and supporting documents
   - To Head Start staff at Grab-N-Go distribution sites on Wednesdays and Fridays
   - Via email to the Head Start ERSEA Coordinator Alan Cruz at aacruz@gdoe.net
   - To Head Start Central Office in Tiyan
4. Head Start staff will review your documents and contact you to schedule an appointment to determine your child's eligibility for the program and inform you of any other required documents.
5. If you are missing any of the documents needed to determine your eligibility, then you must submit them before your child's registration can be completed.

Head Start continues to register throughout the school year to fill vacancies as they arise. Outside of the mass registration period, registration is conducted throughout the school year by appointment only. Registered children are placed on their center's waiting list until space becomes available.

Documents Required to Determine Eligibility:

(Note: Other documents may be required depending on your household situation.)

- **Identification** for Parents and/or Guardians in Household (valid driver's license, Guam ID, Passport)
- Child's **Birth Certificate**
- Child's **Immunization Card** (shot record)
- Child's **Social Security Number** (Social Security card or receipt of application for a number)
- Income documents for all household parents and guardians for the last 12 months:
  - **Earned Income:** 2019 W2 or Income Tax forms; check stubs from 2019-2020
  - **Unearned Income:** TANF Certification from Public Health, Child Support, Financial Aid, Social Security benefits, GHURA Utility Reimbursements
  - If no source of income, Statement of Support
- **Unemployed Status**:
  - Letter of termination/resignation and the date and reason for leaving employment; Certification layoff or reduction of hours
  - If unemployed for a total of 6 months or more, Unemployment Verification
- If applicable, **Legal Documents** relating to guardianship, child custody or name changes such as Restraining Order; Marriage Certificate or Divorce Decree when parent's name is different from child's birth certificate or Identification Cards
- If child has a certified disability, copy of current IEP documents from GDOE Special Education

Health Requirements: If your child qualifies, you will be provided with a Head Start Health Packet to complete BEFORE your child can attend school.

What happens next?

SCHOOL PLACEMENT: Guam Head Start has a funded enrollment of 534 children. Children will be placed according to school districts with an available Head Start center as determined by Head Start. Special requests for out-of-district placement will be considered based on any of the following: Special Education placement, needs of foster parents, after school care for parents who are working or going to school.

CENTER HOURS OF OPERATION / BUSSING: Head Start has 27 centers which are located in nearly all of the public elementary schools on island. Children will be placed according to school districts with an available Head Start center as determined by Head Start. Special requests for out-of-district placement will be considered based on any of the following: Special Education placement, needs of foster parents, after school care for parents who are working or going to school.

Morning session is from 8:30am to 12:30pm. Bussing services are provided to and from designated bus stops within the district. (Adacao, CL Taitano II, Carbullido I, Chief Brodie II, DL Perez II, HS Truman, Machananao, Merizo, Price II, Talofofo, Upi & Wettengel I)

Afternoon session is from 12:30pm to 4:30pm. Some afternoon sessions have bussing to school. Parents are responsible for transportation after school. (Carbullido II, Price II & Wettengel II)

Full Day session is from 8:30 am to 2:43pm. Bussing services are provided to and from designated bus stops within the district. (Astumbo, CL Taitano I, Chief Brodie I, DL Perez I, Finegayan, Inarajan, JM Guerrero, M Sablan, M Ulloa I,M Ulloa II,MU Lujan & PC Lujan)

SELECTION: Selection Criteria is used to prioritize the selection of participants, based on community needs identified in the community needs assessment and includes family income, whether the child is homeless, whether the child is in foster care, the child's age, whether the child is eligible for special education and related services, or early intervention services, as appropriate, and other relevant family or child risk factors.

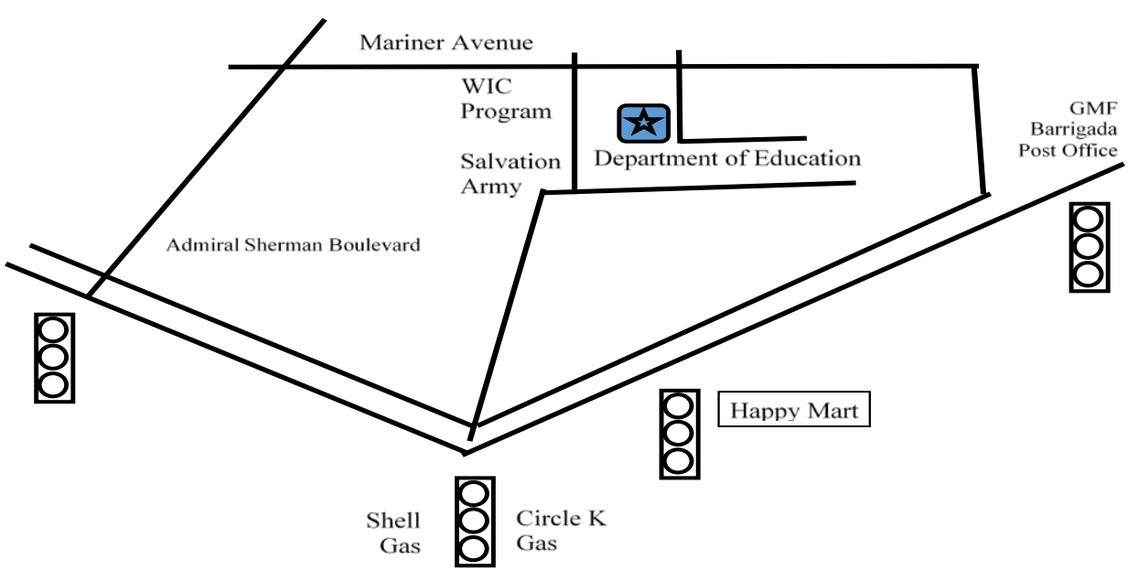
Using the selection criteria, Head Start identifies the children to be enrolled in each center at the beginning of the school year as well as those to be placed on the wait lists. Head Start will notify you by mail whether your child is on a Waiting List or selected for Enrollment. Please update any changes in your home, mailing or contact information to ensure that you are notified promptly and that your child is placed in the correct school district.

If your child is SELECTED to attend school, we will contact you to ensure your child that health requirements are met. Children who are selected for enrollment will be transferred to the WAITING LIST, if any of the following applies:

- We are unable to contact you;
- Your child does not attend school within a week of enrollment; OR
- If minimum health requirements are not met within the first week of school

Children who are placed on the wait list or who register after the initial selection date will be ranked using the Selection Criteria to determine who will be next for enrollment. Registered children are placed on their center's waiting list until space becomes available. The wait list continually changes as new children are registered.

Head Start does NOT require school supplies or the use of school uniforms.



Department of Education
Guam Head Start Program
APPLICATION (Part One)

FOR OFFICAL USE ONLY Center: _____Application Number: _____

CHILD INFORMATION – Child's name MUST reflect birth certificate for documentation purposes.				
Child's Legal Name (Last)	**(First and Middle Initial)**	**Date of Birth**	**Sex**	**Social Security #**

Mailing Address:

City State Zip Code

Citizenship: ☐ U.S. Citizen ☐ FSM Citizen ☐ Belau Citizen ☐ Resident Alien ☐ Non-Resident

RACE (check ALL that apply): ☐ American Indian/Alaskan ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Pacific Islander ☐ Other(s) – Specify:_____

Child's PRIMARY Language: **Family's PRIMARY Language:**

CHILD'S MEDICAL INFORMATION

Medical Diagnosis: _____ **Any prescribed medication(s):** _____

Medical Insurance:_____ **Dental Insurance:**_____

Medicaid Status: ☐ **Ineligible** ☐ **Eligible** ☐ **Applied** ☐ **Former** **MIP Status:** ☐ **Yes** ☐ **No**

Medical Clinic:_____ **Dental Clinic:**_____

HOUSEHOLD PARENT/GUARDIAN INFORMATION

First and Last Name	**DOB**	**Ethnicity (ex. Chamorro, Filipino, etc.)**	**Highest Grade Completed**	**Diploma/GED /NA**	**Occupation**	**Full/Part Time**
☐ **Mother** ☐ Guardian ☐ Foster ☐ POA ☐ Not in Household						

Contact Information
H /C /W /e-mail _____

First and Last Name	**DOB**	**Ethnicity (ex. Chamorro, Filipino, etc.)**	**Highest Grade Completed**	**Diploma/ GED /NA**	**Occupation**	**Full/Part Time**
☐ **Father** ☐ Guardian ☐ Foster ☐ POA ☐ Not in Household ☐ In Birth Certificate						

Contact Information
H /C /W /e-mail
_____

Number in Family: _____ **Marital Status**: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Common-Law

Family's Primary Contact Person for Head Start (MUST be listed above): _____

Are you a former Head Start parent? ☐ Yes ☐ No Are you interested in being a parent volunteer? ☐ Yes ☐ No

OTHER MEMBERS IN HOUSEHOLD SUPPORTED BY THE PARENTS AND GUARDIANS

First and Last Name	**DOB**	**Relation to child: brother, sister, etc.**	**First and Last Name**	**DOB**	**Relation to child: brother, sister, etc.**

EMERGENCY CONTACT INFORMATION (Please list persons not listed in family application)

Name of Adult	**Relationship to Child**	**Phone Numbers**

FAMILY INFORMATION (Check all that apply)

SNAP ☐ Yes ☐ No TANF ☐ Past ☐ Current ☐ Never WIC ☐ Yes ☐ No U.S. Veteran ☐ Yes ☐ No

PARENTS AND GUARDIANS INCOME FROM THE PAST 12 MONTHS THAT SUPPORTED THE FAMILY (Check all that apply)

☐ Work Income ☐ Rental Income ☐ Gambling/Lottery Winnings ☐ Other: _____
☐ Retirement ☐ Social Security ☐ Self Employment
☐ Child Support ☐ Alimony ☐ Unemployment Compensation
☐ Recycling Income ☐ Food Sales ☐ Flea Market Sales
☐ Pell Grant/Scholarships /Work Study ☐ Veterans Benefits ☐ Military Family Allotment
☐ Child Care Assistance ☐ GHURA Section 8 ☐ GHURA Utility Reimbursement ☐ GHURA Public Housing

(May need to provide Statement of Support, Unemployment Verification, or other supporting documents)

FOR OFFICAL USE ONLY Center: _____Application Number: _____

MAP TO RESIDENCE

Child's Name: _____

Primary Parent: _____**Secondary Parent:** _____

Primary Contact Numbers: H_____ C_____ W_____

Home Address: _____

House Number **Street Name**

Village

House Color: _____ Obvious Landmarks (church, bridge, store, etc.): _____

Housing Status : ☐Own ☐Live with Relative/Friends ☐Rent ☐GHURA Public Housing ☐ Military/Federal Housing

Type of Building: ☐ Full Concrete ☐ Semi-Concrete ☐ Wooden Frame and Tin ☐ Other _____

CENTER HOURS OF OPERATION / BUSSING SERVICES:

- Morning session of from 8:30am to 12:30pm. Bussing services are provided to and from designated bus stops within the district.
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SCHOOL PLACEMENT: Children will be placed according to school districts with an available Head Start center as determined by Head Start. Special requests for out-of-district placement will be considered based on any of the following: Special Education placement, needs of foster parents, after school care for parents who are working or going to school.

If there is no bussing for my district, I am able to provide transportation as needed. ☐ **YES** ☐ **NO**

Are you in need of an OUT OF DISTRICT placement? ☐**No** ☐**Yes, Requested Out of District School:** _____

Reason: _____

If no space is available at your district school, would you be willing to transport your child to an alternate school? This option will ONLY apply if there is low enrollment at the alternate school and all efforts to recruit within that district have been exhausted.
☐**No** ☐**Yes, Requested Alternate School:** _____

CHILD'S SPECIAL NEEDS INFORMATION

Disability Status: ☐None ☐ **Diagnosed** – Attach signed consent and related document (Current IEP)

Do you have concerns about your child's development that have not been evaluated? Check all that apply:
☐ None ☐Vision ☐Developmental ☐Hearing ☐Speech ☐ Behavior ☐Other_____

Attach signed Consent form, Universal Referral form, and completed ASQ and/or ASQ:SE

Has your child ever received services from the following: ☐Never ☐ Past ☐ Present
☐ Karinu ☐Shriners ☐Special Needs Clinic ☐GEIS ☐Isa Psychology ☐Guam Behavioral Health & Wellness Center
☐Other:_____

Any specific family need or crisis at this time? ☐ No ☐ Yes – Specify _____

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THIS INFORMATION IS GIVEN TO DETERMINE ELIGIBLITY FOR A FEDERAL PROGRAM AND WILL BE VERIFIED FOR ACCURACY. I UNDERSTAND THAT DELIBERATE MISREPRESENTATION OF THE INFORMATION MAY SUBJECT ME TO PROSECUTION UNDER APPLICABLE LOCAL AND FEDERAL LAWS AND MAY RESULT IN MY CHILD'S INELIGIBILITY FOR HEAD START. THIS PROGRAM DOES NOT DISCRIMINATE BASED ON DISABILITY IN ACCORDANCE WITH THE AMERICANS WITH DISABILITIES ACT.

PARENT SIGNATURE: _____ **DATE:** _____

REVIEWED BY (STAFF SIGNATURE):_____ **DATE:** _____